Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Medicare	0326U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating DNA analysis of 83 or more genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden	07/01/2022			Genetic and Molecular Testing (Medicare)
Commercial/ASO, OHP, PEBB	0326U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating DNA analysis of 83 or more genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden	08/01/2022			Circulating Tumor Cell and DNA Assays for Cancer Management (Company)
Medicare	0475U	Hereditary prostate cancerrelated disorders, genomic sequence analysis panel using next-generation sequencing (NGS), Sanger sequencing, multiplex ligation-dependent probe amplification (MLPA), and array comparative genomic hybridization (CGH), evaluation of 23 genes and duplications/deletions when indicated, pathologic mutations reported with a genetic risk score for prostate cancer	07/01/2024			Genetic and Molecular Testing for Inherited Cancer Risk (Medicare)
Commercial, ASO, OHP, PEBB	0475U	Hereditary prostate cancerrelated disorders, genomic sequence analysis panel using next-generation sequencing (NGS), Sanger sequencing, multiplex ligation-dependent probe amplification (MLPA), and array comparative genomic hybridization (CGH), evaluation of 23 genes and duplications/deletions when indicated, pathologic mutations reported with a genetic risk score for prostate cancer	07/01/2024			Protein Biomarker and Genetic Testing for the Prostate (Company)

*Prior authorization is not a guarantee of payment. Benefits are based on eligibility at the time of service and are subject to applicable contract terms.

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, OHP, PEBB	A4459	Manual transanal irrigation system, includes water reservoir, pump, tubing, and accessories, without catheter, any type	03/01/2024			Fecal Incontinence Treatments (Company)
Medicare	0003U	Oncology (ovarian) biochemical assays of five proteins (apolipoprotein A-1, CA 125 II, follicle stimulating hormone, human epididymis protein 4, transferrin), utilizing serum, algorithm reported as a likelihood score	01/01/2022			Genetic and Molecular Testing (Medicare)
Medicare	0004M	Scoliosis, DNA analysis of 53 single nucleotide polymorphisms (SNPs), using saliva, prognostic algorithm reported as a risk score	01/01/2022			Genetic and Molecular Testing (Medicare)
Medicare	0006M	Oncology (hepatic), mRNA expression levels of 161 genes, utilizing fresh hepatocellular carcinoma tumor tissue, with alpha-fetoprotein level, algorithm reported as a risk classifier	01/01/2022			Genetic and Molecular Testing (Medicare)
Medicare	0007M	Oncology (gastrointestinal neuroendocrine tumors), real-time PCR expression analysis of 51 genes, utilizing whole peripheral blood, algorithm reported as a nomogram of tumor disease index	01/01/2022			Genetic and Molecular Testing (Medicare)
Commercial/ASO, OHP, PEBB	0009U	Oncology (breast cancer), ERBB2 (HER2) copy number by FISH, tumor cells from formalin-fixed paraffin-embedded tissue isolated using image-based dielectrophoresis (DEP) sorting, reported as ERBB2 gene amplified or non-amplified	08/01/2018			Gene Expression Profile Testing for Breast Cancer (Company)
Medicare	0015M	Adrenal cortical tumor, biochemical assay of 25 steroid markers, utilizing 24-hour urine specimen and clinical parameters, prognostic algorithm reported as a clinical risk and integrated clinical steroid risk for adrenal	01/01/2022			Genetic and Molecular Testing (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
		cortical carcinoma, adenoma, or other adrenal malignancy				
Medicare	0016M	Oncology (bladder), mRNA, microarray gene expression profiling of 209 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as molecular subtype (luminal, luminal infiltrated, basal, basal claudin-low, neuroendocrine-like)	01/01/2022			Genetic and Molecular Testing (Medicare)
Medicare	0017M	Oncology (diffuse large B-cell lymphoma [DLBCL]), mRNA, gene expression profiling by fluorescent probe hybridization of 20 genes, formalin-fixed paraffinembedded tissue, algorithm reported as cell of origin	01/01/2022			Genetic and Molecular Testing (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	0017U	Oncology (hematolymphoid neoplasia), JAK2 mutation, DNA, PCR amplification of exons 12-14 and sequence analysis, blood or bone marrow, report of JAK2 mutation not detected or detected	03/01/2018			Genetic Testing for Myeloproliferative Diseases (Company); Genetic Testing for Myeloproliferative Diseases (Medicare)
Medicare	0018U	Oncology (thyroid), microRNA profiling by RT-PCR of 10 microRNA sequences, utilizing fine needle aspirate, algorithm reported as a positive or negative result for moderate to high risk of malignancy	01/01/2019			Genetic Testing for Thyroid Nodules (Medicare); Genetic Testing: Thyroid Nodules (Company)
Medicare	0019U	Oncology, RNA, gene expression by whole transcriptome sequencing, formalin-fixed paraffin-embedded tissue or fresh frozen tissue, predictive algorithm reported as potential targets for therapeutic agents	01/01/2022			Genetic and Molecular Testing (Medicare)
Medicare	0022U	Targeted genomic sequence analysis panel, cholangiocarcinoma and non-small cell lung neoplasia, DNA and RNA analysis, 1- 23 genes, interrogation for sequence variants and rearrangements, reported as	08/01/2018			Genetic and Molecular Testing (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
		presence/absence of variants and associated therapy(ies) to consider				
Commercial/ASO, PEBB	0022U	Targeted genomic sequence analysis panel, non-small cell lung neoplasia, DNA and RNA analysis, 23 genes, interrogation for sequence variants and rearrangements, reported as presence/ or absence of variants and associated therapy(ies) to consider	11/01/2022			Next Generation Sequencing for Cancer (Company)
Medicare	0023U	Oncology (acute myelogenous leukemia), DNA, genotyping of internal tandem duplication, p.D835, p.I836, using mononuclear cells, reported as detection or non-detection of FLT3 mutation and indication for or against the use of midostaurin	01/01/2022			Genetic and Molecular Testing (Medicare)
Medicare	0026U	Oncology (thyroid), DNA and mRNA of 112 genes, next-generation sequencing, fine needle aspirate of thyroid nodule, algorithmic analysis reported as a categorical result (";Positive, high probability of malignancy"; or ";Negative, low probability of malignancy";)	01/01/2019			Genetic Testing for Thyroid Nodules (Medicare); Genetic Testing: Thyroid Nodules (Company)
Commercial/ASO, OHP, PEBB	0026U	Oncology (thyroid), DNA and mRNA of 112 genes, next-generation sequencing, fine needle aspirate of thyroid nodule, algorithmic analysis reported as a categorical result (";Positive, high probability of malignancy"; or ";Negative, low probability of malignancy";)	02/01/2024			Genetic Testing for Thyroid Nodules (Medicare); Genetic Testing: Thyroid Nodules (Company)
Commercial/ASO, Medicare, OHP, PEBB	0027U	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) gene analysis, targeted sequence analysis exons 12-15	08/01/2019			Genetic Testing for Myeloproliferative Diseases (Company); Genetic Testing for Myeloproliferative Diseases (Medicare)
Medicare	0030U	Drug metabolism (warfarin drug response), targeted sequence analysis (ie, CYP2C9, CYP4F2, VKORC1, rs12777823)	09/01/2021			Genetic and Molecular Testing (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Medicare	0032U	COMT (catechol-O-methyltransferase)(drug metabolism) gene analysis, c.472G>A (rs4680) variant	01/01/2022			Genetic and Molecular Testing (Medicare)
Medicare	0034U	TPMT (thiopurine S-methyltransferase), NUDT15 (nudix hydroxylase 15) (eg, thiopurine metabolism) gene analysis, common variants (ie, TPMT *2, *3A, *3B, *3C, *4, *5, *6, *8, *12; NUDT15 *3, *4, *5)	01/01/2022			Genetic and Molecular Testing (Medicare)
Medicare	0036U	Exome (ie, somatic mutations), paired formalin-fixed paraffin-embedded tumor tissue and normal specimen, sequence analyses	01/01/2022			Genetic and Molecular Testing (Medicare)
Medicare	0037U	Targeted genomic sequence analysis, solid organ neoplasm, DNA analysis of 324 genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden	09/01/2018			Genetic and Molecular Testing (Medicare)
Commercial/ASO, OHP, PEBB	0037U	Targeted genomic sequence analysis, solid organ neoplasm, DNA analysis of 324 genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden	11/01/2022			Next Generation Sequencing for Cancer (Company)
Medicare	0046U	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia) internal tandem duplication (ITD) variants, quantitative	01/01/2022			Genetic and Molecular Testing (Medicare)
Commercial/ASO, PEBB	0047U	Oncology (prostate), mRNA, gene expression profiling by real-time RT-PCR of 17 genes (12 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a risk score	06/01/2022			Protein Biomarker and Genetic Testing for the Prostate (Company)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Medicare	0048U	Oncology (solid organ neoplasia), DNA, targeted sequencing of protein-coding exons of 468 cancer-associated genes, including interrogation for somatic mutations and microsatellite instability, matched with normal specimens, utilizing formalin-fixed paraffin-embedded tumor tissue, report of clinically significant mutation(s)	01/01/2022			Genetic and Molecular Testing (Medicare)
Commercial/ASO, OHP, PEBB	0048U	Oncology (solid organ neoplasia), DNA, targeted sequencing of protein-coding exons of 468 cancer-associated genes, including interrogation for somatic mutations and microsatellite instability, matched with normal specimens, utilizing formalin-fixed paraffin-embedded tumor tissue, report of clinically significant mutation(s)	11/01/2022			Next Generation Sequencing for Cancer (Company)
Commercial/ASO, OHP, PEBB	0049U	NPM1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, quantitative	01/01/2022			Genetic Testing for Myeloproliferative Diseases (Company)
Medicare	0055U	Cardiology (heart transplant), cell-free DNA, PCR assay of 96 DNA target sequences (94 single nucleotide polymorphism targets and two control targets), plasma	01/01/2022			Genetic and Molecular Testing (Medicare)
Medicare	0067U	Oncology (breast), immunohistochemistry, protein expression profiling of 4 biomarkers (matrix metalloproteinase-1 [MMP-1], carcinoembryonic antigen-related cell adhesion molecule 6 [CEACAM6], hyaluronoglucosaminidase [HYAL1], highly expressed in cancer protein [HEC1]), formalin-fixed paraffin-embedded precancerous breast tissue, algorithm reported as carcinoma risk score	01/01/2022			Genetic and Molecular Testing (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	0070U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, common and select rare variants (ie, *2, *3, *4, *4N, *5, *6, *7, *8, *9, *10, *11, *12, *13, *14A, *14B, *15, *17, *29, *35, *36, *41, *57, *61, *63, *68, *83, *xN)	09/01/2021			Genetic and Molecular Testing (Medicare); Genetic Testing for Cytochrome P450 and VKORC1 Polymorphisms (Company)
Commercial/ASO, Medicare, OHP, PEBB	0071U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, full gene sequence (List separately in addition to code for primary procedure)	09/01/2021			Genetic and Molecular Testing (Medicare); Genetic Testing for Cytochrome P450 and VKORC1 Polymorphisms (Company)
Commercial/ASO, Medicare, OHP, PEBB	0072U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, CYP2D6-2D7 hybrid gene) (List separately in addition to code for primary procedure)	09/01/2021			Genetic and Molecular Testing (Medicare); Genetic Testing for Cytochrome P450 and VKORC1 Polymorphisms (Company)
Commercial/ASO, Medicare, OHP, PEBB	0073U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, CYP2D7-2D6 hybrid gene) (List separately in addition to code for primary procedure)	09/01/2021			Genetic and Molecular Testing (Medicare); Genetic Testing for Cytochrome P450 and VKORC1 Polymorphisms (Company)
Commercial/ASO, Medicare, OHP, PEBB	0074U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, non-duplicated gene when duplication/multiplication is trans) (List separately in addition to code for primary procedure)	09/01/2021			Genetic and Molecular Testing (Medicare); Genetic Testing for Cytochrome P450 and VKORC1 Polymorphisms (Company)
Commercial/ASO, Medicare, OHP, PEBB	0075U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, 5' gene duplication/multiplication) (List separately in addition to code for primary procedure)	09/01/2021			Genetic and Molecular Testing (Medicare); Genetic Testing for Cytochrome P450 and VKORC1 Polymorphisms (Company)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	0076U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, 3' gene duplication/ multiplication) (List separately in addition to code for primary procedure)	09/01/2021			Genetic and Molecular Testing (Medicare); Genetic Testing for Cytochrome P450 and VKORC1 Polymorphisms (Company)
Medicare	0080U	Oncology (lung), mass spectrometric analysis of galectin-3-binding protein and scavenger receptor cysteine-rich type 1 protein M130, with five clinical risk factors (age, smoking status, nodule diameter, nodule-spiculation status and nodule location), utilizing plasma, algorithm reported as a categorical probability of malignancy	01/01/2025			Genetic and Molecular Testing (Medicare)
Medicare	0089U	Oncology (melanoma), gene expression profiling by RTqPCR, PRAME and LINC00518, superficial collection using adhesive patch(es)	07/01/2020			Gene Expression Profile Testing for Melanoma (Medicare)
Medicare	0090U	Oncology (cutaneous melanoma), mRNA gene expression profiling by RT-PCR of 23 genes (14 content and 9 housekeeping), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a categorical result (ie, benign, intermediate, malignant)	06/02/2019			Gene Expression Profile Testing for Melanoma (Medicare)
Commercial/ASO, OHP, PEBB	0090U	Oncology (cutaneous melanoma), mRNA gene expression profiling by RT-PCR of 23 genes (14 content and 9 housekeeping), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a categorical result (ie, benign, intermediate, malignant)	11/01/2024			Gene Expression Profile Testing for Melanoma (Company)
Medicare	0094U	Genome (eg, unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis	01/01/2022			Genetic and Molecular Testing (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, OHP, PEBB	0094U	Genome (eg, unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis	07/01/2026			Whole Exome, Whole Genome, and Proteogenomic Sequencing and Genetic Testing for Mitochondrial Disorders (Company)
Commercial/ASO, Medicare, OHP, PEBB	0095T	Removal of total disc arthroplasty, anterior approach; each additional interspace	09/01/2017		No additional PA requirements	Artificial Intervertebral Discs (Company); Artificial Intervertebral Discs (Medicare)
Commercial/ASO, OHP, PEBB	0098T	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (List separately in addition to code for primary procedure)	09/01/2017			Artificial Intervertebral Discs (Company)
Medicare	0098T	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (List separately in addition to code for primary procedure)	07/01/2020			Artificial Intervertebral Discs (Medicare)
Medicare	0101U	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with MRNA analytics to resolve variants of unknown significance when indicated (15 genes [sequencing and deletion/duplication], EPCAM and GREM1 [deletion/duplication only])	01/01/2022			Genetic and Molecular Testing for Inherited Cancer Risk (Medicare)
Medicare	0102U	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with mRNA analytics to resolve variants	01/01/2022			Genetic and Molecular Testing for Inherited Cancer Risk (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
		of unknown significance when indicated (17 genes [sequencing and deletion/duplication])				
Medicare	0103U	Hereditary ovarian cancer (eg, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with mRNA analytics to resolve variants of unknown significance when indicated (24 genes [sequencing and deletion/duplication], EPCAM [deletion/duplication only])	01/01/2022			Genetic and Molecular Testing for Inherited Cancer Risk (Medicare)
Medicare	0105U	Nephrology (chronic kidney disease), multiplex electrochemiluminescent immunoassay (ECLIA) of tumor necrosis factor receptor 1A, receptor superfamily 2 (TNFR1, TNFR2), and kidney injury molecule-1 (KIM-1) combined with longitudinal clinical data, including APOL1 genotype if available, and plasma (isolated fresh or frozen), algorithm reported as probability score for rapid kidney function decline (RKFD)	08/01/2024			Genetic and Molecular Testing (Medicare)
Medicare	0108U	Gastroenterology (Barrett's esophagus), whole slideâ€“digital imaging, including morphometric analysis, computer-assisted quantitative immunolabeling of 9 protein biomarkers (p16, AMACR, p53, CD68, COX-2, CD45RO, HIF1a, HER-2, K20) and morphology, formalin-fixed paraffin-embedded tissue, algorithm reported as risk of progression to high-grade dysplasia or cancer	01/01/2022			Genetic and Molecular Testing (Medicare)
Medicare	0111U	Oncology (colon cancer), targeted KRAS (codons 12, 13, and 61) and NRAS (codons 12, 13, and 61) gene analysis utilizing formalin-fixed paraffin-embedded tissue	10/01/2019			Genetic and Molecular Testing (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Medicare	0118U	Transplantation medicine, quantification of donor-derived cell-free DNA using whole genome next-generation sequencing, plasma, reported as percentage of donor-derived cell-free DNA in the total cell-free DNA	01/01/2022			Genetic and Molecular Testing (Medicare)
Medicare	0120U	Oncology (B-cell lymphoma classification), mRNA, gene expression profiling by fluorescent probe hybridization of 58 genes (45 content and 13 housekeeping genes), formalin-fixed paraffin-embedded tissue, algorithm reported as likelihood for primary mediastinal B-cell lymphoma (PMBCL) and diffuse large B-cell lymphoma (DLBCL) with cell of origin subtyping in the latter	01/01/2022			Genetic and Molecular Testing (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	0129U	Hereditary breast cancer–related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis and eletion/duplication analysis panel (ATM, BRCA1, BRCA2, CDH1, CHEK2, PALB2, PTEN, and TP53)	10/01/2019			Genetic and Molecular Testing for Inherited Cancer Risk (Medicare); Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company)
Commercial/ASO, OHP, PEBB	0137U	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) mRNA sequence analysis (List separately in addition to code for primary procedure)	10/01/2019			Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company)
Commercial/ASO, OHP, PEBB	0138U	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) mRNA sequence analysis (List separately in addition to code for primary procedure)	10/01/2019			Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company)
Medicare	0154U	FGFR3 (fibroblast growth factor receptor 3) gene analysis (ie, p.R248C [c.742C>T], p.S249C [c.746C>G], p.G370C [c.1108G>T], p.Y373C	01/01/2020			Genetic and Molecular Testing (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
		[c.1118A>G], FGFR3-TACC3v1, and FGFR3-TACC3v3)				
Commercial/ASO, Medicare, OHP, PEBB	0155U	FGFR3 (fibroblast growth factor receptor 3) gene analysis (ie, p.R248C [c.742C>T], p.S249C [c.746C>G], p.G370C [c.1108G>T], p.Y373C [c.1118A>G], FGFR3-TACC3v1, and FGFR3-TACC3v3)	01/01/2020			Genetic and Molecular Testing (Medicare); Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company)
Commercial/ASO, OHP, PEBB	0157U	APC (APC regulator of WNT signaling pathway) (eg, familial adenomatosis polyposis [FAP]) mRNA sequence analysis (List separately in addition to code for primary procedure)	01/01/2020			Genetic Testing for Inherited Susceptibility to Colorectal, Endometrial, and Gastric Cancer (Company)
Commercial/ASO, OHP, PEBB	0158U	MLH1 (mutL homolog 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)	01/01/2020			Genetic Testing for Inherited Susceptibility to Colorectal, Endometrial, and Gastric Cancer (Company)
Commercial/ASO, OHP, PEBB	0159U	MSH2 (mutS homolog 2) (eg, hereditary colon cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)	01/01/2020			Genetic Testing for Inherited Susceptibility to Colorectal, Endometrial, and Gastric Cancer (Company)
Commercial/ASO, OHP, PEBB	0160U	MSH6 (mutS homolog 6) (eg, hereditary colon cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)	01/01/2020			Genetic Testing for Inherited Susceptibility to Colorectal, Endometrial, and Gastric Cancer (Company)
Commercial/ASO, OHP, PEBB	0161U	PMS2 (PMS1 homolog 2, mismatch repair system component) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)	01/01/2020			Genetic Testing for Inherited Susceptibility to Colorectal, Endometrial, and Gastric Cancer (Company)
Commercial/ASO, OHP, PEBB	0162U	Hereditary colon cancer (Lynch syndrome), targeted mRNA sequence analysis panel (MLH1, MSH2, MSH6, PMS2) (List separately in addition to code for primary procedure)	01/01/2020			Genetic Testing for Inherited Susceptibility to Colorectal, Endometrial, and Gastric Cancer (Company)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	0164T	Removal of total disc arthroplasty, (artificial disc), anterior approach, each additional interspace, lumbar (List separately in addition to code for primary procedure)	09/01/2019			Artificial Intervertebral Discs (Company); Artificial Intervertebral Discs (Medicare)
Medicare	0169U	NUDT15 (nudix hydrolase 15) and TPMT (thiopurine S-methyltransferase) (eg, drug metabolism) gene analysis, common variants	01/01/2022			Genetic and Molecular Testing (Medicare)
Commercial/ASO, OHP, PEBB	0171U	Targeted genomic sequence analysis panel, acute myeloid leukemia, myelodysplastic syndrome, and myeloproliferative neoplasms, DNA analysis, 23 genes, interrogation for sequence variants, rearrangements and minimal residual disease, reported as presence/absence	04/01/2020			Genetic Testing for Myeloproliferative Diseases (Company); Next Generation Sequencing for Minimal Residual Disease Detection (Company)
Medicare	0172U	Oncology (solid tumor as indicated by the label), somatic mutation analysis of BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) and analysis of homologous recombination deficiency pathways, DNA, formalin-fixed paraffin-embedded tissue, algorithm quantifying tumor genomic instability score	07/01/2020			Genetic and Molecular Testing (Medicare); Genetic Testing: Hereditary Breast and Ovarian Cancer (Medicare)
Medicare	0173U	Psychiatry (ie, depression, anxiety), genomic analysis panel, includes variant analysis of 14 genes	01/01/2022			Genetic and Molecular Testing (Medicare)
Medicare	0174U	Oncology (solid tumor), mass spectrometric 30 protein targets, formalin-fixed paraffin-embedded tissue, prognostic and predictive algorithm reported as likely, unlikely, or uncertain benefit of 39 chemotherapy and targeted therapeutic oncology agents	01/01/2022			Genetic and Molecular Testing (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	0177U	Oncology (breast cancer), DNA, PIK3CA (phosphatidylinositol-4,5-bisphosphate 3-kinase catalytic subunit alpha) gene analysis of 11 gene variants utilizing plasma, reported as PIK3CA gene mutation status	07/01/2020			Circulating Tumor Cell and DNA Assays for Cancer Management (Company); Circulating Tumor Cell and DNA Assays for Cancer Management (Medicare); Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company)
Commercial/ASO, OHP, PEBB	0179U	Oncology (non-small cell lung cancer), cell-free DNA, targeted sequence analysis of 23 genes (single nucleotide variations, insertions and deletions, fusions without prior knowledge of partner/breakpoint, copy number variations), with report of significant mutation(s)	08/01/2022			Circulating Tumor Cell and DNA Assays for Cancer Management (Company)
Commercial/ASO, OHP, PEBB	0195U	KLF1 (Kruppel-like factor 1), targeted sequencing (ie, exon 13)	07/01/2020			Genetic and Molecular Testing (Company)
Medicare	0209U	Cytogenomic constitutional (genome-wide) analysis, interrogation of genomic regions for copy number, structural changes and areas of homozygosity for chromosomal abnormalities	01/01/2022			Genetic and Molecular Testing (Medicare)
Commercial/ASO, OHP, PEBB	0209U	Cytogenomic constitutional (genome-wide) analysis, interrogation of genomic regions for copy number, structural changes and areas of homozygosity for chromosomal abnormalities	11/01/2022			Next Generation Sequencing for Cancer (Company)
Commercial/ASO, OHP, PEBB	0211U	Oncology (pan-tumor), DNA and RNA by next-generation sequencing, utilizing formalin-fixed paraffin-embedded tissue, interpretative report for single nucleotide variants, copy number alterations, tumor mutational burden, and microsatellite instability, with therapy association	11/01/2022			Next Generation Sequencing for Cancer (Company)
Medicare	0211U	Oncology (pan-tumor), DNA and RNA by next-generation sequencing, utilizing formalin-fixed paraffin-embedded tissue, interpretative report for single nucleotide variants, copy	07/01/2025			Genetic and Molecular Testing (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
		number alterations, tumor mutational burden, and microsatellite instability, with therapy association				
Commercial/ASO, OHP, PEBB	0212U	Rare diseases (constitutional/heritable disorders), whole genome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, proband	07/01/2026			Whole Exome, Whole Genome, and Proteogenomic Sequencing and Genetic Testing for Mitochondrial Disorders (Company)
Commercial/ASO, OHP, PEBB	0213U	Rare diseases (constitutional/heritable disorders), whole genome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, each comparator genome (eg, parent, sibling)	07/01/2026			Whole Exome, Whole Genome, and Proteogenomic Sequencing and Genetic Testing for Mitochondrial Disorders (Company)
Medicare	0229U	BCAT1 (Branched chain amino acid transaminase 1) or IKZF1 (IKAROS family zinc finger 1) (eg, colorectal cancer) promoter methylation analysis	06/01/2021			Circulating Tumor Cell and DNA Assays for Cancer Management (Medicare); Genetic and Molecular Testing (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	0231U	CACNA1A (calcium voltage-gated channel subunit alpha 1A) (eg, spinocerebellar ataxia), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) gene expansions, mobile element insertions, and variants in non-uniquely mappable regions	01/01/2021			Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	0232U	CSTB (cystatin B) (eg, progressive myoclonic epilepsy type 1A, Unverricht-Lundborg disease), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expansions, mobile element insertions, and variants in non-uniquely mappable regions	01/01/2021			Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
Commercial/ASO, OHP, PEBB	0233U	FXN (frataxin) (eg, Friedreich ataxia), gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expansions, mobile element insertions, and variants in non-uniquely mappable regions	01/01/2021			Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
Commercial/ASO, OHP, PEBB	0234U	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions	01/01/2021			Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
Commercial/ASO, Medicare, OHP, PEBB	0235U	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions	01/01/2021			Genetic and Molecular Testing (Company); Genetic and Molecular Testing for Inherited Cancer Risk (Medicare)
Commercial/ASO, OHP, PEBB	0236U	SMN1 (survival of motor neuron 1, telomeric) and SMN2 (survival of motor neuron 2, centromeric) (eg, spinal muscular atrophy) full gene analysis, including small sequence changes in exonic and intronic regions, duplications and deletions, and mobile element insertions	01/01/2021			Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, OHP, PEBB	0237U	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia), genomic sequence analysis panel including ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, RYR2, and SCN5A, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions	01/01/2021			Genetic and Molecular Testing (Company)
Commercial, ASO, Medicare, OHP, PEBB	0238T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; iliac artery, each vessel	12/14/2025		Carelon prior authorization required	General Requirements - Cardiovascular Care
Commercial/ASO, OHP, PEBB	0238U	Oncology (Lynch syndrome), genomic DNA sequence analysis of MLH1, MSH2, MSH6, PMS2, and EPCAM, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions	01/01/2021			Genetic and Molecular Testing (Company); Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company); Genetic Testing for Inherited Susceptibility to Colorectal, Endometrial, and Gastric Cancer (Company)
Medicare	0239U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free DNA, analysis of 311 or more genes, interrogation for sequence variants, including substitutions, insertions, deletions, select rearrangements, and copy number variations	01/01/2021			Circulating Tumor Cell and DNA Assays for Cancer Management (Medicare)
Commercial/ASO, OHP, PEBB	0239U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free DNA, analysis of 311 or more genes, interrogation for sequence variants, including substitutions, insertions, deletions, select rearrangements, and copy number variations	08/01/2022			Circulating Tumor Cell and DNA Assays for Cancer Management (Company)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Medicare	0242U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating DNA analysis of 55-74 genes, interrogation for sequence variants, gene copy number amplifications, and gene rearrangements	04/01/2021			Circulating Tumor Cell and DNA Assays for Cancer Management (Medicare); Genetic and Molecular Testing (Medicare)
Commercial/ASO, OHP, PEBB	0242U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating DNA analysis of 55-74 genes, interrogation for sequence variants, gene copy number amplifications, and gene rearrangements	08/01/2022			Circulating Tumor Cell and DNA Assays for Cancer Management (Company)
Commercial/ASO, OHP, PEBB	0244U	Oncology (solid organ), DNA, comprehensive genomic profiling, 257 genes, interrogation for single-nucleotide variants, insertions/deletions, copy number alterations, gene rearrangements, tumor-mutational burden and microsatellite instability, utilizing formalin-fixed paraffin-embedded tumor tissue	11/01/2022			Next Generation Sequencing for Cancer (Company)
Medicare	0245U	Oncology (thyroid), mutation analysis of 10 genes and 37 RNA fusions and expression of 4 mRNA markers using next-generation sequencing, fine needle aspirate, report includes associated risk of malignancy expressed as a percentage	04/01/2021			Genetic Testing for Thyroid Nodules (Medicare)
Commercial/ASO, OHP, PEBB	0250U	Oncology (solid organ neoplasm), targeted genomic sequence DNA analysis of 505 genes, interrogation for somatic alterations (SNVs [single nucleotide variant], small insertions and deletions, one amplification, and four translocations), microsatellite instability and tumor-mutation burden	11/01/2022			Next Generation Sequencing for Cancer (Company); Next Generation Sequencing for Minimal Residual Disease Detection (Company)
Medicare	0250U	Oncology (solid organ neoplasm), targeted genomic sequence DNA analysis of 505 genes, interrogation for somatic alterations (SNVs	04/01/2026			Genetic and Molecular Testing (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
		[single nucleotide variant], small insertions and deletions, one amplification, and four translocations), microsatellite instability and tumor-mutation burden				
Commercial/ASO, OHP, PEBB	0260U	Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping	07/01/2026			Whole Exome, Whole Genome, and Proteogenomic Sequencing and Genetic Testing for Mitochondrial Disorders (Company)
Commercial/ASO, OHP, PEBB	0264U	Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping	07/01/2026			Whole Exome, Whole Genome, and Proteogenomic Sequencing and Genetic Testing for Mitochondrial Disorders (Company)
Commercial/ASO, OHP, PEBB	0265U	Rare constitutional and other heritable disorders, whole genome and mitochondrial DNA sequence analysis, blood, frozen and formalin-fixed paraffin-embedded (FFPE) tissue, saliva, buccal swabs or cell lines, identification of single nucleotide and copy number variants	07/01/2026			Whole Exome, Whole Genome, and Proteogenomic Sequencing and Genetic Testing for Mitochondrial Disorders (Company)
Commercial/ASO, OHP, PEBB	0267U	Rare constitutional and other heritable disorders, identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping and whole genome sequencing	07/01/2026			Whole Exome, Whole Genome, and Proteogenomic Sequencing and Genetic Testing for Mitochondrial Disorders (Company)
Commercial/ASO, OHP, PEBB	0268U	Hematology (atypical hemolytic uremic syndrome [aHUS]), genomic sequence analysis of 15 genes, blood, buccal swab, or amniotic fluid	11/01/2022			Next Generation Sequencing for Cancer (Company)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	0269U	Hematology (autosomal dominant congenital thrombocytopenia), genomic sequence analysis of 22 genes, blood, buccal swab, or amniotic fluid	10/01/2021			Genetic and Molecular Testing (Medicare); Next Generation Sequencing for Cancer (Company)
Commercial/ASO, OHP, PEBB	0270U	Hematology (congenital coagulation disorders), genomic sequence analysis of 20 genes, blood, buccal swab, or amniotic fluid	11/01/2022			Next Generation Sequencing for Cancer (Company)
Commercial/ASO, OHP, PEBB	0272U	Hematology (genetic bleeding disorders), genomic sequence analysis of 60 genes and duplication/deletion of PLAU, blood, buccal swab, or amniotic fluid, comprehensive	11/01/2022			Next Generation Sequencing for Cancer (Company)
Commercial/ASO, OHP, PEBB	0273U	Hematology (genetic hyperfibrinolysis, delayed bleeding), genomic sequence analysis of 9 8 genes (F13A1, F13B, FGA, FGB, FGG, SERPINA1, SERPINE1, SERPINF2 by next-generation sequencing , and PLAU by array comparative genomic hybridization), blood, buccal swab, or amniotic fluid	11/01/2022			Next Generation Sequencing for Cancer (Company)
Commercial/ASO, OHP, PEBB	0274U	Hematology (genetic platelet disorders), genomic sequence analysis of 62 genes and duplication/deletion of PLAU, blood, buccal swab, or amniotic fluid	11/01/2022			Next Generation Sequencing for Cancer (Company)
Commercial/ASO, OHP, PEBB	0276U	Hematology (inherited thrombocytopenia), genomic sequence analysis of 23 genes, blood, buccal swab, or amniotic fluid	11/01/2022			Next Generation Sequencing for Cancer (Company)
Commercial/ASO, OHP, PEBB	0277U	Hematology (genetic platelet function disorder), genomic sequence analysis of 40 genes and duplication/deletion of PLAU, blood, buccal swab, or amniotic fluid	11/01/2022			Next Generation Sequencing for Cancer (Company)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, OHP, PEBB	0278U	Hematology (genetic thrombosis), genomic sequence analysis of 14 genes, blood, buccal swab, or amniotic fluid	11/01/2022			Next Generation Sequencing for Cancer (Company); Next Generation Sequencing for Minimal Residual Disease Detection (Company)
Medicare	0286U	CEP72 (centrosomal protein, 72-KDa), NUDT15 (nudix hydrolase 15) and TPMT (thiopurine S-methyltransferase) (eg, drug metabolism) gene analysis, common variants	10/01/2025			Genetic and Molecular Testing (Medicare); Inflammatory Bowel Disease (IBD) Serologic Testing and Therapeutic Monitoring (Company); Non-Covered Genetic Panel Tests (Company)
Medicare	0287U	Oncology (thyroid), DNA and mRNA, next-generation sequencing analysis of 112 genes, fine needle aspirate or formalin-fixed paraffin-embedded (FFPE) tissue, algorithmic prediction of cancer recurrence, reported as a categorical risk result (low, intermediate, high)	08/01/2023			Genetic Testing for Thyroid Nodules (Medicare)
Medicare	0288U	Oncology (lung), mRNA, quantitative PCR analysis of 11 genes (BAG1, BRCA1, CDC6, CDK2AP1, ERBB3, FUT3, IL11, LCK, RND3, SH3BGR, WNT3A) and 3 reference genes (ESD, TBP, YAP1), formalin-fixed paraffin-embedded (FFPE) tumor tissue, algorithmic interpretation reported as a recurrence risk score	07/01/2022			Genetic and Molecular Testing (Medicare)
Commercial/ASO, OHP, PEBB	0297U	Oncology (pan tumor), whole genome sequencing of paired malignant and normal DNA specimens, fresh or formalin-fixed paraffin-embedded (FFPE) tissue, blood or bone marrow, comparative sequence analyses and variant identification	07/01/2026			Non-Covered Genetic Panel Tests (Company)
Commercial/ASO, OHP, PEBB	0299U	Oncology (pan tumor), whole genome optical genome mapping of paired malignant and normal DNA specimens, fresh frozen tissue, blood, or bone marrow, comparative structural variant identification	07/01/2026			Non-Covered Genetic Panel Tests (Company)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, OHP, PEBB	0300U	Oncology (pan tumor), whole genome sequencing and optical genome mapping of paired malignant and normal DNA specimens, fresh tissue, blood, or bone marrow, comparative sequence analyses and variant identification	07/01/2026			
Commercial/ASO, OHP, PEBB	0313U	Oncology (pancreas), DNA and mRNA next-generation sequencing analysis of 74 genes and analysis of CEA (CEACAM5) gene expression, pancreatic cyst fluid, algorithm reported as a categorical result (ie, negative, low probability of neoplasia or positive, high probability of neoplasia)	11/01/2022			Next Generation Sequencing for Cancer (Company)
Medicare	0314U	Oncology (cutaneous melanoma), mRNA gene expression profiling by RT-PCR of 35 genes (32 content and 3 housekeeping), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a categorical result (ie, benign, intermediate, malignant)	08/06/2023			Gene Expression Profile Testing for Melanoma (Company); Gene Expression Profile Testing for Melanoma (Medicare)
Commercial/ASO, OHP, PEBB	0314U	Oncology (cutaneous melanoma), mRNA gene expression profiling by RT-PCR of 35 genes (32 content and 3 housekeeping), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a categorical result (ie, benign, intermediate, malignant)	11/01/2024			Gene Expression Profile Testing for Melanoma (Company)
Commercial/ASO, OHP, PEBB	0318U	Pediatrics (congenital epigenetic disorders), whole genome methylation analysis by microarray for 50 or more genes, blood	07/01/2026			Whole Exome, Whole Genome, and Proteogenomic Sequencing and Genetic Testing for Mitochondrial Disorders (Company)
Medicare	0320U	Nephrology (renal transplant), RNA expression by select transcriptome sequencing, using posttransplant peripheral blood, algorithm	07/01/2025			Genetic and Molecular Testing (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
		reported as a risk score for acute cellular rejection				
Medicare	0327u	Fetal aneuploidy (trisomy 13, 18, and 21), DNA sequence analysis of selected regions using maternal plasma, algorithm reported as a risk score for each trisomy, includes sex reporting, if performed	07/01/2022		Medicare -	Genetic and Molecular Testing (Medicare)
Commercial/ASO, OHP, PEBB	0327U	Fetal aneuploidy (trisomy 13, 18, and 21), DNA sequence analysis of selected regions using maternal plasma, algorithm reported as a risk score for each trisomy, includes sex reporting, if performed	07/01/2022			Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
Medicare	0329U	Oncology (neoplasia), exome and transcriptome sequence analysis for sequence variants, gene copy number amplifications and deletions, gene rearrangements, microsatellite instability and tumor mutational burden utilizing DNA and RNA from tumor with DNA from normal blood or saliva for subtraction, report of clinically significant mutation(s) with therapy associations	07/01/2022			Genetic and Molecular Testing (Medicare)
Commercial/ASO, OHP, PEBB	0329U	Oncology (neoplasia), exome and transcriptome sequence analysis for sequence variants, gene copy number amplifications and deletions, gene rearrangements, microsatellite instability and tumor mutational burden utilizing DNA and RNA from tumor with DNA from normal blood or saliva for subtraction, report of clinically significant mutation(s) with therapy associations	08/01/2023			Next Generation Sequencing for Cancer (Company); Whole Exome, Whole Genome, and Proteogenomic Sequencing and Genetic Testing for Mitochondrial Disorders (Company)
Commercial/ASO, OHP, PEBB	0334U	Oncology (solid organ), targeted genomic sequence analysis, formalin-fixed paraffin-embedded (FFPE) tumor tissue, DNA analysis,	10/01/2022			Genetic and Molecular Testing (Company); Next Generation Sequencing for Cancer (Company)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
		84 or more genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden				
Medicare	0334U	Oncology (solid organ), targeted genomic sequence analysis, formalin-fixed paraffin-embedded (FFPE) tumor tissue, DNA analysis, 84 or more genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden	07/01/2025			Genetic and Molecular Testing (Medicare)
Commercial/ASO, OHP, PEBB	0335U	Rare diseases (constitutional/heritable disorders), whole genome sequence analysis, including small sequence changes, copy number variants, deletions, duplications, mobile element insertions, uniparental disomy (UPD), inversions, aneuploidy, mitochondrial genome sequence analysis with heteroplasmy and large deletions, short tandem repeat (STR) gene expansions, fetal sample, identification and categorization of genetic variants	07/01/2026			Whole Exome, Whole Genome, and Proteogenomic Sequencing and Genetic Testing for Mitochondrial Disorders (Company)
Commercial/ASO, OHP, PEBB	0336U	Rare diseases (constitutional/heritable disorders), whole genome sequence analysis, including small sequence changes, copy number variants, deletions, duplications, mobile element insertions, uniparental disomy (UPD), inversions, aneuploidy, mitochondrial genome sequence analysis with heteroplasmy and large deletions, short tandem repeat (STR) gene expansions, blood or saliva, identification and categorization of genetic variants, each comparator genome (eg, parent)	07/01/2026			Whole Exome, Whole Genome, and Proteogenomic Sequencing and Genetic Testing for Mitochondrial Disorders (Company)
Medicare	0338T	Transcatheter renal sympathetic denervation, percutaneous approach including arterial	10/28/2025			Renal Denervation for Uncontrolled Hypertension (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
		puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast injection(s), intraprocedural roadmapping and radiological supervision and interpretation, including pressure gradient measurements, flush aortogram and diagnostic renal angiography when performed; unilateral				
Medicare	0339T	Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast injection(s), intraprocedural roadmapping and radiological supervision and interpretation, including pressure gradient measurements, flush aortogram and diagnostic renal angiography when performed; bilateral	10/28/2025			Renal Denervation for Uncontrolled Hypertension (Medicare)
Medicare	0340U	Oncology (pan-cancer), analysis of minimal residual disease (MRD) from plasma, with assays personalized to each patient based on prior next-generation sequencing of the patient's tumor and germline DNA, reported as absence or presence of MRD, with disease-burden correlation, if appropriate	10/01/2022			Minimal Residual Disease Testing (Medicare)
Medicare	0345U	Psychiatry (eg, depression, anxiety, attention deficit hyperactivity disorder [ADHD]), genomic analysis panel, variant analysis of 15 genes, including deletion/duplication analysis of CYP2D6	10/01/2022			Genetic and Molecular Testing (Medicare)
Medicare	0356U	Oncology (oropharyngeal), evaluation of 17 DNA biomarkers using droplet digital PCR (ddPCR), cell-free DNA, algorithm reported as a prognostic risk score for cancer recurrence	07/01/2024			Minimal Residual Disease Testing (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, OHP, PEBB	0359U	Oncology (prostate cancer), analysis of all prostate-specific antigen (PSA) structural isoforms by phase separation and immunoassay, plasma, algorithm reports risk of cancer	01/01/2023			Protein Biomarker and Genetic Testing for the Prostate (Company)
Medicare	0360U	Oncology (lung), enzyme-linked immunosorbent assay (ELISA) of 7 autoantibodies (p53, NY-ESO-1, CAGE, GBU4-5, SOX2, MAGE A4, and HuD), plasma, algorithm reported as a categorical result for risk of malignancy	07/01/2024			Genetic and Molecular Testing (Medicare)
Commercial/ASO	0362T	Exposure behavioral follow-up assessment, includes physician or other qualified health care professional direction with interpretation and report, administered by physician or other qualified health care professional with the assistance of one or more technicians; first 30 minutes of technician(s) time, face-to-face with the patient	04/01/2021		Prior authorization excludes Intel	Applied Behavior Analysis (Company)
Medicare	0364U	Oncology (hematolymphoid neoplasm), genomic sequence analysis using multiplex (PCR) and next-generation sequencing with algorithm, quantification of dominant clonal sequence(s), reported as presence or absence of minimal residual disease (MRD) with quantitation of disease burden, when appropriate	06/01/2025			Minimal Residual Disease Testing (Medicare)
Commercial/ASO	0373T	Adaptive behavior treatment with protocol modification, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of two or more technicians; for a patient who	01/01/2021		PA required by PHP and PPP for commercial/ASO Prior authorization excludes Intel	Applied Behavior Analysis (Company)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
		exhibits destructive behavior; completion in an environment that is customized to the patient's behavior.				
Medicare	0379U	Targeted genomic sequence analysis panel, solid organ neoplasm, DNA (523 genes) and RNA (55 genes) by next-generation sequencing, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability, and tumor mutational burden	04/01/2023			Genetic and Molecular Testing (Medicare)
Commercial/ASO, OHP, PEBB	0379U	Targeted genomic sequence analysis panel, solid organ neoplasm, DNA (523 genes) and RNA (55 genes) by next-generation sequencing, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability, and tumor mutational burden	04/01/2023			Next Generation Sequencing for Cancer (Company)
Commercial/ASO, Medicare, OHP, PEBB	0388U	Oncology (non-small cell lung cancer), next-generation sequencing with identification of single nucleotide variants, copy number variants, insertions and deletions, and structural variants in 37 cancer-related genes, plasma, with report for alteration detection	07/01/2023			Circulating Tumor Cell and DNA Assays for Cancer Management (Company); Circulating Tumor Cell and DNA Assays for Cancer Management (Medicare)
Commercial/ASO, OHP, PEBB	0391U	Oncology (solid tumor), DNA and RNA by next-generation sequencing, utilizing formalin-fixed paraffin-embedded (FFPE) tissue, 437 genes, interpretive report for single nucleotide variants, splice site variants, insertions/deletions, copy number alterations, gene fusions, tumor mutational burden, and microsatellite instability, with algorithm quantifying immunotherapy response score	07/01/2023			Next Generation Sequencing for Cancer (Company)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Medicare	0391U	Oncology (solid tumor), DNA and RNA by next-generation sequencing, utilizing formalin-fixed paraffin-embedded (FFPE) tissue, 437 genes, interpretive report for single nucleotide variants, splice site variants, insertions/deletions, copy number alterations, gene fusions, tumor mutational burden, and microsatellite instability, with algorithm quantifying immunotherapy response score	07/01/2024			Genetic and Molecular Testing (Medicare)
Commercial/ASO, OHP, PEBB	0400U	Obstetrics (expanded carrier screening), 145 genes by nextgeneration sequencing, fragment analysis and multiplex ligationdependent probe amplification, DNA, reported as carrier positive or negative	07/01/2023			Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
Commercial/ASO, OHP, PEBB	0402T	Collagen cross-linking of cornea (including removal of the corneal epithelium and intraoperative pachymetry when performed)	11/01/2018			Corneal Collagen Cross Linking (Company)
Commercial/ASO, OHP, PEBB	0403U	Oncology (prostate), mRNA, gene expression profiling of 18 genes, first-catch urine, algorithm reported as percentage of likelihood of detecting clinically significant prostate cancer	08/01/2024			Protein Biomarker and Genetic Testing for the Prostate (Company)
Medicare	0407U	Nephrology (diabetic chronic kidney disease [CKD]), multiplex electrochemiluminescent immunoassay (ECLIA) of soluble tumor necrosis factor receptor 1 (sTNFR1), soluble tumor necrosis receptor 2 (sTNFR2), and kidney injury molecule 1 (KIM-1) combined with clinical data, plasma, algorithm reported as risk for progressive decline in kidney function	08/01/2024			Genetic and Molecular Testing (Medicare)
Medicare	0408T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and	10/28/2025			Cardiac Contractility Modulation for Heart Failure (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
		programming of sensing and therapeutic parameters; pulse generator with transvenous electrodes				
Medicare	0409T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; pulse generator only	10/28/2025			Cardiac Contractility Modulation for Heart Failure (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	0409U	Oncology (solid tumor), DNA (80 genes) and RNA (36 genes), by next-generation sequencing from plasma, including single nucleotide variants, insertions/deletions, copy number alterations, microsatellite instability, and fusions, report showing identified mutations with clinical actionability	10/01/2023			Circulating Tumor Cell and DNA Assays for Cancer Management (Company); Circulating Tumor Cell and DNA Assays for Cancer Management (Medicare)
Medicare	0410T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; atrial electrode only	10/28/2025			Cardiac Contractility Modulation for Heart Failure (Medicare)
Commercial/ASO, OHP, PEBB	0410U	Oncology (pancreatic), DNA, whole genome sequencing with 5-hydroxymethylcytosine enrichment, whole blood or plasma, algorithm reported as cancer detected or not detected	07/01/2026			Whole Exome, Whole Genome, and Proteogenomic Sequencing and Genetic Testing for Mitochondrial Disorders (Company)
Medicare	0411T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; ventricular electrode only	10/28/2025			Cardiac Contractility Modulation for Heart Failure (Medicare)
Medicare	0411U	Psychiatry (eg, depression, anxiety, attention deficit hyperactivity disorder [ADHD]), genomic analysis panel, variant analysis of 15	10/01/2023			Genetic and Molecular Testing (Company)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
		genes, including deletion/duplication analysis of CYP2D6				
Commercial/ASO, OHP, PEBB	0413U	Oncology (hematolymphoid neoplasm), optical genome mapping for copy number alterations, aneuploidy, and balanced/complex structural rearrangements, DNA from blood or bone marrow, report of clinically significant alterations	07/01/2026			Whole Exome, Whole Genome, and Proteogenomic Sequencing and Genetic Testing for Mitochondrial Disorders (Company)
Medicare	0414T	Removal and replacement of permanent cardiac contractility modulation system pulse generator only	10/28/2025			Cardiac Contractility Modulation for Heart Failure (Medicare)
Medicare	0415T	Repositioning of previously implanted cardiac contractility modulation transvenous electrode (atrial or ventricular lead)	10/28/2025			Cardiac Contractility Modulation for Heart Failure (Medicare)
Medicare	0416T	Relocation of skin pocket for implanted cardiac contractility modulation pulse generator	10/28/2025			Cardiac Contractility Modulation for Heart Failure (Medicare)
Medicare	0417T	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, including review and report, implantable cardiac contractility modulation system	10/28/2025			Cardiac Contractility Modulation for Heart Failure (Medicare)
Commercial/ASO, OHP, PEBB	0417U	Rare diseases (constitutional/heritable disorders), whole mitochondrial genome sequence with heteroplasmy detection and deletion analysis, nuclear encoded mitochondrial gene analysis of 335 nuclear genes, including sequence changes, deletions, insertions, and copy number variants analysis, blood or saliva, identification and	10/01/2023			Whole Exome, Whole Genome, and Proteogenomic Sequencing and Genetic Testing for Mitochondrial Disorders (Company)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
		categorization of mitochondrial disorder–associated genetic variants				
Medicare	0418T	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter, implantable cardiac contractility modulation system	10/28/2025			Cardiac Contractility Modulation for Heart Failure (Medicare)
Medicare	0422U	Oncology (pan-solid tumor), analysis of DNA biomarker response to anti-cancer therapy using cell-free circulating DNA, biomarker comparison to a previous baseline pre-treatment cell-free circulating DNA analysis using next-generation sequencing, algorithm reported as a quantitative change from baseline, including specific alterations, if appropriate	01/01/2024			Minimal Residual Disease Testing (Medicare)
Commercial/ASO, OHP, PEBB	0422U	Oncology (pan-solid tumor), analysis of DNA biomarker response to anti-cancer therapy using cell-free circulating DNA, biomarker comparison to a previous baseline pre-treatment cell-free circulating DNA analysis using next-generation sequencing, algorithm reported as a quantitative change from baseline, including specific alterations, if appropriate	01/01/2024			Circulating Tumor Cell and DNA Assays for Cancer Management (Company)
Commercial/ASO, OHP, PEBB	0425U	Genome (eg, unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis, each comparator genome (eg, parents, siblings)	07/01/2026			Whole Exome, Whole Genome, and Proteogenomic Sequencing and Genetic Testing for Mitochondrial Disorders (Company)
Commercial/ASO, Medicare, OHP, PEBB	0444U	Oncology (solid organ neoplasia), targeted genomic sequence analysis panel of 361 genes, interrogation for gene fusions, translocations, or other rearrangements, using	04/01/2024			Genetic and Molecular Testing (Medicare); Next Generation Sequencing for Cancer (Company)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
		DNA from formalin-fixed paraffin-embedded (FFPE) tumor tissue, report of clinically significant variant(s)				
Medicare	0446T	Creation of subcutaneous pocket with insertion of implantable interstitial glucose sensor, including system activation and patient training	11/01/2020			Implantable and Non-Covered Diabetes Management Technologies (Medicare)
Commercial/ASO, OHP, PEBB	0446T	Creation of subcutaneous pocket with insertion of implantable interstitial glucose sensor, including system activation and patient training	10/01/2025			Implantable and Non-Covered Diabetes Management Technologies (Company)
Medicare	0447T	Removal of implantable interstitial glucose sensor from subcutaneous pocket via incision	11/01/2020			Implantable and Non-Covered Diabetes Management Technologies (Medicare)
Commercial/ASO, OHP, PEBB	0447T	Removal of implantable interstitial glucose sensor from subcutaneous pocket via incision	10/01/2025			Implantable and Non-Covered Diabetes Management Technologies (Company)
Medicare	0448T	Removal of implantable interstitial glucose sensor with creation of subcutaneous pocket at different anatomic site and insertion of new implantable sensor, including system activation	11/01/2020			Implantable and Non-Covered Diabetes Management Technologies (Medicare)
Commercial/ASO, OHP, PEBB	0448T	Removal of implantable interstitial glucose sensor with creation of subcutaneous pocket at different anatomic site and insertion of new implantable sensor, including system activation	10/01/2025			Implantable and Non-Covered Diabetes Management Technologies (Company)
Commercial/ASO, OHP, PEBB	0449U	Carrier screening for severe inherited conditions (eg, cystic fibrosis, spinal muscular atrophy, beta hemoglobinopathies [including sickle cell disease], alpha thalassemia), regardless of race or self-identified ancestry, genomic sequence analysis panel, must	04/01/2024			Genetic Testing for Reproductive Planning and Prenatal Testing (Company)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
		include analysis of 5 genes (CFTR, SMN1, HBB, HBA1, HBA2)				
Commercial/ASO, OHP, PEBB	0454U	Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping	07/01/2026			Whole Exome, Whole Genome, and Proteogenomic Sequencing and Genetic Testing for Mitochondrial Disorders (Company)
Commercial/ASO, OHP, PEBB	0469U	Rare diseases (constitutional/heritable disorders), whole genome sequence analysis for chromosomal abnormalities, copy number variants, duplications/deletions, inversions, unbalanced translocations, regions of homozygosity (ROH), inheritance pattern that indicate uniparental disomy (UPD), and aneuploidy, fetal sample (amniotic fluid, chorionic villus sample, or products of conception), identification and categorization of genetic variants, diagnostic report of fetal results based on phenotype with maternal sample and paternal sample, if performed, as comparators and/or maternal cell contamination	07/01/2024			Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
Commercial/ASO, Medicare, OHP, PEBB	0471U	Oncology (colorectal cancer), qualitative real-time PCR of 35 variants of KRAS and NRAS genes (exons 2, 3, 4), formalinfixed paraffin-embedded (FFPE), predictive, identification of detected mutations	07/01/2024			Genetic and Molecular Testing (Medicare); Next Generation Sequencing for Cancer (Company)
Commercial/ASO, Medicare, OHP, PEBB	0473U	Oncology (solid tumor), next generation sequencing (NGS) of DNA from formalin-fixed paraffin embedded (FFPE) tissue with comparative sequence analysis from a matched normal specimen (blood or saliva), 648 genes, interrogation for sequence variants, insertion and deletion alterations,	07/01/2024			Genetic and Molecular Testing (Medicare); Next Generation Sequencing for Cancer (Company)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
		copy number variants, rearrangements, microsatellite instability, and tumor-mutation burden				
Commercial/ASO, Medicare, OHP, PEBB	0478U	Oncology (non-small cell lung cancer), DNA and RNA, digital PCR analysis of 9 genes (EGFR, KRAS, BRAF, ALK, ROS1, RET, NTRK 1/2/3, ERBB2, and MET) in formalin-fixed paraffin-embedded (FFPE) tissue, interrogation for single-nucleotide variants, insertions/deletions, gene rearrangements, and reported as actionable detected variants for therapy selection	10/01/2024			Genetic and Molecular Testing (Medicare); Next Generation Sequencing for Cancer (Company)
Commercial/ASO, Medicare, OHP, PEBB	0481U	IDH1 (isocitrate dehydrogenase 1 [NADP+]), IDH2 (isocitrate dehydrogenase 2 [NADP+]), and TERT (telomerase reverse transcriptase) promoter (eg, central nervous system [CNS] tumors), next-generation sequencing (single-nucleotide variants [SNV], deletions, and insertions)	10/01/2024			Genetic and Molecular Testing (Medicare); Next Generation Sequencing for Cancer (Company)
Commercial/ASO, Medicare, OHP, PEBB	0485U	Oncology (solid tumor), cell-free DNA and RNA by next-generation sequencing, interpretative report for germline mutations, clonal hematopoiesis of indeterminate potential, and tumor-derived single-nucleotide variants, small insertions/deletions, copy number alterations, fusions, microsatellite instability, and tumor mutational burden	10/01/2024			Circulating Tumor Cell and DNA Assays for Cancer Management (Company); Circulating Tumor Cell and DNA Assays for Cancer Management (Medicare)
Commercial/ASO, OHP, PEBB	0486U	Oncology (pan-solid tumor), next-generation sequencing analysis of tumor methylation markers present in cell-free circulating tumor DNA, algorithm reported as quantitative measurement of methylation as a correlate of tumor fraction	10/01/2024			Circulating Tumor Cell and DNA Assays for Cancer Management (Company)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, OHP, PEBB	0487U	Oncology (solid tumor), cell-free circulating DNA, targeted genomic sequence analysis panel of 84 genes, interrogation for sequence variants, aneuploidy-corrected gene copy number amplifications and losses, gene rearrangements, and microsatellite instability	10/01/2024			Circulating Tumor Cell and DNA Assays for Cancer Management (Company)
Medicare	0487U	Oncology (solid tumor), cell-free circulating DNA, targeted genomic sequence analysis panel of 84 genes, interrogation for sequence variants, aneuploidy-corrected gene copy number amplifications and losses, gene rearrangements, and microsatellite instability	09/01/2026			Circulating Tumor Cell and DNA Assays for Cancer Management (Medicare)
Medicare	0493U	Transplantation medicine, quantification of donor-derived cell-free DNA (cfDNA) using next-generation sequencing, plasma, reported as percentage of donor-derived cell-free DNA	10/01/2024			Genetic and Molecular Testing (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	0494T	Surgical preparation and cannulation of marginal (extended) cadaver donor lung(s) to ex vivo organ perfusion system, including decannulation, separation from the perfusion system, and cold preservation of the allograft prior to implantation, when performed	01/01/2018		Medicaid – As of 12/1/23 PA is no longer required for OHP for contracted transplant facilities. Refer to guideline note 42 in OHA's prioritized list for additional billing guidelines.	Organ Transplantation (Company); Organ Transplantation (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	0495T	Initiation and monitoring marginal (extended) cadaver donor lung(s) organ perfusion system by physician or qualified health care professional, including physiological and laboratory assessment (eg, pulmonary artery flow, pulmonary artery pressure, left atrial pressure, pulmonary vascular resistance, mean/peak and plateau airway pressure, dynamic compliance and perfusate gas analysis), including bronchoscopy and X ray when performed; first two hours in sterile field	01/01/2018		Medicaid – As of 12/1/23 PA is no longer required for OHP for contracted transplant facilities. Refer to guideline note 42 in OHA's prioritized list for additional billing guidelines.	Organ Transplantation (Company); Organ Transplantation (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	0496T	Initiation and monitoring marginal (extended) cadaver donor lung(s) organ perfusion system by physician or qualified health care professional, including physiological and laboratory assessment (eg, pulmonary artery flow, pulmonary artery pressure, left atrial pressure, pulmonary vascular resistance, mean/peak and plateau airway pressure, dynamic compliance and perfusate gas analysis), including bronchoscopy and X ray when performed; each additional hour (List separately in addition to code for primary procedure)	01/01/2018		Medicaid – As of 12/1/23 PA is no longer required for OHP for contracted transplant facilities. Refer to guideline note 42 in OHA's prioritized list for additional billing guidelines.	Organ Transplantation (Company); Organ Transplantation (Medicare)
Commercial/ASO, OHP, PEBB	0497U	Oncology (prostate), mRNA gene-expression profiling by real-time RT-PCR of 6 genes (FOXM1, MCM3, MTUS1, TTC21B, ALAS1, and PPP2CA), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a risk score for prostate cancer	10/01/2024			Protein Biomarker and Genetic Testing for the Prostate (Company)
Commercial/ASO, OHP, PEBB	0498U	Oncology (colorectal), next-generation sequencing for mutation detection in 43 genes and methylation pattern in 45 genes, blood, and formalin-fixed paraffin-embedded (FFPE) tissue, report of variants and methylation pattern with interpretation	10/01/2024			Next Generation Sequencing for Cancer (Company)
Commercial/ASO, OHP, PEBB	0499U	Oncology (colorectal and lung), DNA from formalin-fixed paraffin-embedded (FFPE) tissue, next-generation sequencing of 8 genes (NRAS, EGFR, CTNNB1, PIK3CA, APC, BRAF, KRAS, and TP53), mutation detection	10/01/2024			Next Generation Sequencing for Cancer (Company)
Commercial, Medicare	0505T	Endovenous femoral-popliteal arterial revascularization, with transcatheter placement of intravascular stent graft(s) and closure by any method, including	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
		percutaneous or open vascular access, ultrasound guidance for vascular access when performed, all catheterization(s) and intraprocedural roadmapping and imaging guidance necessary to complete the intervention, all associated radiological supervision and interpretation, when performed, with crossing of the occlusive lesion in an extraluminal fashion				
Medicare	0516U	Drug metabolism, whole blood, pharmacogenomic genotyping of 40 genes and CYP2D6 copy number variant analysis, reported as metabolizer status	10/01/2024			Genetic and Molecular Testing (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	0523U	Oncology (solid tumor), DNA, qualitative, next-generation sequencing (NGS) of single-nucleotide variants (SNV) and insertion/deletions in 22 genes utilizing formalin-fixed paraffin-embedded tissue, reported as presence or absence of mutation(s), location of mutation(s), nucleotide change, and amino acid change	01/01/2025			Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	0530U	Oncology (pan-solid tumor), ctDNA, utilizing plasma, next-generation sequencing (NGS) of 77 genes, 8 fusions, microsatellite instability, and tumor mutation burden, interpretative report for single-nucleotide variants, copy-number alterations, with therapy association	01/01/2025			Circulating Tumor Cell and DNA Assays for Cancer Management (Company); Circulating Tumor Cell and DNA Assays for Cancer Management (Medicare)
Commercial/ASO, OHP, PEBB	0532U	Rare diseases (constitutional disease/hereditary disorders), rapid whole genome and mitochondrial DNA sequencing for single-nucleotide variants, insertions/deletions, copy number variations, peripheral blood, buffy coat, saliva, buccal or	07/01/2026			Whole Exome, Whole Genome, and Proteogenomic Sequencing and Genetic Testing for Mitochondrial Disorders (Company)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
		tissue sample, results reported as positive or negative				
Commercial/ASO, OHP, PEBB	0538U	Oncology (solid tumor), next-generation targeted sequencing analysis, formalin-fixed paraffin-embedded (FFPE) tumor tissue, DNA analysis of 600 genes, interrogation for single-nucleotide variants, insertions/deletions, gene rearrangements, and copy number alterations, microsatellite instability, tumor mutation burden, reported as actionable variant	04/01/2025			Next Generation Sequencing for Cancer (Company)
Commercial/ASO, OHP, PEBB	0539U	Oncology (solid tumor), cell-free circulating tumor DNA (ctDNA), 152 genes, next-generation sequencing, interrogation for single-nucleotide variants, insertions/deletions, gene rearrangements, copy number alterations, and microsatellite instability, using whole-blood samples, mutations with clinical actionability reported as actionable variant	04/01/2025			Circulating Tumor Cell and DNA Assays for Cancer Management (Company)
Medicare	0540U	Transplantation medicine, quantification of donor-derived cell-free DNA using next-generation sequencing analysis of plasma, reported as percentage of donor-derived cell-free DNA to determine probability of rejection	04/01/2025			Genetic and Molecular Testing (Medicare)
Commercial/ASO, OHP, PEBB	0543U	Oncology (solid tumor), next-generation sequencing of DNA from formalin-fixed paraffin-embedded (FFPE) tissue of 517 genes, interrogation for single- nucleotide variants, multi-nucleotide variants, insertions and deletions from DNA, fusions in 24 genes and splice variants in 1 gene from RNA, and tumor mutation burden	04/01/2025			Next Generation Sequencing for Cancer (Company)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Medicare	0543U	Oncology (solid tumor), next-generation sequencing of DNA from formalin-fixed paraffin-embedded (FFPE) tissue of 517 genes, interrogation for single- nucleotide variants, multi-nucleotide variants, insertions and deletions from DNA, fusions in 24 genes and splice variants in 1 gene from RNA, and tumor mutation burden	07/01/2025			Genetic and Molecular Testing (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	0562U	Oncology (solid tumor), targeted genomic sequence analysis, 33 genes, detection of single-nucleotide variants (SNVs), insertions and deletions, copy-number amplifications, and translocations in human genomic circulating cell-free DNA, plasma, reported as presence of actionable variants	07/01/2025			Circulating Tumor Cell and DNA Assays for Cancer Management (Company); Circulating Tumor Cell and DNA Assays for Cancer Management (Medicare)
Commercial/ASO, OHP, PEBB	0566U	Oncology (lung), qPCR-based analysis of 13 differentially methylated regions (CCDC181, HOXA7, LRRC8A, MARCHF11, MIR129-2, NCOR2, PANTR1, PRKCB, SLC9A3, TBR1_2, TRAP1, VWC2, ZNF781), pleural fluid, algorithm reported as a qualitative result	07/01/2025			Circulating Tumor Cell and DNA Assays for Cancer Management (Company)
Commercial/ASO, OHP, PEBB	0567U	Rare diseases (constitutional/heritable disorders), whole-genome sequence analysis combination of short and long reads, for single-nucleotide variants, insertions/deletions and characterized intronic variants, copy-number variants, duplications/deletions, mobile element insertions, runs of homozygosity, aneuploidy, and inversions, mitochondrial DNA sequence and deletions, short tandem repeat genes, methylation status of selected regions, blood, saliva, amniocentesis, chorionic villus sample or tissue, identification and categorization of genetic variants	07/01/2026			Whole Exome, Whole Genome, and Proteogenomic Sequencing and Genetic Testing for Mitochondrial Disorders (Company)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Medicare	0569T	Transcatheter tricuspid valve repair, percutaneous approach; initial prosthesis	07/02/2025			Tricuspid Transcatheter Edge-to-Edge Repair (T-TEER) (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	0569U	Oncology (solid tumor), next-generation sequencing analysis of tumor methylation markers (>20000 differentially methylated regions) present in cell-free circulating tumor DNA (ctDNA), whole blood, algorithm reported as presence or absence of ctDNA with tumor fraction, if appropriate	07/01/2025			Minimal Residual Disease Testing (Medicare); Next Generation Sequencing for Minimal Residual Disease Detection (Company)
Medicare	0570T	Transcatheter tricuspid valve repair, percutaneous approach; each additional prosthesis during same session (List separately in addition to code for primary procedure)	07/02/2025			Tricuspid Transcatheter Edge-to-Edge Repair (T-TEER) (Medicare)
Commercial, Medicare	0571T	Insertion or replacement of implantable cardioverter-defibrillator system with substernal electrode(s), including all imaging guidance and electrophysiological evaluation (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters), when performed	03/01/2026		For Commercial Fully-Insured and Medicare, prior authorization through Carelon is required.	General Requirements - Cardiovascular Care
Commercial/ASO, Medicare, OHP, PEBB	0571U	Oncology (solid tumor), DNA (80 genes) and RNA (10 genes), by next-generation sequencing, plasma, including single-nucleotide variants, insertions/deletions, copy-number alterations, microsatellite instability, and fusions, reported as clinically actionable variants	07/01/2025			Circulating Tumor Cell and DNA Assays for Cancer Management (Company); Circulating Tumor Cell and DNA Assays for Cancer Management (Medicare)
Commercial, Medicare	0572T	Insertion of substernal implantable defibrillator electrode	03/01/2026		For Commercial Fully-Insured and Medicare, prior authorization through Carelon is required.	General Requirements - Cardiovascular Care

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial, Medicare	0573T	Removal of substernal implantable defibrillator electrode	03/01/2026		For Commercial Fully-Insured and Medicare, prior authorization through Carelon is required.	General Requirements - Cardiovascular Care
Commercial, Medicare	0574T	Repositioning of previously implanted substernal implantable defibrillator-pacing electrode	03/01/2026		For Commercial Fully-Insured and Medicare, prior authorization through Carelon is required.	General Requirements - Cardiovascular Care
Medicare	0578U	Oncology (cutaneous melanoma), RNA, gene expression profiling by real-time qPCR of 10 genes (8 content and 2 housekeeping), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reports a binary result, either low-risk or high-risk for sentinel lymph node metastasis and recurrence	10/01/2025			Gene Expression Profile Testing for Melanoma (Medicare)
Commercial, Medicare	0580T	Removal of substernal implantable defibrillator pulse generator only	03/01/2026		For Commercial Fully-Insured and Medicare, prior authorization through Carelon is required.	General Requirements - Cardiovascular Care
Commercial, ASO, OHP	0582U	Rare diseases (constitutional disease/hereditary disorders), rapid whole genome DNA sequencing for single-nucleotide variants, insertions/deletions, copy number variations, blood, saliva, tissue sample, variants reported	10/01/2025			Whole Exome, Whole Genome, and Proteogenomic Sequencing and Genetic Testing for Mitochondrial Disorders (Company)
Commercial, ASO, OHP	0583U	Rare diseases (constitutional disease/hereditary disorders), rapid whole genome comparator DNA sequencing for single-nucleotide variants, insertions/deletions, copy number variations, blood, saliva, tissue sample, variants reported with proband results (List separately in addition to code for primary procedure)	10/01/2025			Whole Exome, Whole Genome, and Proteogenomic Sequencing and Genetic Testing for Mitochondrial Disorders (Company)
Commercial/ASO, OHP, PEBB	0587T	Percutaneous implantation or replacement of integrated single device neurostimulation system including electrode array and receiver or pulse generator, including analysis,	01/01/2020			Urinary Dysfunction Treatments (Company)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
		programming, and imaging guidance when performed, posterior tibial nerve				
Commercial/ASO, OHP, PEBB	0588T	Revision or removal of integrated single device neurostimulation system including electrode array and receiver or pulse generator, including analysis, programming, and imaging guidance when performed, posterior tibial nerve	01/01/2020			Urinary Dysfunction Treatments (Company)
Commercial/ASO, OHP, PEBB	0589T	Electronic analysis with simple programming of implanted integrated neurostimulation system for bladder dysfunction (eg, electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (Hz), on/off cycling, burst, dose lockout, patient-selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive parameters, when performed by physician or other qualified health care professional, posterior tibial nerve, 1-3 parameters	01/01/2020			Urinary Dysfunction Treatments (Company)
Commercial/ASO, OHP, PEBB	0590T	Electronic analysis with complex programming of implanted integrated neurostimulation system for bladder dysfunction (eg, electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (Hz), on/off cycling, burst, dose lockout, patient-selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive parameters, when performed by physician or other qualified health care professional, posterior tibial nerve, 4 or more parameters	01/01/2020			Urinary Dysfunction Treatments (Company)
Commercial, ASO, OHP	0592U	Oncology (hematolymphoid neoplasms), DNA, targeted genomic sequence of 417 genes,	10/01/2025			Next Generation Sequencing for Cancer (Company)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
		interrogation for gene fusions, translocations, rearrangements, utilizing formalin-fixed paraffin-embedded (FFPE) tumor tissue, results report clinically significant variant(s)				
Commercial, ASO, OHP, PEBB	0604U	Allergy and immunology (chronic recurrent angioedema), 4 bradykinin peptides, liquid chromatography and tandem mass spectrometry (LC-MS/ MS), whole blood, quantitative	01/01/2026			Genetic and Molecular Testing (Company)
Commercial, ASO, OHP, PEBB	0605U	Allergy and immunology (hereditary alpha tryptasemia), DNA, analysis of TPSAB1 gene copy number variation using digital PCR, whole blood, results reported with genotype-specific interpretation of alpha-tryptase copy number and algorithmic classification as normal or abnormal	01/01/2026			Genetic and Molecular Testing (Company)
Commercial, ASO, OHP, PEBB	0613U	Oncology (urothelial carcinoma), DNA methylation and mutation analysis of 6 biomarkers (TWIST1, OTX1, ONECUT2, FGFR3, HRAS, TERT promoter region), methylation-specific PCR and targeted next-generation sequencing, urine, algorithm reported as a probability index for bladder cancer and upper tract urothelial carcinoma	01/01/2026			Genetic and Molecular Testing (Company)
Commercial, Medicare	0614T	Removal and replacement of substernal implantable defibrillator pulse generator	01/01/2026		For Commercial Fully-Insured and Medicare, prior authorization through Carelon is required.	General Requirements - Cardiovascular Care
Commercial, Medicare	0620T	Endovascular venous arterialization, tibial or peroneal vein, with transcatheter placement of intravascular stent graft(s) and closure by any method, including percutaneous or open vascular access, ultrasound guidance for vascular access when performed, all catheterization(s) and intraprocedural roadmapping and imaging guidance necessary	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
		to complete the intervention, all associated radiological supervision and interpretation, when performed				
Commercial, ASO, OHP, PEBB	0628U	Nephrology (kidney disease-related genetic conditions), genomic analysis, renal disease panel, saliva, DNA, next-generation sequencing of 449 genes, reported as pathogenic or likely pathogenic variants of uncertain significance or risk alleles	04/01/2026			Genetic and Molecular Testing (Company)
Commercial/ASO, Medicare, OHP, PEBB	0633T	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast material	06/11/2022		Commercial/ASO,Medicare,OHP,PEBB - Carelon Prior Authorization Required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial, ASO, OHP, PEBB	0633U	Obstetrics (single-gene noninvasive prenatal test), cell-free DNA (cfDNA), next-generation sequencing (NGS) analysis of 1 or more targets (eg, CFTR, SMN1, HBB, HBA1, HBA2) to identify paternally inherited pathogenic variants and to determine fetal inheritance of maternal mutation, using maternal blood sample, algorithm reported as a fetal risk score	07/01/2026			Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
Commercial/ASO, Medicare, OHP, PEBB	0634T	Computed tomography, breast, including 3D rendering, when performed, unilateral; with contrast material(s)	06/11/2022		Commercial/ASO,Medicare,OHP,PEBB - Carelon Prior Authorization Required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	0635T	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast, followed by contrast material(s)	06/11/2022		Commercial/ASO,Medicare,OHP,PEBB - Carelon Prior Authorization Required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	0636T	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast material(s)	06/11/2022		Commercial/ASO,Medicare,OHP,PEBB - Carelon Prior Authorization Required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	0637T	Computed tomography, breast, including 3D rendering, when performed, bilateral; with contrast material(s)	06/11/2022		Commercial/ASO,Medicare,OHP,PEBB - Carelon Prior Authorization Required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	0638T	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast, followed by contrast material(s)	06/11/2022		Commercial/ASO,Medicare,OHP,PEBB - Carelon Prior Authorization Required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial, ASO, OHP, PEBB	0640U	Oncology (leptomeningeal metastases), tumor cell selection, identification, detection and enumeration based on differential CD318(CDCP1), SUSD2, CD340(erbB2/HER2), HGFR/cMET, FOLR1, EGFR, N cadherin, MUC1, EpCAM, and TROP2 antibody biomarkers, cerebrospinal fluid, reported as detection and quantification of tumor cells	07/01/2026			Next Generation Sequencing for Cancer (Company)
Commercial, ASO, OHP, PEBB	0641U	Oncology (minimal residual disease [MRD]), tumor DNA, next-generation sequencing (NGS), using formalin-fixed paraffin-embedded (FFPE) tissue and blood samples, initial (baseline) assessment	07/01/2026			Next Generation Sequencing for Minimal Residual Disease Detection (Company)
Commercial, ASO, OHP, PEBB	0642U	Oncology (minimal residual disease [MRD]), tumor DNA, next-generation sequencing (NGS), whole blood, comparison to previously performed analyses, reported as trend in circulating tumor DNA (ctDNA) level	07/01/2026			Next Generation Sequencing for Minimal Residual Disease Detection (Company)
Commercial, ASO, OHP, PEBB	0644U	Oncology (leukemia), minimal residual disease (MRD) detection for rearrangements, blood or bone marrow, personalized assay design and baseline quantification	07/01/2026			Next Generation Sequencing for Minimal Residual Disease Detection (Company)
Commercial, ASO, OHP, PEBB	0645U	Oncology (leukemia), minimal residual disease (MRD) detection for rearrangements, based on digital PCR, blood or bone marrow, reported as not detected or detected with estimated abundance	07/01/2026			Next Generation Sequencing for Minimal Residual Disease Detection (Company)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Medicare	0646T	Transcatheter tricuspid valve implantation/replacement (TTVI) with prosthetic valve, percutaneous approach, including right heart catheterization, temporary pacemaker insertion, and selective right ventricular or right atrial angiography, when performed	03/19/2025			Transcatheter Tricuspid Valve Replacement (TTVR) (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	0648T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session ; single organ	06/11/2022		Carelon Prior Authorization Required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial, ASO, Medicare, OHP, PEBB	0648U	Oncology (solid tumor), targeted genomic sequencing analysis, to detect deletions, insertions, and substitutions in 42 genes, copy number amplifications in 10 genes, and fusions and splice variants in 18 driver genes from DNA and RNA extracted from formalin-fixed paraffin-embedded (FFPE) tissue	07/01/2026			Genetic and Molecular Testing (Medicare); Next Generation Sequencing for Cancer (Company)
Commercial/ASO, Medicare, OHP, PEBB	0649T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure);) single organ (List separately in addition to code for primary procedure)	06/11/2022		Carelon Prior Authorization Required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Medicare	0650U	Drug metabolism (adverse drug reactions and drug response), genotyping of 9 genes (ie, CYP2D6, CYP2C19, G6PD, SLCO1B1, HLA-B*58:01, NAT2, CYP2C9, VKORC1, ABCG2), reported as metabolizer status and transporter function	07/01/2026			Genetic and Molecular Testing (Medicare)
Medicare	0652U	Drug metabolism (adverse drug reactions), DNA analysis of 13 genes by targeted genotyping, using saliva or buccal swab, reported as diplotype and metabolizer status	07/01/2026			Genetic and Molecular Testing (Medicare)
Commercial, ASO, OHP, PEBB	0653U	Nephrology (inherited kidney disorders), DNA, analysis of approximately 700 genes associated with inherited kidney diseases by exome sequencing, using whole blood, saliva, or nail clipping, reported as an interpretive clinical report classifying pathogenic and likely pathogenic variants	07/01/2026			Whole Exome, Whole Genome, and Proteogenomic Sequencing and Genetic Testing for Mitochondrial Disorders (Company)
Commercial, ASO, OHP, PEBB	0654U	Inborn error of metabolism (primary mitochondrial disease), mitochondrial analysis of 1 enzyme complex by western blot analysis, using cultured skin fibroblasts, diagnostic qualitative result	07/01/2026			Whole Exome, Whole Genome, and Proteogenomic Sequencing and Genetic Testing for Mitochondrial Disorders (Company)
Commercial, ASO, OHP, PEBB	0655U	Inborn error of metabolism (primary mitochondrial disease), mitochondrial analysis of 1 enzyme complex by spectrophotometric kinetic assay, using cultured skin fibroblasts, diagnostic quantitative result	07/01/2026			Whole Exome, Whole Genome, and Proteogenomic Sequencing and Genetic Testing for Mitochondrial Disorders (Company)
Commercial, ASO, OHP, PEBB	0656U	Inborn error of metabolism (primary mitochondrial disease), mitochondrial analysis of 1 enzyme complex by radioactive activity assay, using cultured skin fibroblasts, diagnostic quantitative result	07/01/2026			Whole Exome, Whole Genome, and Proteogenomic Sequencing and Genetic Testing for Mitochondrial Disorders (Company)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial, ASO, OHP, PEBB	0657U	Rare diseases (constitutional/heritable disorders), rapid whole genome sequence analysis of comparator nuclear and mitochondrial DNA by next-generation sequencing (NGS), using blood or buccal sample, relevant variants reported with proband results	07/01/2026			Whole Exome, Whole Genome, and Proteogenomic Sequencing and Genetic Testing for Mitochondrial Disorders (Company)
Commercial, ASO, OHP, PEBB	0658U	Rare diseases (constitutional/heritable disorders), rapid whole genome sequence analysis of nuclear and mitochondrial DNA by next-generation sequencing (NGS) for single-nucleotide variants (SNVs), insertions/deletions, copy number variants, uniparental disomy, and repeat expansions, using blood or buccal sample, identification and categorization of genetic variants	07/01/2026			Whole Exome, Whole Genome, and Proteogenomic Sequencing and Genetic Testing for Mitochondrial Disorders (Company)
Commercial, ASO, OHP, PEBB	0659U	Rare diseases (constitutional/heritable disorders), ultrarapid whole genome sequence analysis of nuclear and mitochondrial DNA by next-generation sequencing (NGS) for single-nucleotide variants (SNVs), insertions/deletions, copy number variants, uniparental disomy, and repeat expansions, using blood or buccal sample, identification and categorization of genetic variants	07/01/2026			Whole Exome, Whole Genome, and Proteogenomic Sequencing and Genetic Testing for Mitochondrial Disorders (Company)
Commercial, ASO, OHP, PEBB	0663U	Obstetrics (fetal platelet antigen noninvasive prenatal test [NIPT]), cell-free DNA (cfDNA) sequence analysis for detection of fetal presence or absence of 1 human platelet antigen or more (HPA-1a, HPA-1b, HPA-3a, HPA-5b, and others) when performed, reported as maternal/fetal incompatibility detected or not detected per selected antigen	10/01/2026			Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial, ASO, OHP, PEBB	0667U	Inborn error of metabolism (primary mitochondrial disease), determination of fibroblast growth factor 21 (FGF21) concentration by enzyme-linked immunosorbent assay (ELISA), serum or plasma, diagnostic quantitative result	10/01/2026			Whole Exome, Whole Genome, and Proteogenomic Sequencing and Genetic Testing for Mitochondrial Disorders (Company)
Commercial, ASO, OHP, PEBB	0670U	Rare diseases (constitutional/heritable disorders), whole genome sequence analysis combination of short and long reads for single-nucleotide variants, insertions/deletions and characterized intronic variants, copy number variants, duplications/deletions, mobile element insertions, runs of homozygosity, aneuploidy, and inversions, mitochondrial DNA sequence and deletions, short tandem repeat (STR) genes, methylation status of selected regions, blood, saliva, amniocentesis, chorionic villus sample or tissue, identification and categorization of genetic variant, proband and comparator	10/01/2026			Whole Exome, Whole Genome, and Proteogenomic Sequencing and Genetic Testing for Mitochondrial Disorders (Company)
Commercial, ASO, OHP, PEBB	0671U	Rare diseases (constitutional/heritable disorders), whole genome sequence analysis combination of short and long reads for single-nucleotide variants, insertions/deletions and characterized intronic variants, copy number variants, duplications/deletions, mobile element insertions, runs of homozygosity, aneuploidy, and inversions, mitochondrial DNA sequence and deletions, short tandem repeat (STR) genes, methylation status of selected regions, blood, saliva, amniocentesis, chorionic villus sample or tissue, identification and categorization of genetic variant, proband and 2 comparators	10/01/2026			Whole Exome, Whole Genome, and Proteogenomic Sequencing and Genetic Testing for Mitochondrial Disorders (Company)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial, ASO, OHP, PEBB	0672U	Rare diseases (constitutional/heritable disorders), whole exome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat (STR) gene expansions, and variants in nonuniquely mappable regions, blood or saliva, identification and categorization of genetic variants, proband and comparator	10/01/2026			Whole Exome, Whole Genome, and Proteogenomic Sequencing and Genetic Testing for Mitochondrial Disorders (Company)
Commercial, ASO, OHP, PEBB	0673U	Rare diseases (constitutional/heritable disorders), whole exome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat (STR) gene expansions, and variants in nonuniquely mappable regions, blood or saliva, identification and categorization of genetic variants, proband and 2 comparators	10/01/2026			Whole Exome, Whole Genome, and Proteogenomic Sequencing and Genetic Testing for Mitochondrial Disorders (Company)
Commercial, ASO, OHP, PEBB	0674U	Rare diseases (constitutional/heritable disorders), whole genome and mitochondrial DNA sequence analysis, including small sequence changes, insertions/deletions, copy number variants, mobile element insertions, runs of homozygosity, aneuploidy, and inversions, short tandem repeat (STR) gene expansions, blood, saliva, or genomic DNA, identification and categorization of genetic variants, proband and comparator	10/01/2026			Whole Exome, Whole Genome, and Proteogenomic Sequencing and Genetic Testing for Mitochondrial Disorders (Company)
Commercial, ASO, OHP, PEBB	0675U	Rare diseases (constitutional/heritable disorders), whole genome and mitochondrial DNA sequence analysis, including small sequence changes, insertions/deletions, copy number variants, duplications/deletions, mobile element insertions, runs of homozygosity, aneuploidy, and inversions,	10/01/2026			Whole Exome, Whole Genome, and Proteogenomic Sequencing and Genetic Testing for Mitochondrial Disorders (Company)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
		short tandem repeat (STR) gene expansions, blood, saliva, or genomic DNA, identification and categorization of genetic variants proband and 2 comparators				
Commercial, ASO, OHP, PEBB	0679U	Oncology (hereditary hematologic cancer), genomic DNA, whole genome sequence (single-nucleotide variants, deletions/insertions, and characterized intronic variants), copy number variants, duplications/deletions, mobile element insertions and inversions, analysis of over 105 genes, genomic DNA isolated from blood, saliva, cultured skin fibroblasts (skin biopsy), identification and categorization of genetic variants	10/01/2026			Genetic and Molecular Testing (Company)
Commercial, ASO, OHP, PEBB	0688U	Oncology (colorectal cancer), analysis of minimal residual disease (MRD), next-generation sequencing (NGS), circulating tumor DNA (ctDNA) analysis in whole blood and tumor for baseline assessment to evaluate current MRD status and for comparisons to subsequent MRD assessments	10/01/2026			Next Generation Sequencing for Cancer (Company)
Commercial, ASO, OHP, PEBB	0689U	Oncology (colorectal cancer), analysis of minimal residual disease (MRD) using patient-specific assays, reported as amount of circulating tumor DNA (ctDNA) detection and trend over time	10/01/2026			Next Generation Sequencing for Cancer (Company)
Medicare	0690U	Transplantation medicine (allograft rejection), quantification of donor-derived cell-free DNA (cfDNA) using digital PCR analysis of 45 single-nucleotide polymorphisms, plasma, reported as quantity of donor-derived cfDNA in plasma to determine the probability of allograft rejection	10/01/2026			Genetic and Molecular Testing (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial, ASO, OHP, PEBB	0691U	Carrier screening (cystic fibrosis, spinal muscular atrophy, beta hemoglobinopathies [including sickle cell disease], alpha thalassemia, and Duchenne muscular dystrophy), genomic sequence analysis panel, 6 genes (CFTR, SMN1, HBB, HBA1, HBA2, DMD)	10/01/2026			Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company)
Commercial, ASO, Medicare, OHP, PEBB	0696U	Oncology (solid organ), targeted genomic sequence analysis, formalin-fixed paraffin-embedded (FFPE) tumor tissue, RNA analysis, 350 or more genes for RNA alterations (eg, gene rearrangements and splice isoforms)	10/01/2026			Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	0784T	Insertion or replacement of percutaneous electrode array, spinal, with integrated neurostimulator, including imaging guidance, when performed	01/01/2024			Electrical Stimulation and Electromagnetic Therapies (Medicare); Implantable Spinal Cord and Dorsal Root Ganglion Stimulation (Company); Outpatient Surgical Site of Service (Company)
Commercial/ASO, Medicare, OHP, PEBB	0785T	Revision or removal of neurostimulator electrode array, spinal, with integrated neurostimulator	01/01/2024			Electrical Stimulation and Electromagnetic Therapies (Medicare); Implantable Spinal Cord and Dorsal Root Ganglion Stimulation (Company); Outpatient Surgical Site of Service (Company)
Commercial/ASO, Medicare, OHP, PEBB	0786T	Insertion or replacement of percutaneous electrode array, sacral, with integrated neurostimulator, including imaging guidance, when performed	01/01/2024			Fecal Incontinence Treatments (Company); Fecal Incontinence Treatments (Medicare); Urinary Dysfunction Treatments (Company); Urinary Dysfunction Treatments (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	0787T	Revision or removal of neurostimulator electrode array, sacral, with integrated neurostimulator	01/01/2024			Fecal Incontinence Treatments (Company); Fecal Incontinence Treatments (Medicare); Urinary Dysfunction Treatments (Company); Urinary Dysfunction Treatments (Medicare)
Medicare	0795T	Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous	05/06/2025		Carelon prior authorization required.	General Requirements - Cardiovascular Care

*Prior authorization is not a guarantee of payment. Benefits are based on eligibility at the time of service and are subject to applicable contract terms.

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
		ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; complete system (ie, right atrial and right ventricular pacemaker components)				
Commercial	0795T	Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; complete system (ie, right atrial and right ventricular pacemaker components)	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Medicare	0796T	Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; right atrial pacemaker component (when an existing right ventricular single leadless pacemaker exists to create a dual-chamber leadless pacemaker system)	05/06/2025		Carelon prior authorization required.	General Requirements - Cardiovascular Care
Commercial	0796T	Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; right atrial pacemaker component (when an existing right ventricular single leadless pacemaker exists to	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
		create a dual-chamber leadless pacemaker system)				
Medicare	0797T	Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system)	05/06/2025		Carelon prior authorization required.	General Requirements - Cardiovascular Care
Commercial	0797T	Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system)	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial	0798T	Transcatheter removal of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography), when performed; complete system (ie, right atrial and right ventricular pacemaker components)	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Medicare	0798T	Transcatheter removal of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography), when performed; complete system (ie, right atrial and right ventricular pacemaker components)	05/06/2025		Carelon prior authorization required.	General Requirements - Cardiovascular Care

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial	0799T	Transcatheter removal of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography), when performed; right atrial pacemaker component	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Medicare	0799T	Transcatheter removal of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography), when performed; right atrial pacemaker component	05/06/2025		Carelon prior authorization required.	General Requirements - Cardiovascular Care
Commercial	0800T	Transcatheter removal of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography), when performed; right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system)	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Medicare	0800T	Transcatheter removal of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography), when performed; right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system)	05/06/2025		Carelon prior authorization required.	General Requirements - Cardiovascular Care
Medicare	0801T	Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or	05/06/2025		Carelon prior authorization required.	General Requirements - Cardiovascular Care

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
		programming), when performed; dual-chamber system (ie, right atrial and right ventricular pacemaker components)				
Commercial	0801T	Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; dual-chamber system (ie, right atrial and right ventricular pacemaker components)	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Medicare	0802T	Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; right atrial pacemaker component	05/06/2025		Carelon prior authorization required.	General Requirements - Cardiovascular Care
Commercial	0802T	Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; right atrial pacemaker component	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Medicare	0803T	Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or	05/06/2025		Carelon prior authorization required.	General Requirements - Cardiovascular Care

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
		programming), when performed; right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system)				
Commercial	0803T	Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system)	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Medicare	0823T	Transcatheter insertion of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography) and device evaluation (eg, interrogation or programming), when performed	05/06/2025		Carelon prior authorization required.	General Requirements - Cardiovascular Care
Commercial	0823T	Transcatheter insertion of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography) and device evaluation (eg, interrogation or programming), when performed	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Medicare	0824T	Transcatheter removal of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography), when performed	05/06/2025		Carelon prior authorization required.	General Requirements - Cardiovascular Care

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial	0824T	Transcatheter removal of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography), when performed	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Medicare	0825T	Transcatheter removal and replacement of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography) and device evaluation (eg, interrogation or programming), when performed	05/06/2025		Carelon prior authorization required.	General Requirements - Cardiovascular Care
Commercial	0825T	Transcatheter removal and replacement of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography) and device evaluation (eg, interrogation or programming), when performed	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial/ASO, Medicare, OHP, PEBB	0858T	Externally applied transcranial magnetic stimulation with concomitant measurement of evoked cortical potentials with automated report	01/01/2024			Transcranial Magnetic Stimulation (Company); Transcranial Magnetic Stimulation (Medicare)
Medicare	0889T	Personalized target development for accelerated, repetitive high-dose functional connectivity MRI-guided theta-burst stimulation derived from a structural and resting-state functional MRI, including data preparation and transmission, generation of	07/01/2024			Transcranial Magnetic Stimulation (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
		the target, motor threshold-starting location, neuronavigation files and target report, review and interpretation				
Medicare	0890T	Accelerated, repetitive high-dose functional connectivity MRI-guided theta-burst stimulation, including neuronavigation, delivery and management, subsequent motor threshold redetermination with delivery and management, per treatment day	07/01/2024			Transcranial Magnetic Stimulation (Medicare)
Medicare	0891T	Accelerated, repetitive high-dose functional connectivity MRI-guided theta-burst stimulation, including neuronavigation, delivery and management, subsequent treatment day	07/01/2024			Transcranial Magnetic Stimulation (Medicare)
Medicare	0892T	Accelerated, repetitive high-dose functional connectivity MRI-guided theta-burst stimulation, including neuronavigation, delivery and management, subsequent motor threshold redetermination with delivery and management, per treatment day	07/01/2024			Transcranial Magnetic Stimulation (Medicare)
Medicare	0915T	Insertion of permanent cardiac contractility modulation-defibrillation system component(s), including fluoroscopic guidance, and evaluation and programming of sensing and therapeutic parameters; pulse generator and dual transvenous electrodes/leads (pacing and defibrillation)	10/28/2025			Cardiac Contractility Modulation for Heart Failure (Medicare)
Medicare	0916T	Insertion of permanent cardiac contractility modulation-defibrillation system component(s), including fluoroscopic guidance, and evaluation and programming of sensing and therapeutic parameters; pulse generator only	10/28/2025			Cardiac Contractility Modulation for Heart Failure (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Medicare	0917T	Insertion of permanent cardiac contractility modulation-defibrillation system component(s), including fluoroscopic guidance, and evaluation and programming of sensing and therapeutic parameters; single transvenous lead (pacing or defibrillation) only	10/28/2025			Cardiac Contractility Modulation for Heart Failure (Medicare)
Medicare	0918T	Insertion of permanent cardiac contractility modulation-defibrillation system component(s), including fluoroscopic guidance, and evaluation and programming of sensing and therapeutic parameters; dual transvenous leads (pacing and defibrillation) only	10/28/2025			Cardiac Contractility Modulation for Heart Failure (Medicare)
Medicare	0923T	Removal and replacement of permanent cardiac contractility modulation-defibrillation pulse generator only	10/28/2025			Cardiac Contractility Modulation for Heart Failure (Medicare)
Medicare	0924T	Repositioning of previously implanted cardiac contractility modulation-defibrillation transvenous electrode(s)/lead(s), including fluoroscopic guidance and programming of sensing and therapeutic parameters	10/28/2025			Cardiac Contractility Modulation for Heart Failure (Medicare)
Medicare	0925T	Relocation of skin pocket for implanted cardiac contractility modulation-defibrillation pulse generator	10/28/2025			Cardiac Contractility Modulation for Heart Failure (Medicare)
Medicare	0926T	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, including review and report, implantable cardiac contractility modulation-defibrillation system	10/28/2025			Cardiac Contractility Modulation for Heart Failure (Medicare)
Medicare	0927T	Interrogation device evaluation (in person) with analysis, review, and report, including	10/28/2025			Cardiac Contractility Modulation for Heart Failure (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
		connection, recording, and disconnection, per patient encounter, implantable cardiac contractility modulation-defibrillation system				
Medicare	0928T	Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation-defibrillation system with interim analysis and report(s) by a physician or other qualified health care professional	10/28/2025			Cardiac Contractility Modulation for Heart Failure (Medicare)
Medicare	0929T	Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation-defibrillation system, remote data acquisition(s), receipt of transmissions, technician review, technical support, and distribution of results	10/28/2025			Cardiac Contractility Modulation for Heart Failure (Medicare)
Medicare	0930T	Electrophysiologic evaluation of cardiac contractility modulation-defibrillator leads, including defibrillation-threshold evaluation (induction of arrhythmia, evaluation of sensing and therapy for arrhythmia termination), at time of initial implantation or replacement with testing of cardiac contractility modulation-defibrillator pulse generator	10/28/2025			Cardiac Contractility Modulation for Heart Failure (Medicare)
Medicare	0931T	Electrophysiologic evaluation of cardiac contractility modulation-defibrillator leads, including defibrillation-threshold evaluation (induction of arrhythmia, evaluation of sensing and therapy for arrhythmia termination), separate from initial implantation or replacement with testing of cardiac contractility modulation-defibrillator pulse generator	10/28/2025			Cardiac Contractility Modulation for Heart Failure (Medicare)
Medicare	0935T	Cystourethroscopy with renal pelvic sympathetic denervation, radiofrequency ablation, retrograde ureteral approach,	10/28/2025			Renal Denervation for Uncontrolled Hypertension (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
		including insertion of guide wire, selective placement of ureteral sheath(s) and multiple conformable electrodes, contrast injection(s), and fluoroscopy, bilateral				
ASO, PEBB	0937T	External electrocardiographic recording for greater than 15 days up to 30 days by continuous rhythm recording and storage; including recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional	01/01/2025		For ASO/self-funded groups only, prior authorization through PHP is required.	External Ambulatory Electrocardiography (Company)
ASO, PEBB	0938T	External electrocardiographic recording for greater than 15 days up to 30 days by continuous rhythm recording and storage; recording (including connection and initial recording)	01/01/2025		For ASO/self-funded groups only, prior authorization through PHP is required.	External Ambulatory Electrocardiography (Company)
ASO, PEBB	0939T	External electrocardiographic recording for greater than 15 days up to 30 days by continuous rhythm recording and storage; scanning analysis with report	01/01/2025		For ASO/self-funded groups only, prior authorization through PHP is required.	External Ambulatory Electrocardiography (Company)
ASO, PEBB	0940T	External electrocardiographic recording for greater than 15 days up to 30 days by continuous rhythm recording and storage; review and interpretation by a physician or other qualified health care professional	01/01/2025		For ASO/self-funded groups only, prior authorization through PHP is required.	External Ambulatory Electrocardiography (Company)
Medicare	0948T	Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation system with interim analysis, review and report(s) by a physician or other qualified health care professional	10/28/2025			Cardiac Contractility Modulation for Heart Failure (Medicare)
Medicare	0949T	Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation system, remote data acquisition(s), receipt of	10/28/2025			Cardiac Contractility Modulation for Heart Failure (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
		transmissions, technician review, technical support, and distribution of results				
Commercial/ASO, OHP, PEBB	0950T	Ablation of benign prostate tissue, transrectal, with high intensity-focused ultrasound (HIFU), including ultrasound guidance	07/01/2025			High Intensity Focused Ultrasound (HIFU) (Company)
Commercial/ASO, Medicare, OHP, PEBB	0964T	Impression and custom preparation of jaw expansion oral prosthesis for obstructive sleep apnea, including initial adjustment; single arch, without mandibular advancement mechanism	07/01/2025			Sleep Disorder Treatment with Oral and Sleep Position Appliances (Company) ; Sleep Disorder Treatment with Oral and Sleep Position Appliances (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	0965T	Impression and custom preparation of jaw expansion oral prosthesis for obstructive sleep apnea, including initial adjustment; dual arch, with additional mandibular advancement, non-fixed hinge mechanism	07/01/2025			Sleep Disorder Treatment with Oral and Sleep Position Appliances (Company) ; Sleep Disorder Treatment with Oral and Sleep Position Appliances (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	0966T	Impression and custom preparation of jaw expansion oral prosthesis for obstructive sleep apnea, including initial adjustment; dual arch, with additional mandibular advancement, fixed hinge mechanism	07/01/2025			Sleep Disorder Treatment with Oral and Sleep Position Appliances (Company) ; Sleep Disorder Treatment with Oral and Sleep Position Appliances (Medicare)
Commercial, ASO, Medicare, OHP, PEBB	1003T	Arthroplasty, first carpometacarpal joint, with distal trapezial and proximal first metacarpal prosthetic replacement (eg, first carpometacarpal total joint)	01/01/2026		This code requires PA when billed with Facility code 21	Inpatient Surgical Site of Service (Company); Inpatient Surgical Site of Service (Medicare)
Medicare	1014T	Laparoscopic revision or removal, lower esophageal sphincter neurostimulator electrodes	01/01/2026			Endoscopic Treatments for Gastroesophageal Reflux Disease (GERD) (Medicare)
Medicare	1015T	Revision or removal, lower esophageal sphincter neurostimulator pulse generator or receiver	01/01/2026			Endoscopic Treatments for Gastroesophageal Reflux Disease (GERD) (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial, ASO, OHP, PEBB	1025T	Alternating electric fields dosimetry and delivery-simulation modeling, creation and selection of patient-specific array layouts, and placement verification	01/01/2026			Tumor Treatment Field Therapy for Glioblastoma (Company)
Commercial, ASO, Medicare, OHP, PEBB	1092T	Implantation of acellular scaffold (eg, hyaluronan), knee, single implant; into chondral defect, open	10/01/2026			Autologous Chondrocyte Implantation (ACI) for Cartilaginous Defects of the Knee (Company); Autologous Chondrocyte Implantation (ACI) for Cartilaginous Defects of the Knee (Medicare)
Commercial, ASO, Medicare, OHP, PEBB	1093T	Implantation of acellular scaffold (eg, hyaluronan), knee, single implant; into a chondral or osteochondral defect, arthroscopic	10/01/2026			Autologous Chondrocyte Implantation (ACI) for Cartilaginous Defects of the Knee (Company); Autologous Chondrocyte Implantation (ACI) for Cartilaginous Defects of the Knee (Medicare)
Commercial, ASO, Medicare, OHP, PEBB	1094T	Implantation of acellular scaffold (eg, hyaluronan), knee, single implant; each additional acellular scaffold implantation (List separately in addition to code for primary procedure)	10/01/2026			Autologous Chondrocyte Implantation (ACI) for Cartilaginous Defects of the Knee (Company); Autologous Chondrocyte Implantation (ACI) for Cartilaginous Defects of the Knee (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	11920	Tattoo/Color Defect to 6.0 Sq Cm	09/01/2011		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Breast Reconstructive Surgery, Implant Management, and Reduction Mammoplasty (Medicare); Breast Reconstructive Surgery, Reduction Mammoplasty, and Implant Management (Company); Cosmetic and Reconstructive Surgery (Company); Cosmetic and Reconstructive Surgery (Medicare); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	11921	Tattooing 6-20 Sq Cm	09/01/2011		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Breast Reconstructive Surgery, Implant Management, and Reduction Mammoplasty (Medicare); Breast Reconstructive Surgery, Reduction Mammoplasty, and Implant Management (Company); Cosmetic and Reconstructive Surgery (Company); Cosmetic and Reconstructive Surgery (Medicare); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	11922	Tattoo/Color Defect Ea Add 20 Sq Cm	09/01/2011		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Breast Reconstructive Surgery, Implant Management, and Reduction Mammoplasty (Medicare); Breast Reconstructive Surgery, Reduction Mammoplasty, and Implant Management (Company); Cosmetic and Reconstructive Surgery (Company); Cosmetic and Reconstructive Surgery (Medicare); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	11980	Subcutaneous hormone pellet implantation (implantation of estradiol and/or testosterone pellets beneath the skin)	08/01/2023			Hormone Replacement Therapy - Pharmacy Policy; Medicare Part B Step Therapy - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	15271	Skin Subst Graft To Trunk, Arms, Legs, Area Up To 100 Sq Cm; First 25 Sq Cm Or Less Wound Surface Area	01/01/2012		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Skin and Tissue Substitutes (Company); Skin and Tissue Substitutes (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	15272	Skin Subst Graft To Trunk, Arms, Legs, Area Up To 100 Sq Cm; Ea Additional 25 Sq Cm Wound Surface Area, Or Part Thereof	01/01/2012		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Skin and Tissue Substitutes (Company); Skin and Tissue Substitutes (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	15273	Skin Subst Graft To Trunk, Arms, Legs, Area >/= 100 Sq Cm; 1St 100 Sq Cm Or 1% Of Body Area Of Infants And Children	01/01/2012		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Skin and Tissue Substitutes (Company); Skin and Tissue Substitutes (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	15274	Skin Subst Graft To Trunk, Arms, Legs, Area >/= 100 Sq Cm; Ea Addl 100 Sq Cm Or Ea Adl 1% Of Body Area Of Inf&Children	01/01/2012		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Skin and Tissue Substitutes (Company); Skin and Tissue Substitutes (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	15275	Skin Subst Graft To F/S/E/M/N/E/O/G/H/F/D, Area Up To 100 Sq Cm; 1St 25 Sq Cm Or Less Wound Surface Area	01/01/2012		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Skin and Tissue Substitutes (Company); Skin and Tissue Substitutes (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	15276	Skin Subst Graft To F/S/E/M/N/E/O/G/H/F/D, Area Up To 100 Sq Cm; Ea Addl 25 Sq Cm Wound Surface Area, Or Part Thereof	01/01/2012		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Skin and Tissue Substitutes (Company); Skin and Tissue Substitutes (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	15277	Skin Subst Graft To F/S/E/M/N/E/O/G/H/F/D, Area >/= 100 Sq Cm; 1St 100 Sq Cm Or 1% Of Body Area Of Infants And Children	01/01/2012		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Skin and Tissue Substitutes (Company); Skin and Tissue Substitutes (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	15278	Skin Subst Graft To F/S/E/M/N/E/O/G/H/F/D, Area >/= 100 Sq Cm; Ea Addl 100 Sq Cm Or 1% Of Body Area Of Inf And Children	01/01/2012		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Skin and Tissue Substitutes (Company); Skin and Tissue Substitutes (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	15777	Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (ie, breast, trunk) (List separately in addition to code for primary procedure)	06/01/2018		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Skin and Tissue Substitutes (Company); Skin and Tissue Substitutes (Medicare)
Medicare	15788	Chemical peel, facial; epidermal	05/01/2022			Cosmetic and Reconstructive Surgery (Medicare)
Medicare	15789	Chemical peel, facial; dermal	05/01/2022			Cosmetic and Reconstructive Surgery (Medicare)
Medicare	15792	Chemical peel, nonfacial; epidermal	05/01/2022			Cosmetic and Reconstructive Surgery (Medicare)
Medicare	15793	Chemical peel, nonfacial; dermal	05/01/2022			Cosmetic and Reconstructive Surgery (Medicare)
Commercial/ASO, OHP, PEBB	15820	Blepharoplasty Lower Eyelids	09/01/2003		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Blepharoplasty, Blepharoptosis Repair, and Brow Lift (Company); Gender Affirming Surgical Interventions (Company)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, OHP, PEBB	15821	Blepharoplasty W Extensive Fat Pads	09/01/2003		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Blepharoplasty, Blepharoptosis Repair, and Brow Lift (Company); Gender Affirming Surgical Interventions (Company)
Commercial/ASO, Medicare, OHP, PEBB	15822	Blepharoplasty Upper Eyelid	09/01/2003		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Blepharoplasty, Blepharoptosis Repair, and Brow Lift (Company); Blepharoplasty, Blepharoptosis Repair, and Brow Lift (Medicare); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	15823	Rhytidectomy W Excess Skin On Lids	09/01/2003		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Blepharoplasty, Blepharoptosis Repair, and Brow Lift (Company); Blepharoplasty, Blepharoptosis Repair, and Brow Lift (Medicare); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare)
Medicare	15824	Rhytidectomy; forehead	05/01/2022			Cosmetic and Reconstructive Surgery (Medicare)
Medicare	15825	Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)	05/01/2022			Cosmetic and Reconstructive Surgery (Medicare)
Medicare	15826	Rhytidectomy; glabellar frown lines	05/01/2022			Cosmetic and Reconstructive Surgery (Medicare)
Medicare	15828	Rhytidectomy; cheek, chin, and neck	05/01/2022		Code pays if paired with one of the following: F64.0, F64.1, F64.8, F64.9	Cosmetic and Reconstructive Surgery (Medicare); Gender Affirming Surgical Interventions (Medicare)
Medicare	15829	Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap	05/01/2022		Code PAs. If billed with F64.0, F64.1, F64.8,or F64.9 then code will pay	Cosmetic and Reconstructive Surgery (Medicare); Gender Affirming Surgical Interventions (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	15830	Excision, Excessive Skin and Subcutaneous Tissue (Includes Lipectomy); Abdomen, Infraumbilical Panniculectomy	01/01/2007			Surgical Treatment for Skin Redundancy (Company); Surgical Treatment for Skin Redundancy (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	15832	Exc Excess Skin Subq Tiss Thigh	05/01/2011		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Cosmetic and Reconstructive Surgery (Company); Cosmetic and Reconstructive Surgery (Medicare); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare); Liposuction for Lipedema (Company); Liposuction for Lipedema (Medicare); Surgical Treatment for Skin Redundancy (Company); Surgical Treatment for Skin Redundancy (Medicare); Surgical Treatments for Lymphedema (Company); Surgical Treatments for Lymphedema (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	15833	Exc Excess Skin Leg	05/01/2011		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Cosmetic and Reconstructive Surgery (Company); Cosmetic and Reconstructive Surgery (Medicare); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare); Liposuction for Lipedema (Company); Liposuction for Lipedema (Medicare); Surgical Treatment for Skin Redundancy (Company); Surgical Treatment for Skin Redundancy (Medicare); Surgical Treatments for Lymphedema (Company); Surgical Treatments for Lymphedema (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	15834	Exc Excess Skin Subq Tiss Hip	05/01/2011		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Cosmetic and Reconstructive Surgery (Company); Cosmetic and Reconstructive Surgery (Medicare); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare); Liposuction for Lipedema (Company); Liposuction for Lipedema (Medicare); Surgical Treatment for Skin Redundancy (Company); Surgical Treatment for Skin Redundancy (Medicare); Surgical Treatments for Lymphedema (Company); Surgical Treatments for Lymphedema (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	15835	Exc Excess Skin Buttock	05/01/2011		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Cosmetic and Reconstructive Surgery (Company); Cosmetic and Reconstructive Surgery (Medicare); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare); Liposuction for Lipedema (Company); Liposuction for Lipedema (Medicare); Surgical Treatment for Skin Redundancy (Company); Surgical Treatment for Skin Redundancy (Medicare); Surgical Treatments for Lymphedema (Company); Surgical Treatments for Lymphedema (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	15836	Exc Excess Skin Subq Tiss Arm	05/01/2011		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Cosmetic and Reconstructive Surgery (Company); Cosmetic and Reconstructive Surgery (Medicare); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare); Liposuction for Lipedema (Company); Liposuction for Lipedema (Medicare); Surgical Treatment for Skin Redundancy (Company); Surgical Treatment for Skin Redundancy (Medicare); Surgical Treatments for Lymphedema (Company); Surgical Treatments for Lymphedema (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	15837	Exc Excess Skin Forearm	05/01/2011		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Cosmetic and Reconstructive Surgery (Company); Cosmetic and Reconstructive Surgery (Medicare); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare); Liposuction for Lipedema (Company); Surgical Treatment for Skin Redundancy (Company); Surgical Treatment for Skin Redundancy (Medicare); Surgical Treatments for Lymphedema (Company); Surgical Treatments for Lymphedema (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	15838	Exc Excess Skin Subq Tiss Fat Pad	05/01/2011		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Cosmetic and Reconstructive Surgery (Company); Cosmetic and Reconstructive Surgery (Medicare); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare); Liposuction for Lipedema (Company); Surgical Treatment for Skin Redundancy (Company); Surgical Treatment for Skin Redundancy (Medicare); Surgical Treatments for Lymphedema (Company); Surgical Treatments for Lymphedema (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	15839	Exc Excess Skin Other Area	05/01/2011		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Cosmetic and Reconstructive Surgery (Company); Cosmetic and Reconstructive Surgery (Medicare); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare); Liposuction for Lipedema (Company); Surgical Treatment for Skin Redundancy (Company); Surgical Treatment for Skin Redundancy (Medicare); Surgical Treatments for Lymphedema (Company); Surgical Treatments for Lymphedema (Medicare)
Commercial/ASO, OHP, PEBB	15847	Excision, Excessive Skin and Subcutaneous Tissue (Includes Lipectomy), Abdomen	01/01/2007		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Cosmetic and Reconstructive Surgery (Company); Gender Affirming Surgical Interventions (Company); Surgical Treatment for Skin Redundancy (Company)
Medicare	15847	Excision, Excessive Skin and Subcutaneous Tissue (Includes Lipectomy), Abdomen	09/01/2003		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Cosmetic and Reconstructive Surgery (Medicare); Gender Affirming Surgical Interventions (Medicare); Surgical Treatment for Skin Redundancy (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	15876	Suction assisted lipectomy; head and neck	06/01/2017		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Cosmetic and Reconstructive Surgery (Company); Cosmetic and Reconstructive Surgery (Medicare); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare); Liposuction for Lipedema (Company); Liposuction for Lipedema (Medicare); Surgical Treatment for Skin Redundancy (Company); Surgical Treatment for Skin Redundancy (Medicare); Surgical Treatments for Lymphedema (Company); Surgical Treatments for Lymphedema (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	15877	Suction assisted lipectomy; trunk	06/01/2017		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Cosmetic and Reconstructive Surgery (Company); Cosmetic and Reconstructive Surgery (Medicare); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare); Liposuction for Lipedema (Company); Liposuction for Lipedema (Medicare); Surgical Treatment for Skin Redundancy (Company); Surgical Treatment for Skin Redundancy (Medicare); Surgical Treatments for Lymphedema (Company); Surgical Treatments for Lymphedema (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	15878	Suction assisted lipectomy; upper extremity	06/01/2017		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Cosmetic and Reconstructive Surgery (Company); Cosmetic and Reconstructive Surgery (Medicare); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare); Liposuction for Lipedema (Company); Liposuction for Lipedema (Medicare); Surgical Treatment for Skin Redundancy (Company); Surgical Treatment for Skin Redundancy (Medicare); Surgical Treatments for Lymphedema (Company); Surgical Treatments for Lymphedema (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	15879	Suction assisted lipectomy; lower extremity	06/01/2017		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Cosmetic and Reconstructive Surgery (Company); Cosmetic and Reconstructive Surgery (Medicare); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare); Liposuction for Lipedema (Company); Liposuction for Lipedema (Medicare); Surgical Treatment for Skin Redundancy (Company); Surgical Treatment for Skin Redundancy (Medicare); Surgical Treatments for Lymphedema (Company); Surgical Treatments for Lymphedema (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	17106	Dest Cut Vasc Proliferative Les to 10 Sq	09/01/2003			Benign Skin Lesions (Company); Benign Skin Lesions (Medicare); Hemangioma and Vascular Malformation Laser Treatment (Company); Hemangioma and Vascular Malformation Treatment (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	17107	Dest Cut Vasc Prolif Les 10-50 Sqcm	09/01/2003			Benign Skin Lesions (Company); Benign Skin Lesions (Medicare); Hemangioma and Vascular Malformation Laser Treatment (Company); Hemangioma and Vascular Malformation Treatment (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	17108	Dest Cut Vasc Proliferative Les Over 50.	09/01/2003			Benign Skin Lesions (Company); Benign Skin Lesions (Medicare); Hemangioma and Vascular Malformation Laser Treatment (Company); Hemangioma and Vascular Malformation Treatment (Medicare)
Commercial/ASO, Medicare, OHP	19300	Mastectomy for gynecomastia	01/01/2007		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Breast Reconstructive Surgery, Reduction Mammoplasty, and Implant Management (Company); Cosmetic and Reconstructive Surgery (Medicare); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	19316	Mastopexy	09/01/2003		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Breast Reconstructive Surgery, Implant Management, and Reduction Mammoplasty (Medicare); Breast Reconstructive Surgery, Reduction Mammoplasty, and Implant Management (Company); Cosmetic and Reconstructive Surgery (Company); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	19318	Mammoplasty Reduction	09/01/2003		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9.	Breast Reconstructive Surgery, Implant Management, and Reduction Mammoplasty (Medicare); Breast Reconstructive Surgery, Reduction Mammoplasty, and Implant Management (Company); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	19325	Mammoplasty Augmentation W Implant	09/01/2003		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Breast Reconstructive Surgery, Implant Management, and Reduction Mammoplasty (Medicare); Breast Reconstructive Surgery, Reduction Mammoplasty, and Implant Management (Company); Cosmetic and Reconstructive Surgery (Company); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	19328	Removal of intact breast implant	09/01/2003		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Breast Reconstructive Surgery, Implant Management, and Reduction Mammoplasty (Medicare); Breast Reconstructive Surgery, Reduction Mammoplasty, and Implant Management (Company); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	19330	Removal of ruptured breast implant, including implant contents (eg, saline, silicone gel)	09/01/2003		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Breast Reconstructive Surgery, Implant Management, and Reduction Mammoplasty (Medicare); Breast Reconstructive Surgery, Reduction Mammoplasty, and Implant Management (Company); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	19340	Insertion of breast implant on same day of mastectomy (ie, immediate)	09/01/2003		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Breast Reconstructive Surgery, Implant Management, and Reduction Mammoplasty (Medicare); Breast Reconstructive Surgery, Reduction Mammoplasty, and Implant Management (Company); Cosmetic and Reconstructive Surgery (Company); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	19342	Insertion or replacement of breast implant on separate day from mastectomy	09/01/2003		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Breast Reconstructive Surgery, Implant Management, and Reduction Mammoplasty (Medicare); Breast Reconstructive Surgery, Reduction Mammoplasty, and Implant Management (Company); Cosmetic and Reconstructive Surgery (Company); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	19350	Reconstruct Nipple/Areolar Unil	09/01/2003		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Breast Reconstructive Surgery, Implant Management, and Reduction Mammoplasty (Medicare); Breast Reconstructive Surgery, Reduction Mammoplasty, and Implant Management (Company); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	19355	Correction Inverted Nipple(S)	09/01/2003		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Breast Reconstructive Surgery, Implant Management, and Reduction Mammoplasty (Medicare); Breast Reconstructive Surgery, Reduction Mammoplasty, and Implant Management (Company); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	19357	Tissue expander placement in breast reconstruction, including subsequent expansion(s)	09/01/2003		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Breast Reconstructive Surgery, Implant Management, and Reduction Mammoplasty (Medicare); Breast Reconstructive Surgery, Reduction Mammoplasty, and Implant Management (Company); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	19361	Breast reconstruction with latissimus dorsi flap	09/01/2003		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Breast Reconstructive Surgery, Implant Management, and Reduction Mammoplasty (Medicare); Breast Reconstructive Surgery, Reduction Mammoplasty, and Implant Management (Company); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	19364	Breast reconstruction; with free flap (eg, fTRAM, DIEP, SIEA, GAP flap)	09/01/2003		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Breast Reconstructive Surgery, Implant Management, and Reduction Mammoplasty (Medicare); Breast Reconstructive Surgery, Reduction Mammoplasty, and Implant Management (Company); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	19367	Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous flap (TRAM) flap, single pedicle, including closure of donor site	09/01/2003		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Breast Reconstructive Surgery, Implant Management, and Reduction Mammoplasty (Medicare); Breast Reconstructive Surgery, Reduction Mammoplasty, and Implant Management (Company); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	19368	Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous flap (TRAM) flap, single pedicle, including closure of donor site; with requiring separate microvascular anastomosis (supercharging)	09/01/2003		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Breast Reconstructive Surgery, Implant Management, and Reduction Mammoplasty (Medicare); Breast Reconstructive Surgery, Reduction Mammoplasty, and Implant Management (Company); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	19369	Breast reconstruction; with bipedicled transverse rectus abdominis myocutaneous flap (TRAM) flap	09/01/2003		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Breast Reconstructive Surgery, Implant Management, and Reduction Mammoplasty (Medicare); Breast Reconstructive Surgery, Reduction Mammoplasty, and Implant Management (Company); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	19370	Revision of Open peri-implant capsule, breast, includingprosthetic capsulotomy, and /or partial capsulectomy breast	09/01/2003		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Breast Reconstructive Surgery, Implant Management, and Reduction Mammoplasty (Medicare); Breast Reconstructive Surgery, Reduction Mammoplasty, and Implant Management (Company); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	19371	Periprosthetic Peri-implant capsulectomy, breast, complete, including removal of all intracapsular contents	09/01/2003		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Breast Reconstructive Surgery, Implant Management, and Reduction Mammoplasty (Medicare); Breast Reconstructive Surgery, Reduction Mammoplasty, and Implant Management (Company); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	19380	Revision of reconstructed breast (eg, significant removal of tissue, re-advancement and/or re-inset of flaps in autologous reconstruction or significant capsular revision combined with soft tissue excision in implant-based reconstruction)	09/01/2003		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Breast Reconstructive Surgery, Implant Management, and Reduction Mammoplasty (Medicare); Breast Reconstructive Surgery, Reduction Mammoplasty, and Implant Management (Company); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	19396	Preparation Moulage Breast Implant	09/01/2003		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Breast Reconstructive Surgery, Implant Management, and Reduction Mammoplasty (Medicare); Breast Reconstructive Surgery, Reduction Mammoplasty, and Implant Management (Company); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	20974	Electrical stimulation to aid bone healing; noninvasive (nonoperative)	09/01/2003			Bone Growth Stimulators (Company); Bone Growth Stimulators (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	20975	Electrical stimulation to aid bone healing; invasive (operative)	09/01/2003			Bone Growth Stimulators (Company); Bone Growth Stimulators (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	20979	Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative)	09/01/2003			Bone Growth Stimulators (Company); Bone Growth Stimulators (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	20982	Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adjacent soft tissue when involved	04/01/2023			Radiofrequency Ablation for Tumors Outside the Liver (Company); Radiofrequency Ablation of Tumors Outside the Liver (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
		by tumor extension, percutaneous, including imaging guidance when performed; radiofrequency				
Commercial/ASO, Medicare, OHP, PEBB	21070	Coronoidectomy Unilateral	09/01/2003			Orthognathic Surgery (Company); Orthognathic Surgery (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	21081	Impress/Prep Mandibular Resection	09/01/2003			Orthognathic Surgery (Company); Orthognathic Surgery (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	21082	Impress Custom Prep Palatal Augmentation	09/01/2003			Orthognathic Surgery (Company); Orthognathic Surgery (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	21083	Impress/Prep Palatal Lift Prosth	09/01/2003			Orthognathic Surgery (Company); Orthognathic Surgery (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	21085	Impress/Prep Oral Surgical Splint	09/01/2003			Orthognathic Surgery (Company); Orthognathic Surgery (Medicare); Sleep Disorder Treatment with Oral and Sleep Position Appliances (Company) ; Sleep Disorder Treatment with Oral and Sleep Position Appliances (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	21110	Apply Interdental Fixation Other	12/01/2012			Sleep Apnea: Surgical Treatments; Sleep Disorder Surgery (Company); Sleep Disorder Surgery (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	21121	Genioplasty Sliding Osteotomy Single Pie	09/01/2003		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Cosmetic and Reconstructive Surgery (Company); Cosmetic and Reconstructive Surgery (Medicare); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare); Sleep Disorder Surgery (Company)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	21122	Genioplasty Slide Osteotomy 2+	04/01/2007		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Cosmetic and Reconstructive Surgery (Company); Cosmetic and Reconstructive Surgery (Medicare); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare); Sleep Disorder Surgery (Company)
Commercial/ASO, Medicare, OHP, PEBB	21123	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)	04/01/2007		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Cosmetic and Reconstructive Surgery (Company); Cosmetic and Reconstructive Surgery (Medicare); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	21141	Reconstruction Midface, Single Piece	04/01/2007			Orthognathic Surgery (Company); Orthognathic Surgery (Medicare); Sleep Disorder Surgery (Company); Sleep Disorder Surgery (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	21142	Reconstruction Midface, Two Pieces	01/01/2008			Orthognathic Surgery (Company); Orthognathic Surgery (Medicare); Sleep Disorder Surgery (Company); Sleep Disorder Surgery (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	21143	Reconstruction Midface, Three or More Pieces	01/01/2008			Orthognathic Surgery (Company); Orthognathic Surgery (Medicare); Sleep Disorder Surgery (Company); Sleep Disorder Surgery (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	21145	Recon Midface Lefort I Single Graft	04/01/2007			Orthognathic Surgery (Company); Orthognathic Surgery (Medicare); Sleep Disorder Surgery (Company); Sleep Disorder Surgery (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	21146	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted unilateral alveolar cleft)	01/01/2008			Orthognathic Surgery (Company); Orthognathic Surgery (Medicare); Sleep Disorder Surgery (Company); Sleep Disorder Surgery (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	21147	Recon Midface Lefort I 3+ Pcs Graft	01/01/2008			Orthognathic Surgery (Company); Orthognathic Surgery (Medicare); Sleep Disorder Surgery (Company); Sleep Disorder Surgery (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	21150	Recon Midface Lefort II Anterior Intrusi	01/01/2008			Orthognathic Surgery (Company); Orthognathic Surgery (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	21151	Recon Midface Lefort II W/Bone Grft	01/01/2008			Orthognathic Surgery (Company); Orthognathic Surgery (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	21154	Recon Midface Lefort III Wo/Lefort I	01/01/2008			Orthognathic Surgery (Company); Orthognathic Surgery (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	21155	Recon Midface Lefort III W/Lefrt I	01/01/2008			Orthognathic Surgery (Company); Orthognathic Surgery (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	21159	Recon Midface Lefort III W/Graft Wo/Lefo	01/01/2008			Orthognathic Surgery (Company); Orthognathic Surgery (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	21160	Recon Midface Lefort III W/Grft/L I	01/01/2008			Orthognathic Surgery (Company); Orthognathic Surgery (Medicare)
Commercial/ASO, OHP, PEBB	21196	Recon Mand Ramus Sag Split W/Rigid Rix	09/01/2003		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Gender Affirming Surgical Interventions (Company); Orthognathic Surgery (Company); Sleep Disorder Surgery (Company)
Medicare	21196	Recon Mand Ramus Sag Split W/Rigid Rix	09/01/2003		Code requires PA. If billed with F64.0, F64.1, F64.8,or F64.9 then code will pay without PA	Gender Affirming Surgical Interventions (Medicare); Orthognathic Surgery (Medicare); Sleep Disorder Surgery (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	21198	Osteotomy Mandible Segmental	09/01/2003			Orthognathic Surgery (Company); Orthognathic Surgery (Medicare); Sleep Disorder Surgery (Company); Sleep Disorder Surgery (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	21199	Osteotomy, Mandible, Segmental; with Genioglossus Advancement	09/01/2003			Orthognathic Surgery (Company); Orthognathic Surgery (Medicare); Sleep Disorder Surgery (Company); Sleep Disorder Surgery (Medicare)
Medicare	21206	Osteotomy Maxilla Segmental	09/01/2003			Orthognathic Surgery (Medicare); Sleep Disorder Surgery (Company); Sleep Disorder Surgery (Medicare)
Commercial/ASO, OHP, PEBB	21206	Osteotomy Maxilla Segmental	09/01/2003		Code PAs. If billed with F64.0, F64.1, F64.8,or F64.9 then code will pay	Orthognathic Surgery (Company); Sleep Disorder Surgery (Company)
Commercial/ASO, OHP, PEBB	21208	Osteoplasty Facial Bone Augment	09/01/2003		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Gender Affirming Surgical Interventions (Company); Orthognathic Surgery (Company)
Medicare	21208	Osteoplasty Facial Bone Augment	09/01/2003		Code requires PA. If billed with F64.0, F64.1, F64.8,or F64.9 then code will pay without PA	Gender Affirming Surgical Interventions (Medicare); Orthognathic Surgery (Medicare)
Commercial/ASO, OHP, PEBB	21209	Osteoplasty Facial Reduction	09/01/2003		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Gender Affirming Surgical Interventions (Company); Orthognathic Surgery (Company)
Medicare	21209	Osteoplasty Facial Reduction	09/01/2003		Code requires PA. If billed with F64.0, F64.1, F64.8,or F64.9 then code will pay without PA	Gender Affirming Surgical Interventions (Medicare); Orthognathic Surgery (Medicare)
Commercial/ASO, OHP, PEBB	21210	Graft Bone Nasal Maxilla Malar Area	09/01/2003		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Gender Affirming Surgical Interventions (Company); Orthognathic Surgery (Company)
Medicare	21210	Graft Bone Nasal Maxilla Malar Area	09/01/2003		Code requires PA. If billed with F64.0, F64.1, F64.8,or F64.9 then code will pay without PA	Gender Affirming Surgical Interventions (Medicare); Orthognathic Surgery (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	21215	Graft Bone Mandible	09/01/2003			Orthognathic Surgery (Company); Orthognathic Surgery (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	21230	Grft Rib Cart to Face Chin Nose Ear	09/01/2003			Orthognathic Surgery (Company); Orthognathic Surgery (Medicare)
Commercial/ASO, Medicare, PEBB	21243	Arthroplasty, temporomandibular joint, with prosthetic joint replacement	06/10/2024		Effective 6/10/2024 this code only requires a prior authorization when done in an inpatient setting	Inpatient Surgical Site of Service (Company); Inpatient Surgical Site of Service (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	21244	Reconstruct Mandible W Bone Plate	09/01/2003			Orthognathic Surgery (Company); Orthognathic Surgery (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	21245	Recon Mand Max Subperiosteal Part	09/01/2003			Orthognathic Surgery (Company); Orthognathic Surgery (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	21246	Repair Jaw W Subperiost Implnt Tot	09/01/2003			Orthognathic Surgery (Company); Orthognathic Surgery (Medicare)
Commercial/ASO, OHP, PEBB	21247	Recon Mand Condyle Bone Cart Auto	01/01/2008			Orthognathic Surgery (Company)
Medicare	21247	Recon Mand Condyle Bone Cart Auto	09/01/2003			Orthognathic Surgery (Company); Orthognathic Surgery (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	21248	Recon Mandible Maxilla Endosteal Implant	09/01/2003			Orthognathic Surgery (Company); Orthognathic Surgery (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	21249	Repair Jaw W Endosteal Implnt Tot	09/01/2003			Orthognathic Surgery (Company); Orthognathic Surgery (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	21685	Hyoid Myotomy and Suspension	04/01/2007			Sleep Disorder Surgery (Company); Sleep Disorder Surgery (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	21740	Recon Rep Pectus Excava/Carinatum	09/01/2003		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Cosmetic and Reconstructive Surgery (Company); Cosmetic and Reconstructive Surgery (Medicare); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	21742	Reconstructive Repair of Pectus Excavatum or Carinatum; Minimally Invasive Approach (Nuss Procedure), Wo Thoracoscopy	09/01/2003		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Cosmetic and Reconstructive Surgery (Company); Cosmetic and Reconstructive Surgery (Medicare); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	21743	Reconstructive Repair of Pectus Excavatum or Carinatum; Minimally Invasive Approach (Nuss Procedure), w Thoracoscopy	09/01/2003		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Cosmetic and Reconstructive Surgery (Company); Cosmetic and Reconstructive Surgery (Medicare); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare)
Commercial/ASO, Medicare, PEBB	22510	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic	12/01/2024			Percutaneous Vertebroplasty and Sacroplasty (Company); Percutaneous Vertebroplasty and Sacroplasty (Medicare)
Commercial/ASO, Medicare, PEBB	22511	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral	12/01/2024			Percutaneous Vertebroplasty and Sacroplasty (Company); Percutaneous Vertebroplasty and Sacroplasty (Medicare)
Commercial/ASO, Medicare, PEBB	22512	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cerv	12/01/2024			Percutaneous Vertebroplasty and Sacroplasty (Company); Percutaneous Vertebroplasty and Sacroplasty (Medicare)
Commercial/ASO, Medicare, PEBB	22513	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 verteb	12/01/2024			Percutaneous Vertebroplasty and Sacroplasty (Company); Percutaneous Vertebroplasty and Sacroplasty (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, PEBB	22514	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 verteb	12/01/2024			Percutaneous Vertebroplasty and Sacroplasty (Company); Percutaneous Vertebroplasty and Sacroplasty (Medicare)
Commercial/ASO, Medicare, PEBB	22515	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 verteb	12/01/2024			Percutaneous Vertebroplasty and Sacroplasty (Company); Percutaneous Vertebroplasty and Sacroplasty (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	22532	Arthrodesis, Lateral Extracavitary Technique, Including Minimal Diskectomy To Prepare Interspace; Thoracic	01/01/2007		For Medicare Advantage, this code used to require general medical necessity PA review, but effective 6/1/26 this code now requires separate site of service (SOS) review if performed in an inpatient place of service (POS) setting (POS 21).	Inpatient Surgical Site of Service (Company); Inpatient Surgical Site of Service (Medicare); Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	22533	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	10/01/2009		For Medicare Advantage, this code used to require general medical necessity PA review, but effective 6/1/26 this code now requires separate site of service (SOS) review if performed in an inpatient place of service (POS) setting (POS 21).	Inpatient Surgical Site of Service (Company); Inpatient Surgical Site of Service (Medicare); Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	22534	Arthrodesis, Lateral Extracavitary Technique, Including Minimal Diskectomy; Thoracic or Lumbar, Each Additional Segment	04/01/2007			Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	22548	Arthrodes,Txs/Extraoral,Clivus-C1-2	01/01/2007		For Medicare Advantage, this code used to require general medical necessity PA review, but effective 6/1/26 this code now requires separate site of service (SOS) review if performed in an inpatient place of service (POS) setting (POS 21).	Inpatient Surgical Site of Service (Company); Inpatient Surgical Site of Service (Medicare); Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	22551	Arthrodesis, Anterior Interbody; Cervical Below C2	01/01/2011			Inpatient Surgical Site of Service (Company); Inpatient Surgical Site of Service (Medicare); Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	22552	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each add	01/01/2011			Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	22554	Arthrodesis Ant Interbody-C2 Below	09/01/2003			Inpatient Surgical Site of Service (Company); Inpatient Surgical Site of Service (Medicare); Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	22556	Arthrodesis Ant Interbody-Thoracic	09/01/2003		For Medicare Advantage, this code used to require general medical necessity PA review, but effective 6/1/26 this code now requires separate site of service (SOS) review if performed in an inpatient place of service (POS) setting (POS 21).	Inpatient Surgical Site of Service (Company); Inpatient Surgical Site of Service (Medicare); Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	22558	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	09/01/2003		For Medicare Advantage, this code used to require general medical necessity PA review, but effective 6/1/26 this code now requires separate site of service (SOS) review if performed in an inpatient place of service (POS) setting (POS 21).	Inpatient Surgical Site of Service (Company); Inpatient Surgical Site of Service (Medicare); Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	22585	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)	12/01/2019			Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	22586	Arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with posterior instrumentation, with image guidance, includes bone graft when performed, L5-S1 interspace	12/01/2019		For Medicare Advantage, this code used to require general medical necessity PA review, but effective 6/1/26 this code now requires separate site of service (SOS) review if performed in an inpatient place of service (POS) setting (POS 21).	Inpatient Surgical Site of Service (Company); Inpatient Surgical Site of Service (Medicare); Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	22610	Arthrodesis Post-Thoracic	01/01/2007		For Medicare Advantage, this code used to require general medical necessity PA review, but effective 6/1/26 this code now requires separate site of service (SOS) review if performed in an inpatient place of service (POS) setting (POS 21).	Inpatient Surgical Site of Service (Company); Inpatient Surgical Site of Service (Medicare); Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	22612	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)	09/01/2003			Inpatient Surgical Site of Service (Company); Inpatient Surgical Site of Service (Medicare); Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	22614	Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure)	05/01/2012			Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare); Spinal Stabilization Devices and Interspinous Spacers (Company)
Commercial/ASO, Medicare, OHP, PEBB	22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar	09/01/2003			Inpatient Surgical Site of Service (Company); Inpatient Surgical Site of Service (Medicare); Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	22632	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; each additional interspace (List separately in addition to code for primary procedure)	09/01/2003			Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	22633	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; lumbar	01/01/2012			Inpatient Surgical Site of Service (Company); Inpatient Surgical Site of Service (Medicare); Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	22634	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; each additional interspace and segment (List separately in addition to code for primary procedure)	01/01/2012			Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	22800	Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments	12/01/2019			Inpatient Surgical Site of Service (Company); Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	22802	Arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12 vertebral segments	12/01/2019			Inpatient Surgical Site of Service (Company); Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	22804	Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments	12/01/2019			Inpatient Surgical Site of Service (Company); Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	22808	Arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3 vertebral segments	12/01/2019			Inpatient Surgical Site of Service (Company); Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	22810	Arthrodesis, anterior, for spinal deformity, with or without cast; 4 to 7 vertebral segments	12/01/2019			Inpatient Surgical Site of Service (Company); Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	22812	Arthrodesis, anterior, for spinal deformity, with or without cast; 8 or more vertebral segments	12/01/2019			Inpatient Surgical Site of Service (Company); Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	22818	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); single or 2 segments	12/01/2019			Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	22819	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); 3 or more segments	12/01/2019			Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	22840	Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation) (List separately in addition to code for primary procedure)	07/01/2007			Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
Medicare	22841	Internal Spinal Fixation by Wiring of Spinous Processes	01/01/2007			Spinal Fusion and Decompression Procedures (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	22842	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments (List separately in addition to code for primary procedure)	07/01/2006			Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	22843	Posterior Segmental Instrumentation, 7 To 12 Vertebral Segments	09/01/2003			Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	22844	Posterior Segmental Instrumentation, 13 or More Vertebral Segments	09/01/2003			Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	22845	Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)	01/01/2007			Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	22846	Anterior Instrumentation, 4 To 7 Vertebral Segments	01/01/2007			Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	22847	Anterior Instrumentation, 8 or More Vertebral Segments	01/01/2007			Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	22848	Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum (List separately in addition to code for primary procedure)	12/01/2019			Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	22849	Reinsertion of spinal fixation device	12/01/2019			Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	22852	Removal of posterior segmental instrumentation	12/01/2019			Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	22853	Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to intervertebral disc space in conjunction with interbody arthrodesis, each interspace (List separately in addition to code for primary procedure)	01/01/2017			Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	22854	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to vertebral corpectomy(ies) (vertebral body resection, partial or complete) defect, in conjunction with interbody arthrodesis, each contiguous defect (List	01/01/2017			Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
		separately in addition to code for primary procedure)				
Commercial/ASO, Medicare, OHP, PEBB	22855	Removal of anterior instrumentation	12/01/2019			Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	22856	Total Disc Arthroplasty, Anterior Approach, Including Discectomy with End Plate Preparation, Single Interspace, Cervical	04/01/2009			Artificial Intervertebral Discs (Company); Artificial Intervertebral Discs (Medicare); Inpatient Surgical Site of Service (Company); Inpatient Surgical Site of Service (Medicare)
Commercial/ASO, OHP, PEBB	22857	Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Including Discectomy, Lumbar, Single Interspace	09/01/2017			Artificial Intervertebral Discs (Company); Inpatient Surgical Site of Service (Company)
Medicare	22857	Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Including Discectomy, Lumbar, Single Interspace	07/01/2020		For Medicare Advantage, this code used to require general medical necessity PA review, but effective 6/1/26 this code now requires separate site of service (SOS) review if performed in an inpatient place of service (POS) setting (POS 21).	Artificial Intervertebral Discs (Medicare); Inpatient Surgical Site of Service (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	22858	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompres	09/01/2017			Artificial Intervertebral Discs (Company); Artificial Intervertebral Discs (Medicare); Inpatient Surgical Site of Service (Company); Inpatient Surgical Site of Service (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	22859	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh, methylmethacrylate) to intervertebral disc space or vertebral body defect without interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)	01/01/2017			Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	22861	Revision Including Replacement of Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Single Interspace; Cerv	04/01/2009		For Medicare Advantage, this code used to require general medical necessity PA review, but effective 6/1/26 this code now requires separate site of service	Artificial Intervertebral Discs (Company); Artificial Intervertebral Discs (Medicare); Inpatient Surgical Site of Service (Company); Inpatient Surgical Site of Service (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
					(SOS) review if performed in an inpatient place of service (POS) setting (POS 21).	
Commercial/ASO, OHP, PEBB	22862	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	09/01/2017			Artificial Intervertebral Discs (Company); Inpatient Surgical Site of Service (Company)
Medicare	22862	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	07/01/2020		For Medicare Advantage, this code used to require general medical necessity PA review, but effective 6/1/26 this code now requires separate site of service (SOS) review if performed in an inpatient place of service (POS) setting (POS 21).	Artificial Intervertebral Discs (Medicare); Inpatient Surgical Site of Service (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	22864	Removal of Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Single Interspace; Cervical	04/01/2009			Artificial Intervertebral Discs (Company); Artificial Intervertebral Discs (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	22865	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	09/01/2017			Artificial Intervertebral Discs (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	23410	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute	07/01/2025			Shoulder Arthroscopy and Open Procedures (Company); Shoulder Arthroscopy and Open Procedures (Medicare)
Commercial, ASO, OHP, PEBB	23412	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic	11/01/2025			Shoulder Arthroscopy and Open Procedures (Company)
Medicare	23412	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic	11/01/2025			Shoulder Arthroscopy and Open Procedures (Medicare)
Commercial, ASO, OHP, PEBB	23420	Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)	11/01/2025			Shoulder Arthroscopy and Open Procedures (Company)
Medicare	23420	Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)	11/01/2025			Shoulder Arthroscopy and Open Procedures (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial, ASO, OHP, PEBB	23430	Tenodesis of long tendon of biceps	03/01/2026			Outpatient Surgical Site of Service (Company); Shoulder Arthroscopy and Open Procedures (Company)
Commercial/ASO, Medicare, PEBB	23470	Arthroplasty, glenohumeral joint; hemiarthroplasty	06/10/2024		This code used to only require PA if performed in an inpatient place of service (POS) setting, but effective 6/1/25 this code requires PA for all locations. For Medicare Advantage only: Between 6/1/2025-4/30/2026, this code required PA for all locations. Effective 5/1/2026 this code only requires a prior authorization when done in an inpatient setting for Medicare Advantage.	Inpatient Surgical Site of Service (Company); Inpatient Surgical Site of Service (Medicare); Total Shoulder Arthroplasty (Company)
Commercial/ASO, Medicare, PEBB	23472	Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))	06/10/2024		This code used to only require PA if performed in an inpatient place of service (POS) setting, but effective 6/1/25 this code requires PA for all locations For Medicare Advantage only: Between 6/1/2025-4/30/2026, this code required PA for all locations. Effective 5/1/2026 this code only requires a prior authorization when done in an inpatient setting for Medicare Advantage.	Inpatient Surgical Site of Service (Company); Inpatient Surgical Site of Service (Medicare); Total Shoulder Arthroplasty (Company)
Commercial/ASO, PEBB	23473	Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component	06/01/2025			Total Shoulder Arthroplasty (Company)
Commercial/ASO, PEBB	23474	Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component	06/01/2025			Total Shoulder Arthroplasty (Company)
Commercial/ASO, Medicare, PEBB	24360	Arthroplasty, elbow; with membrane (eg, fascial)	06/10/2024		Effective 6/10/2024 this code only requires a prior authorization when done in an inpatient setting	Inpatient Surgical Site of Service (Company); Inpatient Surgical Site of Service (Medicare)
Commercial/ASO, Medicare, PEBB	24366	Arthroplasty, radial head; with implant	06/10/2024		Effective 6/10/2024 this code only requires a prior authorization when done in an inpatient setting	Inpatient Surgical Site of Service (Company); Inpatient Surgical Site of Service (Medicare)
Commercial/ASO, Medicare, PEBB	25332	Arthroplasty, wrist, with or without interposition, with or without external or internal fixation	06/10/2024		Effective 6/10/2024 this code only requires a prior authorization when done in an inpatient setting	Inpatient Surgical Site of Service (Company); Inpatient Surgical Site of Service (Medicare)

*Prior authorization is not a guarantee of payment. Benefits are based on eligibility at the time of service and are subject to applicable contract terms.

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, PEBB	25442	Arthroplasty with prosthetic replacement; distal ulna	06/10/2024		Effective 6/10/2024 this code only requires a prior authorization when done in an inpatient setting	Inpatient Surgical Site of Service (Company); Inpatient Surgical Site of Service (Medicare)
Commercial/ASO, Medicare, PEBB	25446	Arthroplasty with prosthetic replacement; distal radius and partial or entire carpus (total wrist)	06/10/2024		Effective 6/10/2024 this code only requires a prior authorization when done in an inpatient setting	Inpatient Surgical Site of Service (Company); Inpatient Surgical Site of Service (Medicare)
Commercial/ASO, Medicare, PEBB	25447	Arthroplasty, intercarpal or carpometacarpal joints; interposition	06/10/2024		Effective 6/10/2024 this code only requires a prior authorization when done in an inpatient setting	Inpatient Surgical Site of Service (Company); Inpatient Surgical Site of Service (Medicare)
Commercial/ASO, Medicare, OHP	25448	Arthroplasty, intercarpal or carpometacarpal joints; suspension, including transfer or transplant of tendon, with interposition, when performed	01/01/2025		Code requires prior authorization when performed in an inpatient setting	Inpatient Surgical Site of Service (Company); Inpatient Surgical Site of Service (Medicare)
Commercial/ASO, Medicare, PEBB	26531	Arthroplasty, metacarpophalangeal joint; with prosthetic implant, each joint	06/10/2024		Effective 6/10/2024 this code only requires a prior authorization when done in an inpatient setting	Inpatient Surgical Site of Service (Company); Inpatient Surgical Site of Service (Medicare)
Commercial/ASO, Medicare, PEBB	26535	Arthroplasty, interphalangeal joint; each joint	06/10/2024		Effective 6/10/2024 this code only requires a prior authorization when done in an inpatient setting	Inpatient Surgical Site of Service (Company); Inpatient Surgical Site of Service (Medicare)
Commercial/ASO, Medicare, PEBB	26536	Arthroplasty, interphalangeal joint; with prosthetic implant, each joint	06/10/2024		Effective 6/10/2024 this code only requires a prior authorization when done in an inpatient setting	Inpatient Surgical Site of Service (Company); Inpatient Surgical Site of Service (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	01/01/2018			Inpatient Surgical Site of Service (Company); Inpatient Surgical Site of Service (Medicare); Total Hip Arthroplasty (THA) (Company); Total Hip Arthroplasty (THA) (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	27132	Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft	01/01/2018			Total Hip Arthroplasty (THA) (Company); Total Hip Arthroplasty (THA) (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	27134	Revision of total hip arthroplasty; both components, with or without autograft or allograft	01/01/2018			Total Hip Arthroplasty (THA) (Company); Total Hip Arthroplasty (THA) (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	27137	Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft	01/01/2018			Total Hip Arthroplasty (THA) (Company); Total Hip Arthroplasty (THA) (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	27138	Revision of total hip arthroplasty; femoral component only, with or without allograft	01/01/2018			Total Hip Arthroplasty (THA) (Company); Total Hip Arthroplasty (THA) (Medicare)
Medicare	27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive, with image guidance, includes obtaining bone graft when performed, unilateral; placement of transarticular device(s) and/or intra-articular device(s) piercing the lateral or medial cortices of the ilium and the lateral cortex of the sacrum	01/01/2015			Sacroiliac Joint Fusion or Stabilization (Medicare)
Commercial/ASO, OHP, PEBB	27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive, with image guidance, includes obtaining bone graft when performed, unilateral; placement of transarticular device(s) and/or intra-articular device(s) piercing the lateral or medial cortices of the ilium and the lateral cortex of the sacrum	12/01/2019			Sacroiliac Joint Fusion or Stabilization (Company)
Commercial/ASO, Medicare, OHP, PEBB	27280	Arthrodesis, open, sacroiliac joint, including obtaining bone graft, including instrumentation, when performed	10/01/2014			Sacroiliac Joint Fusion or Stabilization (Company); Sacroiliac Joint Fusion or Stabilization (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	27412	Autologous Chondrocyte Implantation, Knee	09/01/2010			Autologous Chondrocyte Implantation (ACI) for Cartilaginous Defects of the Knee (Company); Autologous Chondrocyte Implantation (ACI) for Cartilaginous Defects of the Knee (Medicare)

*Prior authorization is not a guarantee of payment. Benefits are based on eligibility at the time of service and are subject to applicable contract terms.

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	27415	Rep Ligaments Knee+pes Anserin Tran	09/01/2010			Autologous Chondrocyte Implantation (ACI) for Cartilaginous Defects of the Knee (Company); Autologous Chondrocyte Implantation (ACI) for Cartilaginous Defects of the Knee (Medicare); Osteochondral Allografts and Autografts for Cartilaginous Defects (Company); Osteochondral Allografts and Autografts for Cartilaginous Defects (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	27416	Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft[s])Advancement Pes Anserinus	09/01/2010			Autologous Chondrocyte Implantation (ACI) for Cartilaginous Defects of the Knee (Company); Autologous Chondrocyte Implantation (ACI) for Cartilaginous Defects of the Knee (Medicare); Osteochondral Allografts and Autografts for Cartilaginous Defects (Company); Osteochondral Allografts and Autografts for Cartilaginous Defects (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	27422	Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or release (eg, Campbell, Goldwaite type procedure)	07/01/2025			Knee Arthroscopy and Open Procedures (Company) ; Knee Arthroscopy and Open Procedures (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	27427	Ligamentous reconstruction (augmentation), knee; extra-articular	07/01/2025			Knee Arthroscopy and Open Procedures (Company) ; Knee Arthroscopy and Open Procedures (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	27428	Ligamentous reconstruction (augmentation), knee; intra-articular (open)	07/01/2025			Knee Arthroscopy and Open Procedures (Company) ; Knee Arthroscopy and Open Procedures (Medicare)
Medicare	27446	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	01/01/2023		This code only requires PA when billed with facility code 21 (inpatient hospital)	Inpatient Surgical Site of Service (Medicare)
Commercial/ASO, OHP, PEBB	27446	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	01/01/2023			Inpatient Surgical Site of Service (Company); Total Knee Arthroplasty (Company)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	01/01/2018			Inpatient Surgical Site of Service (Company); Inpatient Surgical Site of Service (Medicare); Total Knee Arthroplasty (Company); Total Knee Arthroplasty (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	27486	Revision of total knee arthroplasty, with or without allograft; 1 component	01/01/2025			Total Knee Arthroplasty (Company); Total Knee Arthroplasty (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	27487	Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	01/01/2025			Total Knee Arthroplasty (Company); Total Knee Arthroplasty (Medicare)
Commercial/ASO, PEBB	27702	Arthroplasty, ankle; with implant (total ankle)	06/10/2024			Inpatient Surgical Site of Service (Company); Small Joint Surgery (Company)
Medicare	27702	Arthroplasty, ankle; with implant (total ankle)	06/10/2024		For Medicare Advantage only: Between 7/1/2025-6/30/2026, this code required prior authorization and general medical necessity review for all place of service (POS) locations. Effective 7/1/2026 this code only requires a prior authorization when performed in an inpatient setting (POS 21).	Inpatient Surgical Site of Service (Medicare)
Commercial/ASO, OHP, PEBB	27703	Arthroplasty, ankle; revision, total ankle	07/01/2025			Small Joint Surgery (Company)
Commercial/ASO, OHP, PEBB	27870	Arthrodesis, ankle, open	07/01/2025			Small Joint Surgery (Company)
Commercial/ASO, OHP, PEBB	28110	Ostectomy, partial excision, fifth metatarsal head (bunionette) (separate procedure)	07/01/2025			Outpatient Surgical Site of Service (Company); Small Joint Surgery (Company)
Commercial/ASO, OHP, PEBB	28285	Correction, hammertoe (eg, interphalangeal fusion, partial or total phalangectomy)	07/01/2025			Outpatient Surgical Site of Service (Company); Small Joint Surgery (Company)
Commercial/ASO, OHP, PEBB	28289	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; without implant	07/01/2025			Outpatient Surgical Site of Service (Company); Small Joint Surgery (Company)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, OHP, PEBB	28291	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; with implant	07/01/2025			Outpatient Surgical Site of Service (Company); Small Joint Surgery (Company)
Commercial/ASO, OHP, PEBB	28292	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with resection of proximal phalanx base, when performed, any method	07/01/2025			Outpatient Surgical Site of Service (Company); Small Joint Surgery (Company)
Commercial/ASO, OHP, PEBB	28295	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with proximal metatarsal osteotomy, any method	07/01/2025			Outpatient Surgical Site of Service (Company); Small Joint Surgery (Company)
Commercial/ASO, OHP, PEBB	28296	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with distal metatarsal osteotomy, any method	07/01/2025			Outpatient Surgical Site of Service (Company); Small Joint Surgery (Company)
Commercial/ASO, OHP, PEBB	28297	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with first metatarsal and medial cuneiform joint arthrodesis, any method	07/01/2025			Outpatient Surgical Site of Service (Company); Small Joint Surgery (Company)
Commercial/ASO, OHP, PEBB	28299	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with double osteotomy, any method	07/01/2025			Outpatient Surgical Site of Service (Company); Small Joint Surgery (Company)
Commercial/ASO, OHP, PEBB	28306	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal	07/01/2025			Outpatient Surgical Site of Service (Company); Small Joint Surgery (Company)
Commercial/ASO, OHP, PEBB	28308	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; other than first metatarsal, each	07/01/2025			Outpatient Surgical Site of Service (Company); Small Joint Surgery (Company)
Commercial/ASO, OHP, PEBB	28315	Sesamoidectomy, first toe (separate procedure)	07/01/2025			Outpatient Surgical Site of Service (Company); Small Joint Surgery (Company)
Commercial/ASO, OHP, PEBB	28446	Open osteochondral autograft, talus (includes obtaining graft[s])	04/01/2026			Osteochondral Allografts and Autografts for Cartilaginous Defects (Company)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Medicare	28446	Open osteochondral autograft, talus (includes obtaining graft[s])	04/01/2026			Osteochondral Allografts and Autografts for Cartilaginous Defects (Medicare)
Commercial/ASO, OHP, PEBB	28750	Arthrodesis, great toe; metatarsophalangeal joint	07/01/2025			Outpatient Surgical Site of Service (Company); Small Joint Surgery (Company)
Commercial/ASO, Medicare, OHP, PEBB	29806	Arthroscopy, shoulder, surgical; capsulorrhaphy	07/01/2025			Outpatient Surgical Site of Service (Company); Shoulder Arthroscopy and Open Procedures (Company); Shoulder Arthroscopy and Open Procedures (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	29807	Arthroscopy, shoulder, surgical; repair of SLAP lesion	07/01/2025			Outpatient Surgical Site of Service (Company); Shoulder Arthroscopy and Open Procedures (Company); Shoulder Arthroscopy and Open Procedures (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	29822	Arthroscopy, shoulder, surgical; debridement, limited , 1 or 2 discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies])	07/01/2025			Outpatient Surgical Site of Service (Company); Shoulder Arthroscopy and Open Procedures (Company); Shoulder Arthroscopy and Open Procedures (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	29823	Arthroscopy, shoulder, surgical; debridement, extensive , 3 or more discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies])	07/01/2025			Outpatient Surgical Site of Service (Company); Shoulder Arthroscopy and Open Procedures (Company); Shoulder Arthroscopy and Open Procedures (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	29824	Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure)	07/01/2025			Outpatient Surgical Site of Service (Company); Shoulder Arthroscopy and Open Procedures (Company); Shoulder Arthroscopy and Open Procedures (Medicare)

*Prior authorization is not a guarantee of payment. Benefits are based on eligibility at the time of service and are subject to applicable contract terms.

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	29825	Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation	07/01/2025			Outpatient Surgical Site of Service (Company); Shoulder Arthroscopy and Open Procedures (Company); Shoulder Arthroscopy and Open Procedures (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	07/01/2025			Outpatient Surgical Site of Service (Company); Shoulder Arthroscopy and Open Procedures (Company); Shoulder Arthroscopy and Open Procedures (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	29828	Arthroscopy, shoulder, surgical; biceps tenodesis	07/01/2025			Outpatient Surgical Site of Service (Company); Shoulder Arthroscopy and Open Procedures (Company); Shoulder Arthroscopy and Open Procedures (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	29866	Arthroscopy, Knee, Surgical; Osteochondral Autograft(S) (Eg, Mosaicplasty) (Includes Harvesting Of The Autograft)	09/01/2010			Autologous Chondrocyte Implantation (ACI) for Cartilaginous Defects of the Knee (Company); Autologous Chondrocyte Implantation (ACI) for Cartilaginous Defects of the Knee (Medicare); Osteochondral Allografts and Autografts for Cartilaginous Defects (Company); Osteochondral Allografts and Autografts for Cartilaginous Defects (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	29867	Arthroscopy, Knee, Surgical; Osteochondral Allograft (Eg, Mosaicplasty)	09/01/2010			Autologous Chondrocyte Implantation (ACI) for Cartilaginous Defects of the Knee (Company); Autologous Chondrocyte Implantation (ACI) for Cartilaginous Defects of the Knee (Medicare); Osteochondral Allografts and Autografts for Cartilaginous Defects (Company); Osteochondral Allografts and Autografts for Cartilaginous Defects (Medicare)
Medicare	29870	Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	07/01/2025			Knee Arthroscopy and Open Procedures (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Medicare	29871	Arthroscopy, knee, surgical; for infection, lavage and drainage	07/01/2025			Knee Arthroscopy and Open Procedures (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	29873	Arthroscopy, knee, surgical; with lateral release	07/01/2025			Knee Arthroscopy and Open Procedures (Company) ; Knee Arthroscopy and Open Procedures (Medicare) ; Outpatient Surgical Site of Service (Company)
Commercial/ASO, Medicare, OHP, PEBB	29874	Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	07/01/2025			Knee Arthroscopy and Open Procedures (Company) ; Knee Arthroscopy and Open Procedures (Medicare) ; Outpatient Surgical Site of Service (Company)
Commercial/ASO, Medicare, OHP, PEBB	29875	Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	07/01/2025			Knee Arthroscopy and Open Procedures (Company) ; Knee Arthroscopy and Open Procedures (Medicare) ; Outpatient Surgical Site of Service (Company)
Commercial/ASO, Medicare, OHP, PEBB	29876	Arthroscopy, knee, surgical; synovectomy, major, 2 or more compartments (eg, medial or lateral)	07/01/2025			Knee Arthroscopy and Open Procedures (Company) ; Knee Arthroscopy and Open Procedures (Medicare) ; Outpatient Surgical Site of Service (Company)
Commercial/ASO, Medicare, OHP, PEBB	29879	Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture	07/01/2025			Knee Arthroscopy and Open Procedures (Company) ; Knee Arthroscopy and Open Procedures (Medicare) ; Outpatient Surgical Site of Service (Company)
Commercial/ASO, Medicare, OHP, PEBB	29880	Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	07/01/2025			Knee Arthroscopy and Open Procedures (Company) ; Knee Arthroscopy and Open Procedures (Medicare) ; Outpatient Surgical Site of Service (Company)
Commercial/ASO, Medicare, OHP, PEBB	29881	Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage	07/01/2025			Knee Arthroscopy and Open Procedures (Company) ; Knee Arthroscopy and Open Procedures (Medicare) ; Outpatient Surgical Site of Service (Company)

*Prior authorization is not a guarantee of payment. Benefits are based on eligibility at the time of service and are subject to applicable contract terms.

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
		(chondroplasty), same or separate compartment(s), when performed				
Commercial/ASO, Medicare, OHP, PEBB	29882	Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral)	07/01/2025			Knee Arthroscopy and Open Procedures (Company) ; Knee Arthroscopy and Open Procedures (Medicare) ; Outpatient Surgical Site of Service (Company)
Commercial/ASO, Medicare, OHP, PEBB	29884	Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)	07/01/2025			Knee Arthroscopy and Open Procedures (Company) ; Knee Arthroscopy and Open Procedures (Medicare) ; Outpatient Surgical Site of Service (Company)
Commercial/ASO, Medicare, OHP, PEBB	29888	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	07/01/2025			Knee Arthroscopy and Open Procedures (Company) ; Knee Arthroscopy and Open Procedures (Medicare) ; Outpatient Surgical Site of Service (Company)
Commercial/ASO, Medicare, OHP, PEBB	29889	Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction	07/01/2025			Knee Arthroscopy and Open Procedures (Company) ; Knee Arthroscopy and Open Procedures (Medicare) ; Outpatient Surgical Site of Service (Company)
Commercial/ASO, Medicare, OHP, PEBB	29892	Arthroscopically aided repair of large osteochondritis dissecans lesion, talar dome fracture, or tibial plafond fracture, with or without internal fixation (includes arthroscopy)	01/01/2023			Osteochondral Allografts and Autografts for Cartilaginous Defects (Company); Osteochondral Allografts and Autografts for Cartilaginous Defects (Medicare)
Commercial/ASO, OHP, PEBB	30400	Rhinoplasty Primary Partial	09/01/2003		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Outpatient Surgical Site of Service (Company); Rhinoplasty and Other Nasal Surgeries (Company)
Medicare	30400	Rhinoplasty Primary Partial	07/01/2020		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Gender Affirming Surgical Interventions (Medicare); Rhinoplasty and Other Nasal Surgeries (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, OHP, PEBB	30410	Rhinoplas,Prim;complet,Extern.Parts	09/01/2003		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Outpatient Surgical Site of Service (Company); Rhinoplasty and Other Nasal Surgeries (Company)
Medicare	30410	Rhinoplas,Prim;complet,Extern.Parts	07/01/2020		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Gender Affirming Surgical Interventions (Medicare); Rhinoplasty and Other Nasal Surgeries (Medicare)
Commercial/ASO, OHP, PEBB	30420	Rhinoplasty Primary Maj Septal Rep	09/01/2003		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Outpatient Surgical Site of Service (Company); Rhinoplasty and Other Nasal Surgeries (Company)
Medicare	30420	Rhinoplasty Primary Maj Septal Rep	07/01/2020		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Gender Affirming Surgical Interventions (Medicare); Rhinoplasty and Other Nasal Surgeries (Medicare)
Commercial/ASO, OHP, PEBB	30430	Rhinoplasty,2ndary;minor Revision	09/01/2003		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Outpatient Surgical Site of Service (Company); Rhinoplasty and Other Nasal Surgeries (Company)
Medicare	30430	Rhinoplasty,2ndary;minor Revision	07/01/2020		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Gender Affirming Surgical Interventions (Medicare); Rhinoplasty and Other Nasal Surgeries (Medicare)
Commercial/ASO, OHP, PEBB	30435	Rhinoplasty,Intermed Revis-Bony Work W O	09/01/2003		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Outpatient Surgical Site of Service (Company); Rhinoplasty and Other Nasal Surgeries (Company)
Medicare	30435	Rhinoplasty,Intermed Revis-Bony Work W O	07/01/2020		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Gender Affirming Surgical Interventions (Medicare); Rhinoplasty and Other Nasal Surgeries (Medicare)
Commercial/ASO, OHP, PEBB	30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)	09/01/2003		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Outpatient Surgical Site of Service (Company); Rhinoplasty and Other Nasal Surgeries (Company)
Medicare	30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)	07/01/2020		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Gender Affirming Surgical Interventions (Medicare); Rhinoplasty and Other Nasal Surgeries (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	31295	Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (e.g. balloon dilation), transnasal or via canine fossa	12/01/2015			Balloon Dilation of the Sinuses or Eustachian Tubes; Balloon Dilation of the Sinuses or Eustachian Tubes (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	31296	Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (e.g. balloon dilation)	12/01/2015			Balloon Dilation of the Sinuses or Eustachian Tubes; Balloon Dilation of the Sinuses or Eustachian Tubes (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	31297	Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (e.g. Balloon dilation)	12/01/2015			Balloon Dilation of the Sinuses or Eustachian Tubes; Balloon Dilation of the Sinuses or Eustachian Tubes (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	31298	Nasal/sinus endoscopy, surgical; with dilation of frontal and sphenoid sinus ostia (eg, balloon dilation)	01/01/2018			Balloon Dilation of the Sinuses or Eustachian Tubes; Balloon Dilation of the Sinuses or Eustachian Tubes (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	31641	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with destruction of tumor or relief of stenosis by any method other than excision (eg, laser therapy, cryotherapy)	04/01/2023			Radiofrequency Ablation for Tumors Outside the Liver (Company); Radiofrequency Ablation of Tumors Outside the Liver (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	32850	Donor Pneumonectomy(ies) W Prep and Maintenance of Allograft (Cadaver)	09/01/2003		Medicare - In-plan only, no opt-out benefit Medicaid – As of 12/1/23 PA is no longer required for OHP for contracted transplant facilities. Refer to guideline note 42 in OHA's prioritized list for additional billing guidelines.	Organ Transplantation (Company); Organ Transplantation (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	32851	Lung Transplant, Single; Without Cardiopulmonary Bypass	09/01/2003		Medicare - In-plan only, no opt-out benefit Medicaid – As of 12/1/23 PA is no longer required for OHP for contracted transplant facilities. Refer to guideline note 42 in OHA's prioritized list for additional billing guidelines.	Organ Transplantation (Company); Organ Transplantation (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	32852	Lung Transplant, Single, with Cardiopulmonary Bypass	09/01/2003		Medicare - In-plan only, no opt-out benefit Medicaid – As of 12/1/23 PA is no longer required for OHP for contracted transplant facilities. Refer to guideline note 42 in OHA's prioritized list for additional billing guidelines.	Organ Transplantation (Company); Organ Transplantation (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	32853	Lung Transplant, Double (Sequential or En Bloc); Without Cardpulm Bypa	09/01/2003		Medicare - In-plan only, no opt-out benefit Medicaid – As of 12/1/23 PA is no longer required for OHP for contracted transplant facilities. Refer to guideline note 42 in OHA's prioritized list for additional billing guidelines.	Organ Transplantation (Company); Organ Transplantation (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	32854	Lung Transplant, Double (Sequential or En Bloc); with CardPulm Bypass	09/01/2003		Medicare - In-plan only, no opt-out benefit Medicaid – As of 12/1/23 PA is no longer required for OHP for contracted transplant facilities. Refer to guideline note 42 in OHA's prioritized list for additional billing guidelines.	Organ Transplantation (Company); Organ Transplantation (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	32855	Backbench Standard Preparation Of Cadaver Donor Lung Allograft; Unilateral	09/01/2003		Medicare - In-plan only, no opt-out benefit Medicaid – As of 12/1/23 PA is no longer required for OHP for contracted transplant facilities. Refer to guideline note 42 in OHA's prioritized list for additional billing guidelines.	Organ Transplantation (Company); Organ Transplantation (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	32856	Backbench Standard Preparation Of Cadaver Donor Lung Allograft; Bilateral	09/01/2003		Medicare - In-plan only, no opt-out benefit Medicaid – As of 12/1/23 PA is no longer required for OHP for contracted transplant facilities. Refer to guideline note 42 in OHA's prioritized list for additional billing guidelines.	Organ Transplantation (Company); Organ Transplantation (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	32998	Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, including imaging guidance when performed, unilateral; radiofrequency	04/01/2023			Radiofrequency Ablation for Tumors Outside the Liver (Company); Radiofrequency Ablation of Tumors Outside the Liver (Medicare)
Commercial/ASO, Medicare	33206	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial, Medicare	33207	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial, Medicare	33208	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial, Medicare	33212	Insertion of pacemaker pulse generator only; single existing single lead	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial, Medicare	33213	Insertion of pacemaker pulse generator only; with existing dual leads	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial, Medicare	33214	Upgrade of implanted pacemaker system, conversion of single chamber system to dual chamber system (includes removal of previously placed pulse generator, testing of existing lead, insertion of new lead, insertion of new pulse generator)	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial, Medicare	33215	Repositioning of previously implanted transvenous pacemaker or ICD (right atrial or right ventricular) electrode	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial, Medicare	33216	Insertion of a single transvenous electrode, permanent pacemaker or implantable defibrillator	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial, Medicare	33217	Insertion of 2 transvenous electrodes, permanent pacemaker or implantable defibrillator	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial, Medicare	33218	Repair of single transvenous electrode, permanent pacemaker or ICD	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial, Medicare	33220	Repair of 2 transvenous electrodes for permanent pacemaker or ICD	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial, Medicare	33221	Insertion of pacemaker pulse generator only; with existing multiple leads	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial, Medicare	33222	Relocation of skin pocket for pacemaker	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial, Medicare	33223	Relocation of skin pocket ICD	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial, Medicare	33224	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, with attachment to previously placed pacemaker or implantable defibrillator pulse generator (including revision of pocket, removal, insertion, and/or replacement of existing generator)	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial, Medicare	33226	Repositioning of previously implanted cardiac venous system (left ventricular) electrode (including removal, insertion and/or replacement of existing generator)	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial, Medicare	33227	Removal of permanent pacemaker pulse generator, testing of existing lead, insertion of new lead, insertion of new pulse generator	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial, Medicare	33228	Removal of permanent pacemaker pulse generator, testing of existing lead, insertion of new lead, insertion of new pulse generator; dual lead system	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial, Medicare	33229	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; multiple lead system	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial, Medicare	33230	Insertion of implantable defibrillator pulse generator only; with existing dual leads	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial, Medicare	33231	Insertion of implantable defibrillator pulse generator only; with existing multiple leads	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial, Medicare	33233	Removal of permanent pacemaker pulse generator only	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial, Medicare	33240	Insertion of implantable defibrillator pulse generator only; with existing single lead	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial, Medicare	33241	Removal of implantable defibrillator pulse generator only	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial, Medicare	33244	Removal of single or dual chamber pacing cardioverter-defibrillator electrode(s); by transvenous extraction	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial, Medicare	33249	Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial, Medicare	33262	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; single lead system	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial, Medicare	33263	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; dual lead system	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial, Medicare	33264	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; multiple lead system	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial, Medicare	33270	Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode, including defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters, when performed	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial, Medicare	33271	Insertion of subcutaneous implantable defibrillator electrode	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial, Medicare	33272	Removal of subcutaneous implantable defibrillator electrode	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial, Medicare	33273	Repositioning of previously implanted subcutaneous implantable defibrillator electrode	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial, Medicare	33274	Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed	05/06/2025		For Commercial Fully-Insured and Medicare, prior authorization through Carelon is required.	General Requirements - Cardiovascular Care
Commercial, Medicare	33275	Transcatheter removal of permanent leadless pacemaker, right ventricular , including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography), when performed	05/06/2025		For Commercial Fully-Insured and Medicare, prior authorization through Carelon is required	General Requirements - Cardiovascular Care
Commercial, Medicare	33285	Insertion, subcutaneous cardiac rhythm monitor, including programming	05/06/2025		For Commercial Fully-Insured and Medicare, prior authorization through Carelon is required.	General Requirements - Cardiovascular Care
ASO, PEBB	33285	Insertion, subcutaneous cardiac rhythm monitor, including programming	01/01/2019		For ASO/self-funded groups only, prior authorization through PHP is required. For commercial fully-insured and Medicare, prior authorization through Carelon is required.	Implantable Loop Recorders (Company)
Medicare	33289	Transcatheter implantation of wireless pulmonary artery pressure sensor for long-term hemodynamic monitoring, including deployment and calibration of the sensor, right heart catheterization, selective pulmonary catheterization, radiological	11/01/2024			Implantable Hemodynamic Monitoring Devices (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
		supervision and interpretation, and pulmonary artery angiography, when performed				
Commercial/ASO, OHP, PEBB	33340	Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transseptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, when performed, and radiological supervision and interpretation	08/01/2018			Left Atrial Appendage Devices (Company)
Commercial/ASO, Medicare, OHP, PEBB	33930	Donr Cardiectmy-Pneum,Prep/Main.Hom	09/01/2003		Medicare - In-plan only, no opt-out benefit Medicaid – As of 12/1/23 PA is no longer required for OHP for contracted transplant facilities. Refer to guideline note 42 in OHA's prioritized list for additional billing guidelines.	Organ Transplantation (Company); Organ Transplantation (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	33933	Backbench Standard Preparation Of Cadaver Donor Heart/Lung Allograft	09/01/2003		Medicare - In-plan only, no opt-out benefit Medicaid – As of 12/1/23 PA is no longer required for OHP for contracted transplant facilities. Refer to guideline note 42 in OHA's prioritized list for additional billing guidelines.	Organ Transplantation (Company); Organ Transplantation (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	33935	Heart-Lung Transplant W Recipient Cardi/	09/01/2003		Medicare - In-plan only, no opt-out benefit Medicaid – As of 12/1/23 PA is no longer required for OHP for contracted transplant facilities. Refer to guideline note 42 in OHA's prioritized list for additional billing guidelines.	Organ Transplantation (Company); Organ Transplantation (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	33940	Donor Cardiectomy,Prep/Mainten.Homo	09/01/2003		Medicare - In-plan only, no opt-out benefit Medicaid – As of 12/1/23 PA is no longer required for OHP for contracted transplant facilities. Refer to guideline note 42 in OHA's prioritized list for additional billing guidelines.	Organ Transplantation (Company); Organ Transplantation (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	33944	Backbench Standard Preparation Of Cadaver Donor Heart Allograft	09/01/2003		Medicare - In-plan only, no opt-out benefit Medicaid – As of 12/1/23 PA is no longer required for OHP for contracted transplant facilities. Refer to guideline note	Organ Transplantation (Company); Organ Transplantation (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
					42 in OHA's prioritized list for additional billing guidelines.	
Commercial/ASO, Medicare, OHP, PEBB	33945	Heart Transplant, W/Wo Recipient Cardiec	09/01/2003		Medicare - In-plan only, no opt-out benefit Medicaid – As of 12/1/23 PA is no longer required for OHP for contracted transplant facilities. Refer to guideline note 42 in OHA's prioritized list for additional billing guidelines.	Organ Transplantation (Company); Organ Transplantation (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	36465	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein, accessory saphenous vein)	01/01/2018			Varicose Veins (Company); Varicose Veins (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	36466	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vein), same leg	01/01/2018			Varicose Veins (Company); Varicose Veins (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	36470	Injection of sclerosing solution; single vein	02/01/2006			Varicose Veins (Company); Varicose Veins (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	36471	Inject Sclerosing Agent Mult Veins	02/01/2006			Varicose Veins (Company); Varicose Veins (Medicare)
Medicare	36473	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated	01/01/2018			Varicose Veins (Medicare)
Medicare	36474	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging	01/01/2018			Varicose Veins (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
		guidance and monitoring, percutaneous, mechanochemical; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)				
Commercial/ASO, Medicare, OHP, PEBB	36475	Endovenous Ablation Therapy Of Incompetent Vein, Extremity, Percutaneous, Radiofrequency; First Vein Treated	02/01/2006			Varicose Veins (Company); Varicose Veins (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	36476	Endovenous Ablation Therapy Incompetent Vein, Extremity, Percut, Radiofreq; 2nd & Subsequent Veins,Same Extrem,Sep Sites	02/01/2006			Varicose Veins (Company); Varicose Veins (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	36478	Endovenous Ablation Therapy Of Incompetent Vein, Extremity, Percutaneous, Laser; First Vein Treated	02/01/2006			Varicose Veins (Company); Varicose Veins (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	36479	Endovenous Ablation Therapy Incompetent Vein, Extremity, Percutaneous, Laser; 2nd & Subseq Veins, Same Extrem, Sep Sites	02/01/2006			Varicose Veins (Company); Varicose Veins (Medicare)
Medicare	36482	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated	01/01/2018			Varicose Veins (Medicare)
Medicare	36483	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	01/01/2018			Varicose Veins (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial, Medicare	36901	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial, Medicare	36902	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report; with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial, Medicare	36903	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
		interpretation and image documentation and report; with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis segment				
Commercial, Medicare	36904	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s)	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial, Medicare	36905	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial, Medicare	36906	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
		pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit				
Medicare	37241	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (eg, congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles)	05/06/2025		Carelon prior authorization required.	General Requirements - Cardiovascular Care
Commercial	37241	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (eg, congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles)	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care; Pelvic Congestion Syndrome Treatment (Company)
Commercial, Medicare	37242	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; arterial, other than hemorrhage or tumor (eg, congenital or acquired arterial malformations, arteriovenous malformations, arteriovenous fistulas, aneurysms, pseudoaneurysms)	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Medicare	37243	Vascular embolization or occlusion, inclusive of all radiological supervision and	05/06/2025		For Commercial Fully-Insured and Medicare, prior authorization through Carelon is required	General Requirements - Cardiovascular Care

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
		interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction				
Commercial	37243	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction	05/06/2025		For Commercial Fully-Insured and Medicare, prior authorization through Carelon is required	General Requirements - Cardiovascular Care
ASO, PEBB	37243	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction	01/01/2018		For ASO/self-funded groups only, prior authorization through PHP is required. For commercial fully-insured and Medicare, prior authorization through Carelon is required	Ablation for Liver Tumors (Company)
Commercial, Medicare	37244	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial, Medicare	37254	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel	01/01/2026		Carelon prior authorization required	General Requirements - Cardiovascular Care

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial, Medicare	37255	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)	01/01/2026		Carelon prior authorization required	General Requirements - Cardiovascular Care
Commercial, Medicare	37256	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel	01/01/2026		Carelon prior authorization required	General Requirements - Cardiovascular Care
Commercial, Medicare	37257	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)	01/01/2026		Carelon prior authorization required	General Requirements - Cardiovascular Care

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial, Medicare	37258	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel	01/01/2026		Carelon prior authorization required	General Requirements - Cardiovascular Care
Commercial, Medicare	37259	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)	01/01/2026		Carelon prior authorization required	General Requirements - Cardiovascular Care
Commercial, Medicare	37260	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the	01/01/2026		Carelon prior authorization required	General Requirements - Cardiovascular Care

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
		stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel				
Commercial, Medicare	37261	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)	01/01/2026		Carelon prior authorization required	General Requirements - Cardiovascular Care
Commercial, Medicare	37263	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel	01/01/2026		Carelon prior authorization required	General Requirements - Cardiovascular Care
Commercial, Medicare	37264	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the	01/01/2026		Carelon prior authorization required	General Requirements - Cardiovascular Care

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
		angioplasty within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)				
Commercial, Medicare	37265	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel	01/01/2026		Carelon prior authorization required	General Requirements - Cardiovascular Care
Commercial, Medicare	37266	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)	01/01/2026		Carelon prior authorization required	General Requirements - Cardiovascular Care
Commercial, Medicare	37267	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the	01/01/2026		Carelon prior authorization required	General Requirements - Cardiovascular Care

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
		stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel				
Commercial, Medicare	37268	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)	01/01/2026		Carelon prior authorization required	General Requirements - Cardiovascular Care
Commercial, Medicare	37269	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel	01/01/2026		Carelon prior authorization required	General Requirements - Cardiovascular Care
Commercial, Medicare	37270	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the	01/01/2026		Carelon prior authorization required	General Requirements - Cardiovascular Care

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
		artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)				
Commercial, Medicare	37271	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel	01/01/2026		Carelon prior authorization required	General Requirements - Cardiovascular Care
Commercial, Medicare	37272	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)	01/01/2026		Carelon prior authorization required	General Requirements - Cardiovascular Care

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial, Medicare	37273	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel	01/01/2026		Carelon prior authorization required	General Requirements - Cardiovascular Care
Commercial, Medicare	37274	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)	01/01/2026		Carelon prior authorization required	General Requirements - Cardiovascular Care
Commercial, Medicare	37275	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision	01/01/2026		Carelon prior authorization required	General Requirements - Cardiovascular Care

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
		and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel				
Commercial, Medicare	37276	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)	01/01/2026		Carelon prior authorization required	General Requirements - Cardiovascular Care
Commercial, Medicare	37277	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel	01/01/2026		Carelon prior authorization required	General Requirements - Cardiovascular Care
Commercial, Medicare	37278	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular	01/01/2026		Carelon prior authorization required	General Requirements - Cardiovascular Care

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
		territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)				
Commercial, Medicare	37280	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel	01/01/2026		Carelon prior authorization required	General Requirements - Cardiovascular Care
Commercial, Medicare	37281	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)	01/01/2026		Carelon prior authorization required	General Requirements - Cardiovascular Care

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial, Medicare	37282	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel	01/01/2026		Carelon prior authorization required	General Requirements - Cardiovascular Care
Commercial, Medicare	37283	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)	01/01/2026		Carelon prior authorization required	General Requirements - Cardiovascular Care
Commercial, Medicare	37284	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel	01/01/2026		Carelon prior authorization required	General Requirements - Cardiovascular Care

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial, Medicare	37285	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)	01/01/2026		Carelon prior authorization required	General Requirements - Cardiovascular Care
Commercial, Medicare	37286	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel	01/01/2026		Carelon prior authorization required	General Requirements - Cardiovascular Care
Commercial, Medicare	37287	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the	01/01/2026		Carelon prior authorization required	General Requirements - Cardiovascular Care

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
		stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)				
Commercial, Medicare	37288	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel	01/01/2026		Carelon prior authorization required	General Requirements - Cardiovascular Care
Commercial, Medicare	37289	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)	01/01/2026		Carelon prior authorization required	General Requirements - Cardiovascular Care
Commercial, Medicare	37290	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when	01/01/2026		Carelon prior authorization required	General Requirements - Cardiovascular Care

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
		performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel				
Commercial, Medicare	37291	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)	01/01/2026		Carelon prior authorization required	General Requirements - Cardiovascular Care
Commercial, Medicare	37292	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same	01/01/2026		Carelon prior authorization required	General Requirements - Cardiovascular Care

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
		artery, unilateral; straightforward lesion, initial vessel				
Commercial, Medicare	37293	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)	01/01/2026		Carelon prior authorization required	General Requirements - Cardiovascular Care
Commercial, Medicare	37294	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel	01/01/2026		Carelon prior authorization required	General Requirements - Cardiovascular Care
Commercial, Medicare	37295	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed,	01/01/2026		Carelon prior authorization required	General Requirements - Cardiovascular Care

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
		including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)				
Commercial, Medicare	37296	Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel	01/01/2026		Carelon prior authorization required	General Requirements - Cardiovascular Care
Commercial, Medicare	37297	Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)	01/01/2026		Carelon prior authorization required	General Requirements - Cardiovascular Care
Commercial, Medicare	37298	Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty,	01/01/2026		Carelon prior authorization required	General Requirements - Cardiovascular Care

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
		including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel				
Commercial, Medicare	37299	Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)	01/01/2026		Carelon prior authorization required	General Requirements - Cardiovascular Care
PEBB	37700	Lig/Div.Saph.Vein at Junc/Interrupt	01/01/2013			Varicose Veins (Company)
Commercial/ASO, Medicare, OHP	37700	Lig/Div.Saph.Vein at Junc/Interrupt	02/01/2006			Varicose Veins (Company); Varicose Veins (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	37718	Ligation, division, and stripping, short saphenous vein	01/01/2013			Varicose Veins (Company); Varicose Veins (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	37722	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below	02/01/2006			Varicose Veins (Company); Varicose Veins (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	37735	Ligation & Strip Saphen+ulcer Unil	02/01/2006			Varicose Veins (Company); Varicose Veins (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	37760	Ligation Perforators Rad (Linton)	02/01/2006			Varicose Veins (Company); Varicose Veins (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	37761	Ligation of Perforator Vein(s), Subfascial, Open, Including Ultrasound Guidance, When Performed, 1 Leg	05/01/2012			Varicose Veins (Company); Varicose Veins (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	37765	Stab Phlebectomy of Varicose Veins, One Extremity; 10-20 Stab Incisions	02/01/2006			Varicose Veins (Company); Varicose Veins (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	37766	Stab Phlebectomy of Varicose Veins, One Extremity; More Than 20 Incisions	02/01/2006			Varicose Veins (Company); Varicose Veins (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	37780	Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)	02/01/2006			Varicose Veins (Company); Varicose Veins (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	37785	Ligation, division, and/or excision of varicose vein cluster(s), 1 leg	02/01/2006			Varicose Veins (Company); Varicose Veins (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	38205	Blood-Derived Hematopoietic Progenitor Cell Harvesting for Transplantation, Per Collection; Allogenic	09/01/2003		Medicaid – As of 12/1/23 PA is no longer required for OHP for contracted transplant facilities. Refer to guideline note 42 in OHA's prioritized list for additional billing guidelines	Stem Cell Therapy for Orthopedic Applications (Company); Stem Cell Therapy for Orthopedic Applications (Medicare); Stem Cell Transplantation (Company); Stem Cell Transplantation (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	38206	Blood-Derived Hematopoietic Progenitor Cell Harvesting for Transplantation, Per Collection; Autologous	09/01/2003			Stem Cell Therapy for Orthopedic Applications (Company); Stem Cell Therapy for Orthopedic Applications (Medicare); Stem Cell Transplantation (Company); Stem Cell Transplantation (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	38207	Transplant Preparation of Hematopoietic Progenitor Cells; Cryopreservation and Storage	09/01/2003			Stem Cell Transplantation (Company); Stem Cell Transplantation (Medicare)

*Prior authorization is not a guarantee of payment. Benefits are based on eligibility at the time of service and are subject to applicable contract terms.

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	38208	Transplant Preparation of Hematopoietic Progenitor Cells; Thawing of Previously Frozen Harvest	09/01/2003			Stem Cell Transplantation (Company); Stem Cell Transplantation (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	38209	Transplant Preparation of Hematopoietic Progenitor Cells; Washing of Harvest	09/01/2003			Stem Cell Transplantation (Company); Stem Cell Transplantation (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	38210	Transplant Preparation of Hematopoietic Progenitor Cells; Specific Cell Depletion Within Harvest, T-Cell Depletion	09/01/2003			Stem Cell Transplantation (Company); Stem Cell Transplantation (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	38211	Transplant Preparation of Hematopoietic Progenitor Cells; Tumor Cell Depletion	09/01/2003			Stem Cell Transplantation (Company); Stem Cell Transplantation (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	38212	Transplant Preparation of Hematopoietic Progenitor Cells; Red Blood Cell Removal	09/01/2003			Stem Cell Transplantation (Company); Stem Cell Transplantation (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	38213	Transplant Preparation of Hematopoietic Progenitor Cells; Platelet Depletion	09/01/2003			Stem Cell Transplantation (Company); Stem Cell Transplantation (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	38214	Transplant Preparation of Hematopoietic Progenitor Cells; Plasma (Volume) Depletion	09/01/2003			Stem Cell Transplantation (Company); Stem Cell Transplantation (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	38215	Transplant Preparation of Hematopoietic Progenitor Cells; Cell Concentration in Plasma, Mononuclear, or Buffy Coat Layer	09/01/2003			Stem Cell Transplantation (Company); Stem Cell Transplantation (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	38225	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	01/01/2025		Commercial/ASO,Medicare,OHP,PEBB - 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	T-Cell Therapy - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	38226	38226 - Chimeric antigen receptor T-cell (CAR-T) therapy; preparation of blood-derived T	01/01/2025		Commercial/ASO,Medicare,OHP,PEBB - Chimeric antigen receptor T-cell (CAR-T) therapy; preparation of	T-Cell Therapy - Pharmacy Policy

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
		lymphocytes for transportation (eg, cryopreservation, storage)			blood-derived T lymphocytes for transportation (eg, cryopreservation, storage)	
Commercial/ASO, Medicare, OHP, PEBB	38227	38227 - Chimeric antigen receptor T-cell (CAR-T) therapy; receipt and preparation of CAR-T cells for administration	01/01/2025		Commercial/ASO,Medicare,OHP,PEBB - Chimeric antigen receptor T-cell (CAR-T) therapy; receipt and preparation of CAR-T cells for administration	T-Cell Therapy - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	38228	38228 - Chimeric antigen receptor T-cell (CAR-T) therapy; CAR-T cell administration, autologous	01/01/2025		Commercial/ASO,Medicare,OHP,PEBB - Chimeric antigen receptor T-cell (CAR-T) therapy; CAR-T cell administration, autologous	T-Cell Therapy - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	38230	Harvest Bone Marrow For Transplant	09/01/2003			Stem Cell Therapy for Orthopedic Applications (Company); Stem Cell Therapy for Orthopedic Applications (Medicare); Stem Cell Transplantation (Company); Stem Cell Transplantation (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	38232	Bone Marrow Harvesting For Transplantation; Autologous	01/01/2012		Medicare - In-plan only, no opt-out benefit	Stem Cell Therapy for Orthopedic Applications (Company); Stem Cell Therapy for Orthopedic Applications (Medicare); Stem Cell Transplantation (Company); Stem Cell Transplantation (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	38240	Bone Marrow Transplantation; Allogenic	09/01/2003		Medicare - In-plan only, no opt-out benefit. Medicaid – As of 12/1/23 PA is no longer required for OHP for contracted transplant facilities. Refer to guideline note 42 in OHA's prioritized list for additional billing guidelines	Stem Cell Transplantation (Company); Stem Cell Transplantation (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	38241	Bone Marrow Transplant; Autologous	09/01/2003		Medicare - In-plan only, no opt-out benefit. Medicaid – As of 12/1/23 PA is no longer required for OHP for contracted transplant facilities. Refer to guideline note 42 in OHA's prioritized list for additional billing guidelines	Stem Cell Therapy for Orthopedic Applications (Company); Stem Cell Therapy for Orthopedic Applications (Medicare); Stem Cell Transplantation (Company); Stem Cell Transplantation (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	38242	Bone Marrow or Blood-Derived Peripheral Stem Cell Transplantation; Allogeneic Donor Lymphocyte Infusions	09/01/2003		Medicare - In-plan only, no opt-out benefit	Stem Cell Transplantation (Company); Stem Cell Transplantation (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	42120	Resect Palateor Extensive Lesion	04/01/2007			Sleep Disorder Surgery (Company); Sleep Disorder Surgery (Medicare)
Medicare	42140	Uvulectomy	09/01/2003		Medicare - In-plan only, no opt-out benefit	Sleep Disorder Surgery (Company); Sleep Disorder Surgery (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	42145	Uvuloplatopharyngoplasty	09/01/2003		Medicare - In-plan only, no opt-out benefit	Sleep Disorder Surgery (Company); Sleep Disorder Surgery (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	42235	Repair Anterior Palate Including Vomer F	09/01/2003			Sleep Disorder Surgery (Company); Sleep Disorder Surgery (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	42950	Pharyngoplasty	04/01/2007			Sleep Disorder Surgery (Company); Sleep Disorder Surgery (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	43192	Esophagoscopy, rigid, transoral; with directed submucosal injection(s), any substance	05/01/2018			Endoscopic Treatments for Gastroesophageal Reflux Disease (GERD) (Company); Endoscopic Treatments for Gastroesophageal Reflux Disease (GERD) (Medicare)
Commercial/ASO, Medicare, PEBB	43201	Esophagoscopy, flexible, transoral; with directed submucosal injection(s), any substance	05/01/2018			Endoscopic Treatments for Gastroesophageal Reflux Disease (GERD) (Company); Magnetic Esophageal Ring for Gastroesophageal Reflux Disease (GERD) (Medicare)
Commercial/ASO, OHP, PEBB	43210	Esophagogastroduodenoscopy, flexible, transoral; with esophagogastric fundoplasty, partial or complete, includes duodenoscopy when performed	05/01/2018			Endoscopic Treatments for Gastroesophageal Reflux Disease (GERD) (Company)
Commercial/ASO, Medicare, PEBB	43236	Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance	05/01/2018			Endoscopic Treatments for Gastroesophageal Reflux Disease (GERD) (Company); Magnetic Esophageal Ring for Gastroesophageal Reflux Disease (GERD) (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial, ASO, PEBB	43281	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; without implantation of mesh	01/01/2026		This code requires prior authorization when billed with place of service code 22	Outpatient Surgical Site of Service (Company)
Commercial, ASO, PEBB	43282	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; with implantation of mesh	01/01/2026		This code requires prior authorization when billed with place of service code 22	Outpatient Surgical Site of Service (Company)
Commercial/ASO, OHP, PEBB	43497	Lower esophageal myotomy, transoral (ie, peroral endoscopic myotomy [POEM])	01/01/2022			Peroral Endoscopic Myotomy (POEM) (Company)
Commercial/ASO, Medicare, OHP, PEBB	43631	Gastrectomy, Partial, Distal; with Gastroduodenostomy	01/01/2003			Bariatric Surgery (Company); Bariatric Surgery (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	43644	Laparoscopy, Surg, Gastric Restrictive Procedure; W Gastric Bypass And Roux-En-Y Gastroenterostomy (Roux Limb <= 150 Cm)	09/01/2005			Bariatric Surgery (Company); Bariatric Surgery (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	43645	Laparoscopy, Surgical, Gastric Restrictive Procedure; With Gastric Bypass And Small Intestine Reconstruction	09/01/2005			Bariatric Surgery (Company); Bariatric Surgery (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	43647	Laparoscopy, Surgical; Implantation or Replacement of Gastric Neurostimulator Electrodes, Antrum	05/01/2010			Electrical Stimulation and Electromagnetic Therapies (Medicare); Gastric Electrical Stimulation (Company)
Commercial/ASO, Medicare, OHP, PEBB	43648	Laparoscopy, Surgical; Revision or Removal of Gastric Neurostimulator Electrodes, Antrum	05/01/2010			Electrical Stimulation and Electromagnetic Therapies (Medicare); Gastric Electrical Stimulation (Company)
Medicare	43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components)	01/01/2019			Bariatric Surgery (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	43771	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric band component only	01/01/2006			Bariatric Surgery (Company); Bariatric Surgery (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	43772	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric band component only	01/01/2006			Bariatric Surgery (Company); Bariatric Surgery (Medicare)
Medicare	43773	Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only	01/01/2019			Bariatric Surgery (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	43774	Laparoscopy, surg, gastric restrictive procedure; removal of adjustable gastric band and subcutaneous port components	01/01/2006			Bariatric Surgery (Company); Bariatric Surgery (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	43775	Laparoscopy, Surgical, Gastric Restrictive Procedure; Longitudinal Gastrectomy (ie, Sleeve Gastrectomy)	05/01/2012			Bariatric Surgery (Company); Bariatric Surgery (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	43843	Gastroplsty Non Vert-Banded Obesity	09/01/2003			Bariatric Surgery (Company); Bariatric Surgery (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	43845	Gastric Stapling Morbid Obesity	09/01/2003			Bariatric Surgery (Company); Bariatric Surgery (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	43846	Gastric Bypass W/Roux-En-Y-Mor.Obes	09/01/2003			Bariatric Surgery (Company); Bariatric Surgery (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	43847	Gstrc Restricve Prcd w Gstrc Byps F Morbid Obesty; w/Sml Bowel Rcnstn	09/01/2003			Bariatric Surgery (Company); Bariatric Surgery (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	43848	Revision of Gastrc Restrictive Prcd For Morbid Obesity (Separate Prcd)	09/01/2003			Bariatric Surgery (Company); Bariatric Surgery (Medicare)
Medicare	43860	Rev Gastrojejunostomy Wo Vagotomy	10/01/2009			Bariatric Surgery (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, OHP, PEBB	43860	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; without vagotomy	09/01/2018			Bariatric Surgery (Company)
Medicare	43865	Gastrojejunostomy;with Vagotomy	10/01/2009			Bariatric Surgery (Medicare)
Commercial/ASO, OHP, PEBB	43865	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; with vagotomy	09/01/2018			Bariatric Surgery (Company)
Commercial/ASO, Medicare, OHP, PEBB	43881	Implantation or Replacement of Gastric Neurostimulator Electrodes, Antrum, Open	05/01/2010			Electrical Stimulation and Electromagnetic Therapies (Medicare); Gastric Electrical Stimulation (Company)
Commercial/ASO, Medicare, OHP, PEBB	43882	Revision or Removal of Gastric Neurostimulator Electrodes, Antrum, Open	05/01/2010			Electrical Stimulation and Electromagnetic Therapies (Medicare); Gastric Electrical Stimulation (Company)
Medicare	43886	Gastric restrictive procedure, open; revision of subcutaneous port component only	09/01/2018			Bariatric Surgery (Medicare)
Commercial/ASO, OHP, PEBB	43886	Gastric restrictive procedure, open; revision of subcutaneous port component only	01/01/2013			Bariatric Surgery (Company)
Medicare	43887	Gastric restrictive procedure, open; removal of subcutaneous port component only	09/01/2018			Bariatric Surgery (Medicare)
Commercial/ASO, OHP, PEBB	43887	Gastric restrictive procedure, open; removal of subcutaneous port component only	01/01/2013			Bariatric Surgery (Company)
Medicare	43888	Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only	09/01/2018			Bariatric Surgery (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, OHP, PEBB	43888	Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only	01/01/2013			Bariatric Surgery (Company)
Commercial/ASO, Medicare, OHP, PEBB	44133	Donor Enterectomy, Open, w Allograft Prep & Maintenance; Living Donor	09/01/2003		Medicaid – As of 12/1/23 PA is no longer required for OHP for contracted transplant facilities. Refer to guideline note 42 in OHA's prioritized list for additional billing guidelines.	Organ Transplantation (Company); Organ Transplantation (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	44136	Intestinal Allotransplantation; From Living Donor	09/01/2003		Medicaid – As of 12/1/23 PA is no longer required for OHP for contracted transplant facilities. Refer to guideline note 42 in OHA's prioritized list for additional billing guidelines.	Organ Transplantation (Company); Organ Transplantation (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	47133	Donor Hepatectomy,W Prep & Maintenance-H	09/01/2003		Medicaid – As of 12/1/23 PA is no longer required for OHP for contracted transplant facilities. Refer to guideline note 42 in OHA's prioritized list for additional billing guidelines.	Organ Transplantation (Company); Organ Transplantation (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	47135	Transplant Liver (Recipient)	09/01/2003		Medicare - In-plan only, no opt-out benefit Medicaid – As of 12/1/23 PA is no longer required for OHP for contracted transplant facilities. Refer to guideline note 42 in OHA's prioritized list for additional billing guidelines.	Organ Transplantation (Company); Organ Transplantation (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	47140	Donor Hepatectomy, with Preparation and Maintenance of Allograft, Living Donor; Left Lateral Segment Only	09/01/2003		Medicare - In-plan only, no opt-out benefit Medicaid – As of 12/1/23 PA is no longer required for OHP for contracted transplant facilities. Refer to guideline note 42 in OHA's prioritized list for additional billing guidelines.	Organ Transplantation (Company); Organ Transplantation (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	47141	Donor Hepatectomy, with Preparation and Maintenance of Allograft, Living Donor; Total Left Lobectomy	09/01/2003		Medicare - In-plan only, no opt-out benefit Medicaid – As of 12/1/23 PA is no longer required for OHP for contracted transplant facilities. Refer to guideline note 42 in OHA's prioritized list for additional billing guidelines.	Organ Transplantation (Company); Organ Transplantation (Medicare)

*Prior authorization is not a guarantee of payment. Benefits are based on eligibility at the time of service and are subject to applicable contract terms.

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	47142	Donor Hepatectomy, with Preparation and Maintenance of Allograft, Living Donor; Total Right Lobectomy	09/01/2003		Medicare - In-plan only, no opt-out benefit Medicaid – As of 12/1/23 PA is no longer required for OHP for contracted transplant facilities. Refer to guideline note 42 in OHA's prioritized list for additional billing guidelines.	Organ Transplantation (Company); Organ Transplantation (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	47143	Backbench Standard Preparation Of Cadaver Donor Whole Liver Graft; Without Trisegment Or Lobe Split	09/01/2003		Medicare - In-plan only, no opt-out benefit Medicaid – As of 12/1/23 PA is no longer required for OHP for contracted transplant facilities. Refer to guideline note 42 in OHA's prioritized list for additional billing guidelines.	Organ Transplantation (Company); Organ Transplantation (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	47144	Backbench Standard Preparation Of Cadaver Donor Whole Liver Graft; W Trisegment Split Of Graft Into Two Partial Grafts	09/01/2003		Medicare - In-plan only, no opt-out benefit Medicaid – As of 12/1/23 PA is no longer required for OHP for contracted transplant facilities. Refer to guideline note 42 in OHA's prioritized list for additional billing guidelines.	Organ Transplantation (Company); Organ Transplantation (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	47145	Backbench Standard Preparation Of Cadaver Donor Whole Liver Graft; With Lobe Split Of Graft Into Two Partial Grafts	09/01/2003		Medicare - In-plan only, no opt-out benefit Medicaid – As of 12/1/23 PA is no longer required for OHP for contracted transplant facilities. Refer to guideline note 42 in OHA's prioritized list for additional billing guidelines.	Organ Transplantation (Company); Organ Transplantation (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	47146	Backbench Reconstruction Of Cadaver Or Living Donor Liver Graft Prior To Allotransplantation; Venous Anastomosis, Each	09/01/2003		Medicare - In-plan only, no opt-out benefit Medicaid – As of 12/1/23 PA is no longer required for OHP for contracted transplant facilities. Refer to guideline note 42 in OHA's prioritized list for additional billing guidelines.	Organ Transplantation (Company); Organ Transplantation (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	47147	Backbench Reconstruction Of Cadaver Or Living Donor Liver Graft Prior To Allotransplantation; Arterial Anastomosis, Each	09/01/2003		Medicare - In-plan only, no opt-out benefit Medicaid – As of 12/1/23 PA is no longer required for OHP for contracted transplant facilities. Refer to guideline note 42 in OHA's prioritized list for additional billing guidelines.	Organ Transplantation (Company); Organ Transplantation (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	47370	Laparoscopy, Surgical, Ablation Of One Or More Liver Tumor(S); Radiofrequency	09/01/2003			Ablation for Liver Tumors (Company); Ablation for Liver Tumors (Medicare)

*Prior authorization is not a guarantee of payment. Benefits are based on eligibility at the time of service and are subject to applicable contract terms.

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	47371	Laparoscopy, Surgical, Ablation Of One Or More Liver Tumor(S); Cryosurgical	09/01/2003			Ablation for Liver Tumors (Company); Ablation for Liver Tumors (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	47380	Ablation, Open, Of One Or More Liver Tumor(S); Radiofrequency	09/01/2003			Ablation for Liver Tumors (Company); Ablation for Liver Tumors (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	47381	Ablation, Open, Of One Or More Liver Tumor(S); Cryosurgical	09/01/2003			Ablation for Liver Tumors (Company); Ablation for Liver Tumors (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	47382	Ablation, One Or More Liver Tumor(S), Percutaneous, Radiofrequency	09/01/2003			Ablation for Liver Tumors (Company); Ablation for Liver Tumors (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	47383	Ablation, 1 or more liver tumor(s), percutaneous, cryoablation	01/01/2015			Ablation for Liver Tumors (Company); Ablation for Liver Tumors (Medicare)
Commercial, ASO, PEBB	47562	Laparoscopy, surgical; cholecystectomy	01/01/2026		This code requires prior authorization when billed with place of service code 22	Outpatient Surgical Site of Service (Company)
Commercial, ASO, PEBB	47563	Laparoscopy, surgical; cholecystectomy with cholangiography	01/01/2026		This code requires prior authorization when billed with place of service code 22	Outpatient Surgical Site of Service (Company)
Commercial, ASO, PEBB	47564	Laparoscopy, surgical; cholecystectomy with exploration of common duct	01/01/2026		This code requires prior authorization when billed with place of service code 22	Outpatient Surgical Site of Service (Company)
Commercial/ASO, Medicare, OHP, PEBB	48550	Donor Pancreatectomy For Transplantation	09/01/2003		Medicare - In-plan only, no opt-out benefit Medicaid – As of 12/1/23 PA is no longer required for OHP for contracted transplant facilities. Refer to guideline note 42 in OHA's prioritized list for additional billing guidelines.	Organ Transplantation (Company); Organ Transplantation (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	48551	Backbench Standard Preparation Of Cadaver Donor Pancreas Allograft	09/01/2003		Medicare - In-plan only, no opt-out benefit Medicaid – As of 12/1/23 PA is no longer required for OHP for contracted transplant facilities. Refer to guideline note	Organ Transplantation (Company); Organ Transplantation (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
					42 in OHA's prioritized list for additional billing guidelines.	
Commercial/ASO, Medicare, OHP, PEBB	48552	Backbench Reconstruction Of Cadaver Donor Pancreas Allograft Prior To Transplantation, Venous Anastomosis, Each	09/01/2003		Medicare - In-plan only, no opt-out benefit Medicaid – As of 12/1/23 PA is no longer required for OHP for contracted transplant facilities. Refer to guideline note 42 in OHA's prioritized list for additional billing guidelines.	Organ Transplantation (Company); Organ Transplantation (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	48554	Transplantation of Pancreatic Allograft	09/01/2003		Medicare - In-plan only, no opt-out benefit Medicaid – As of 12/1/23 PA is no longer required for OHP for contracted transplant facilities. Refer to guideline note 42 in OHA's prioritized list for additional billing guidelines.	Organ Transplantation (Company); Organ Transplantation (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	48556	Removal of Transplanted Pancreatic Allograft	09/01/2003		Medicare - In-plan only, no opt-out benefit Medicaid – As of 12/1/23 PA is no longer required for OHP for contracted transplant facilities. Refer to guideline note 42 in OHA's prioritized list for additional billing guidelines.	Organ Transplantation (Company); Organ Transplantation (Medicare)
Commercial, ASO, PEBB	49505	Repair initial inguinal hernia, age 5 years or older; reducible	01/01/2026		This code requires prior authorization when billed with place of service code 22	Outpatient Surgical Site of Service (Company)
Commercial, ASO, PEBB	49520	Repair recurrent inguinal hernia, any age; reducible	01/01/2026		This code requires prior authorization when billed with place of service code 22	Outpatient Surgical Site of Service (Company)
Commercial, ASO, PEBB	49525	Repair inguinal hernia, sliding, any age	01/01/2026		This code requires prior authorization when billed with place of service code 22	Outpatient Surgical Site of Service (Company)
Commercial, ASO, PEBB	49550	Repair initial femoral hernia, any age; reducible	01/01/2026		This code requires prior authorization when billed with place of service code 22	Outpatient Surgical Site of Service (Company)
Commercial, ASO, PEBB	49555	Repair recurrent femoral hernia; reducible	01/01/2026		This code requires prior authorization when billed with place of service code 22	Outpatient Surgical Site of Service (Company)
Commercial, ASO, PEBB	49591	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open,	02/01/2026		This code requires prior authorization when billed with place of service code 22	Outpatient Surgical Site of Service (Company)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
		laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, reducible				
Commercial, ASO, PEBB	49613	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, reducible	01/01/2026		This code requires prior authorization when billed with place of service code 22	Outpatient Surgical Site of Service (Company)
Commercial, ASO, PEBB	49650	Laparoscopy, surgical; repair initial inguinal hernia	01/01/2026		This code requires prior authorization when billed with place of service code 22	Outpatient Surgical Site of Service (Company)
Commercial, ASO, PEBB	49651	Laparoscopy, surgical; repair recurrent inguinal hernia	01/01/2026		This code requires prior authorization when billed with place of service code 22	Outpatient Surgical Site of Service (Company)
Commercial/ASO, Medicare, OHP, PEBB	50300	Nephrectomy Cadaver Donor	09/01/2003		Medicare - In-plan only, no opt-out benefit Medicaid – As of 12/1/23 PA is no longer required for OHP for contracted transplant facilities. Refer to guideline note 42 in OHA's prioritized list for additional billing guidelines.	Organ Transplantation (Company); Organ Transplantation (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	50320	Donor Nephrectomy;from Living Donor,Unil	09/01/2003		Medicare - In-plan only, no opt-out benefit Medicaid – As of 12/1/23 PA is no longer required for OHP for contracted transplant facilities. Refer to guideline note 42 in OHA's prioritized list for additional billing guidelines.	Organ Transplantation (Company); Organ Transplantation (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	50323	Backbench Standard Preparation Of Cadaver Donor Renal Allograft	09/01/2003		Medicare - In-plan only, no opt-out benefit Medicaid – As of 12/1/23 PA is no longer required for OHP for contracted transplant facilities. Refer to guideline note 42 in OHA's prioritized list for additional billing guidelines.	Organ Transplantation (Company); Organ Transplantation (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	50325	Backbench Standard Preparation Of Living Donor Renal Allograft (Open Or Laparoscopic)	09/01/2003		Medicare - In-plan only, no opt-out benefit Medicaid – As of 12/1/23 PA is no longer required for OHP for contracted transplant facilities. Refer to guideline note 42 in OHA's prioritized list for additional billing guidelines.	Organ Transplantation (Company); Organ Transplantation (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	50327	Backbench Reconstruction Of Cadaver Or Living Donor Renal Allograft Prior To Transplantation; Venous Anastomosis, Each	09/01/2003		Medicare - In-plan only, no opt-out benefit Medicaid – As of 12/1/23 PA is no longer required for OHP for contracted transplant facilities. Refer to guideline note 42 in OHA's prioritized list for additional billing guidelines.	Organ Transplantation (Company); Organ Transplantation (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	50328	Backbench Reconstruction Of Cadaver Or Living Donor Renal Allograft Prior To Transplantation; Arterial Anastomosis, Each	09/01/2003		Medicare - In-plan only, no opt-out benefit Medicaid – As of 12/1/23 PA is no longer required for OHP for contracted transplant facilities. Refer to guideline note 42 in OHA's prioritized list for additional billing guidelines.	Organ Transplantation (Company); Organ Transplantation (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	50329	Backbench Reconstruction Of Cadaver Or Living Donor Renal Allograft Prior To Transplantation; Ureteral Anastomosis, Each	09/01/2003		Medicare - In-plan only, no opt-out benefit Medicaid – As of 12/1/23 PA is no longer required for OHP for contracted transplant facilities. Refer to guideline note 42 in OHA's prioritized list for additional billing guidelines.	Organ Transplantation (Company); Organ Transplantation (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	50340	Nephrectomy Recipient Unilateral	09/01/2003		Medicare - In-plan only, no opt-out benefit Medicaid – As of 12/1/23 PA is no longer required for OHP for contracted transplant facilities. Refer to guideline note 42 in OHA's prioritized list for additional billing guidelines.	Organ Transplantation (Company); Organ Transplantation (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	50360	Transplant Renal Homograft	09/01/2003		Medicare - In-plan only, no opt-out benefit Medicaid – As of 12/1/23 PA is no longer required for OHP for contracted transplant facilities. Refer to guideline note 42 in OHA's prioritized list for additional billing guidelines.	Organ Transplantation (Company); Organ Transplantation (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	50365	Renal Homotxplnt,Implnt Gft;w/Recipnt Ne	09/01/2003		Medicare - In-plan only, no opt-out benefit Medicaid – As of 12/1/23 PA is no longer required for OHP for contracted transplant facilities. Refer to guideline note	Organ Transplantation (Company); Organ Transplantation (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
					42 in OHA's prioritized list for additional billing guidelines.	
Commercial/ASO, Medicare, OHP, PEBB	50370	Removal of Transplanted Homograft	09/01/2003		Medicare - In-plan only, no opt-out benefit Medicaid – As of 12/1/23 PA is no longer required for OHP for contracted transplant facilities. Refer to guideline note 42 in OHA's prioritized list for additional billing guidelines.	Organ Transplantation (Company); Organ Transplantation (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	50380	Transplant Renal Autograft	09/01/2003		Medicare - In-plan only, no opt-out benefit Medicaid – As of 12/1/23 PA is no longer required for OHP for contracted transplant facilities. Refer to guideline note 42 in OHA's prioritized list for additional billing guidelines.	Organ Transplantation (Company); Organ Transplantation (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	50542	Laparoscopy, surgical; ablation of renal mass lesion(s), including intraoperative ultrasound guidance and monitoring, when performed	04/01/2023			Radiofrequency Ablation for Tumors Outside the Liver (Company); Radiofrequency Ablation of Tumors Outside the Liver (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	50547	Laparoscopy, surgical; donor nephrectomy from living donor	09/01/2003		Medicare - In-plan only, no opt-out benefit Medicaid – As of 12/1/23 PA is no longer required for OHP for contracted transplant facilities. Refer to guideline note 42 in OHA's prioritized list for additional billing guidelines.	Organ Transplantation (Company); Organ Transplantation (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	50592	Ablation, 1 or more renal tumor(s), percutaneous, unilateral, radiofrequency	04/01/2023			Radiofrequency Ablation for Tumors Outside the Liver (Company); Radiofrequency Ablation of Tumors Outside the Liver (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	51715	Endoscopic injection of implant material into the submucosal tissues of the urethra and/or bladder neck	07/01/2019			Urinary Dysfunction Treatments (Company); Urinary Dysfunction Treatments (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	52327	Cystourethroscopy (including ureteral catheterization); with subureteric injection of implant material	07/01/2019			Urinary Dysfunction Treatments (Company); Urinary Dysfunction Treatments (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, OHP, PEBB	52441	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant	07/01/2017			Benign Prostatic Hyperplasia Treatments (Company)
Commercial/ASO, OHP, PEBB	52442	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure)	07/01/2017			Benign Prostatic Hyperplasia Treatments (Company)
Commercial, ASO, Medicare, OHP, PEBB	52597	Transurethral robotic-assisted waterjet resection of prostate, including intraoperative planning, ultrasound guidance, control of postoperative bleeding, complete, including vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy, when performed	01/01/2026			Benign Prostatic Hyperplasia Treatments (Company); Benign Prostatic Hyperplasia Treatments (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	53444	Insertion of tandem cuff (dual cuff)	07/01/2019			Urinary Dysfunction Treatments (Company); Urinary Dysfunction Treatments (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	53445	Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff	07/01/2019			Urinary Dysfunction Treatments (Company); Urinary Dysfunction Treatments (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	53446	Removal of inflatable urethral/bladder neck sphincter, including pump, reservoir, and cuff	07/01/2019			Urinary Dysfunction Treatments (Company); Urinary Dysfunction Treatments (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	53447	Removal and replacement of inflatable urethral/bladder neck sphincter including pump, reservoir, and cuff at the same operative session	07/01/2019			Urinary Dysfunction Treatments (Company); Urinary Dysfunction Treatments (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	53449	Repair of inflatable urethral/bladder neck sphincter, including pump, reservoir, and cuff	07/01/2019			Urinary Dysfunction Treatments (Company); Urinary Dysfunction Treatments (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, OHP, PEBB	53854	Transurethral destruction of prostate tissue; by radiofrequency generated water vapor thermotherapy	04/01/2021			Benign Prostatic Hyperplasia Treatments (Company)
Commercial/ASO, Medicare, OHP, PEBB	54400	Insertion of penile prosthesis; non-inflatable (semi-rigid)	01/01/2018		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Cosmetic and Reconstructive Surgery (Company); Cosmetic and Reconstructive Surgery (Medicare); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	54401	Insertion of penile prosthesis; inflatable (self-contained)	01/01/2018		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Cosmetic and Reconstructive Surgery (Company); Cosmetic and Reconstructive Surgery (Medicare); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	54405	Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir	01/01/2018		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Cosmetic and Reconstructive Surgery (Company); Cosmetic and Reconstructive Surgery (Medicare); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	54410	Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session	02/01/2023		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Cosmetic and Reconstructive Surgery (Company); Cosmetic and Reconstructive Surgery (Medicare); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare)
Commercial/ASO, OHP, PEBB	55880	Ablation of malignant prostate tissue, transrectal, with high intensity-focused ultrasound (HIFU), including ultrasound guidance	10/01/2022			High Intensity Focused Ultrasound (HIFU) (Company)
Commercial/ASO, Medicare, OHP, PEBB	56800	Plastic repair of introitus	01/01/2018		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Cosmetic and Reconstructive Surgery (Company); Cosmetic and Reconstructive Surgery (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	57291	Construction of artificial vagina; without graft	01/01/2018		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Cosmetic and Reconstructive Surgery (Company); Cosmetic and Reconstructive Surgery (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	57292	Construction of artificial vagina; with graft	01/01/2018		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Cosmetic and Reconstructive Surgery (Company); Cosmetic and Reconstructive Surgery (Medicare); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare)
Commercial/ASO, OHP, PEBB	58150	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s)	02/01/2022		This code may require PA depending on diagnosis code. This code does not require PA when billed in the primary position for the following diagnoses: F64.0, F64.1, F64.8, and F64.9	Hysterectomy for Benign Conditions (Company)
Commercial/ASO, OHP, PEBB	58152	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s); with colpo-urethrocystopexy (eg, Marshall-Marchetti-Krantz, Burch)	02/01/2022		This code may require PA depending on diagnosis code. This code does not require PA when billed in the primary position for the following diagnoses: F64.0, F64.1, F64.8, and F64.9	Hysterectomy for Benign Conditions (Company)
Commercial/ASO, OHP, PEBB	58180	Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)	02/01/2022		This code may require PA depending on diagnosis code. This code does not require PA when billed in the primary position for the following diagnoses: F64.0, F64.1, F64.8, and F64.9	Hysterectomy for Benign Conditions (Company)
Commercial/ASO, OHP, PEBB	58260	Vaginal hysterectomy, for uterus 250 g or less	02/01/2022		This code may require PA depending on diagnosis code. This code does not require PA when billed in the primary position for the following diagnoses: F64.0, F64.1, F64.8, and F64.9	Hysterectomy for Benign Conditions (Company)
Commercial/ASO, OHP, PEBB	58262	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)	02/01/2022		This code may require PA depending on diagnosis code. This code does not require PA when billed in the primary position for the following diagnoses: F64.0, F64.1, F64.8, and F64.9	Hysterectomy for Benign Conditions (Company)
Commercial/ASO, OHP, PEBB	58263	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s), with repair of enterocele	02/01/2022		Commercial/ASO,OHP,PEBB - This code may require PA depending on diagnosis code. This code does not	Hysterectomy for Benign Conditions (Company)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
					require PA when billed in the primary position for the following diagnoses: F64.0, F64.1, F64.8, and F64.9	
Commercial/ASO, OHP, PEBB	58267	Vaginal hysterectomy, for uterus 250 g or less; with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control	02/01/2022		This code may require PA depending on diagnosis code. This code does not require PA when billed in the primary position for the following diagnoses: F64.0, F64.1, F64.8, and F64.9	Hysterectomy for Benign Conditions (Company)
Commercial/ASO, OHP, PEBB	58270	Vaginal hysterectomy, for uterus 250 g or less; with repair of enterocele	02/01/2022		This code may require PA depending on diagnosis code. This code does not require PA when billed in the primary position for the following diagnoses: F64.0, F64.1, F64.8, and F64.9	Hysterectomy for Benign Conditions (Company)
Commercial/ASO, OHP, PEBB	58275	Vaginal hysterectomy, with total or partial vaginectomy	02/01/2022		This code may require PA depending on diagnosis code. This code does not require PA when billed in the primary position for the following diagnoses: F64.0, F64.1, F64.8, and F64.9	Hysterectomy for Benign Conditions (Company)
Commercial/ASO, OHP, PEBB	58290	Vaginal hysterectomy, for uterus greater than 250 g	02/01/2022		This code may require PA depending on diagnosis code. This code does not require PA when billed in the primary position for the following diagnoses: F64.0, F64.1, F64.8, and F64.9	Hysterectomy for Benign Conditions (Company)
Commercial/ASO, OHP, PEBB	58291	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	02/01/2022		This code may require PA depending on diagnosis code. This code does not require PA when billed in the primary position for the following diagnoses: F64.0, F64.1, F64.8, and F64.9	Hysterectomy for Benign Conditions (Company)
Commercial/ASO, OHP, PEBB	58292	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s), with repair of enterocele	02/01/2022		This code may require PA depending on diagnosis code. This code does not require PA when billed in the primary position for the following diagnoses: F64.0, F64.1, F64.8, and F64.9	Hysterectomy for Benign Conditions (Company)
Commercial/ASO, OHP, PEBB	58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less	02/01/2022		This code may require PA depending on diagnosis code. This code does not require PA when billed in the primary position for the following diagnoses: F64.0, F64.1, F64.8, and F64.9	Hysterectomy for Benign Conditions (Company)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, OHP, PEBB	58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	02/01/2022		This code may require PA depending on diagnosis code. This code does not require PA when billed in the primary position for the following diagnoses: F64.0, F64.1, F64.8, and F64.9	Hysterectomy for Benign Conditions (Company)
Commercial/ASO, OHP, PEBB	58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g	02/01/2022		This code may require PA depending on diagnosis code. This code does not require PA when billed in the primary position for the following diagnoses: F64.0, F64.1, F64.8, and F64.9	Hysterectomy for Benign Conditions (Company)
Commercial/ASO, OHP, PEBB	58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	02/01/2022		This code may require PA depending on diagnosis code. This code does not require PA when billed in the primary position for the following diagnoses: F64.0, F64.1, F64.8, and F64.9	Hysterectomy for Benign Conditions (Company)
Commercial/ASO, OHP, PEBB	58550	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less	02/01/2022		This code may require PA depending on diagnosis code. This code does not require PA when billed in the primary position for the following diagnoses: F64.0, F64.1, F64.8, and F64.9	Hysterectomy for Benign Conditions (Company)
Commercial/ASO, OHP, PEBB	58552	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	02/01/2022		This code may require PA depending on diagnosis code. This code does not require PA when billed in the primary position for the following diagnoses: F64.0, F64.1, F64.8, and F64.9	Hysterectomy for Benign Conditions (Company)
Commercial/ASO, OHP, PEBB	58553	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g	02/01/2022		This code may require PA depending on diagnosis code. This code does not require PA when billed in the primary position for the following diagnoses: F64.0, F64.1, F64.8, and F64.9	Hysterectomy for Benign Conditions (Company)
Commercial/ASO, OHP, PEBB	58554	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	02/01/2022		This code may require PA depending on diagnosis code. This code does not require PA when billed in the primary position for the following diagnoses: F64.0, F64.1, F64.8, and F64.9	Hysterectomy for Benign Conditions (Company)
Commercial/ASO, OHP, PEBB	58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less	02/01/2022		This code may require PA depending on diagnosis code. This code does not require PA when billed in the primary position for the following diagnoses: F64.0, F64.1, F64.8, and F64.9	Hysterectomy for Benign Conditions (Company)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, OHP, PEBB	58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	02/01/2022		This code may require PA depending on diagnosis code. This code does not require PA when billed in the primary position for the following diagnoses: F64.0, F64.1, F64.8, and F64.9	Hysterectomy for Benign Conditions (Company)
Commercial/ASO, OHP, PEBB	58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g	02/01/2022		This code may require PA depending on diagnosis code. This code does not require PA when billed in the primary position for the following diagnoses: F64.0, F64.1, F64.8, and F64.9	Hysterectomy for Benign Conditions (Company)
Commercial/ASO, OHP, PEBB	58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	02/01/2022		This code may require PA depending on diagnosis code. This code does not require PA when billed in the primary position for the following diagnoses: F64.0, F64.1, F64.8, and F64.9	Hysterectomy for Benign Conditions (Company)
Commercial/ASO, Medicare, OHP, PEBB	58580	Transcervical ablation of uterine fibroid(s), including intraoperative ultrasound guidance and monitoring, radiofrequency	01/01/2024			Radiofrequency Ablation for Tumors Outside the Liver (Company); Radiofrequency Ablation of Tumors Outside the Liver (Medicare)
Medicare	58674	Laparoscopy, surgical, ablation of uterine fibroid(s) including intraoperative ultrasound guidance and monitoring, radiofrequency	01/01/2024			Radiofrequency Ablation of Tumors Outside the Liver (Medicare)
Commercial/ASO, OHP, PEBB	58674	Laparoscopy, surgical, ablation of uterine fibroid(s) including intraoperative ultrasound guidance and monitoring, radiofrequency	12/01/2023			Radiofrequency Ablation for Tumors Outside the Liver (Company)
Commercial/ASO, Medicare, OHP, PEBB	60660	Ablation of 1 or more thyroid nodule(s), one lobe or the isthmus, percutaneous, including imaging guidance, radiofrequency	01/01/2025			Radiofrequency Ablation for Tumors Outside the Liver (Company); Radiofrequency Ablation of Tumors Outside the Liver (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	60661	Ablation of 1 or more thyroid nodule(s), additional lobe, percutaneous, including imaging guidance, radiofrequency (List separately in addition to code for primary procedure)	01/01/2025			Radiofrequency Ablation for Tumors Outside the Liver (Company); Radiofrequency Ablation of Tumors Outside the Liver (Medicare)
Commercial/ASO, OHP, PEBB	61715	Magnetic resonance image guided high intensity focused ultrasound (MRgFUS), stereotactic ablation of target, intracranial,	01/01/2025			Magnetic Resonance-guided Focused Ultrasound Surgery (MRgFUS) (Company)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
		including stereotactic navigation and frame placement, when performed				
Medicare	61715	Magnetic resonance image guided high intensity focused ultrasound (MRgFUS), stereotactic ablation of target, intracranial, including stereotactic navigation and frame placement, when performed	01/01/2025			Magnetic Resonance-Guided Focused Ultrasound Surgery (MRgFUS) (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	61850	Twst Drl/Brr Hole-Impl Elec;corticl	07/01/2010			Deep Brain and Responsive Cortical Stimulation (Company); Electrical Stimulation and Electromagnetic Therapies (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	61860	Craniec/Otmy Impln-Elec,Cerebr;cort	07/01/2010			Deep Brain and Responsive Cortical Stimulation (Company); Electrical Stimulation and Electromagnetic Therapies (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	61863	Burr Hole Craniotomy with Implantation of Subcortical Electrode Array, wo Intraop Microelectrode Recording; First Array	09/01/2003			Deep Brain and Responsive Cortical Stimulation (Company); Electrical Stimulation and Electromagnetic Therapies (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	61864	Burr Hole Craniotomy w Implantation of Subcortical Electrode Array, wo Intraop Microelectrode Recording; ea addl Array	09/01/2003			Deep Brain and Responsive Cortical Stimulation (Company); Electrical Stimulation and Electromagnetic Therapies (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	61867	Burr Hole Craniotomy with Implantation of Subcortical Electrode Array, w Intraop Microelectrode Recording; First Array	09/01/2003			Deep Brain and Responsive Cortical Stimulation (Company); Electrical Stimulation and Electromagnetic Therapies (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	61868	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; each additional array (List separately in addition to primary procedure)	09/01/2003			Deep Brain and Responsive Cortical Stimulation (Company); Electrical Stimulation and Electromagnetic Therapies (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	61880	Revis/Remv Intracr.Neurost.Electrod	07/01/2008			Deep Brain and Responsive Cortical Stimulation (Company); Electrical Stimulation and Electromagnetic Therapies (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	61885	Placement Subcutan Neurostim Receiv	07/01/2008			Deep Brain and Responsive Cortical Stimulation (Company); Electrical Stimulation and Electromagnetic Therapies (Medicare); Electrical Stimulation Non-Covered Therapies (Company); Vagus Nerve Stimulation (Company)
Commercial/ASO, Medicare, OHP, PEBB	61886	Incision/subcutaneous placement of cranial neurostim pulse generator/receiver, direct or inductive coupling; >1 arrays	07/01/2008			Deep Brain and Responsive Cortical Stimulation (Company); Electrical Stimulation and Electromagnetic Therapies (Medicare); Electrical Stimulation Non-Covered Therapies (Company); Vagus Nerve Stimulation (Company)
Commercial/ASO, Medicare, OHP, PEBB	61888	Rev/Rem.Cran Generatoror Receiver	07/01/2008			Deep Brain and Responsive Cortical Stimulation (Company); Electrical Stimulation and Electromagnetic Therapies (Medicare); Vagus Nerve Stimulation (Company)
Commercial/ASO, Medicare, OHP, PEBB	61889	Insertion of skull-mounted cranial neurostimulator pulse generator or receiver, including craniectomy or craniotomy, when performed, with direct or inductive coupling, with connection to depth and/or cortical strip electrode array(s)	01/01/2024			Deep Brain and Responsive Cortical Stimulation (Company); Electrical Stimulation and Electromagnetic Therapies (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	61891	Revision or replacement of skull-mounted cranial neurostimulator pulse generator or receiver with connection to depth and/or cortical strip electrode array(s)	01/01/2024			Deep Brain and Responsive Cortical Stimulation (Company); Electrical Stimulation and Electromagnetic Therapies (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	61892	Removal of skull-mounted cranial neurostimulator pulse generator or receiver with cranioplasty, when performed	01/01/2024			Deep Brain and Responsive Cortical Stimulation (Company); Electrical Stimulation and Electromagnetic Therapies (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, OHP, PEBB	62321	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)	01/01/2017			Spinal Epidural Steroid Injections (Company)
Commercial/ASO, OHP, PEBB	62323	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)	01/01/2017			Spinal Epidural Steroid Injections (Company)
Commercial/ASO, Medicare, OHP, PEBB	63001	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; cervical	01/01/2007			Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	63003	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; thoracic	01/01/2007			Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	63005	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; lumbar, except for spondylolisthesis	09/01/2003			Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	63011	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy	09/01/2003			Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
		or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; sacral				
Commercial/ASO, Medicare, OHP, PEBB	63012	Laminectomy with removal of abnormal facets and/or pars inter-articularis with decompression of cauda equina and nerve roots for spondylolisthesis, lumbar (Gill type procedure)	09/01/2003			Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	63015	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; cervical	09/01/2003			Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	63016	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; thoracic	09/01/2003			Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	63017	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; lumbar	09/01/2006			Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	63020	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical	01/01/2007			Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar	09/01/2003			Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	63035	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar (List separately in addition to code for primary procedure)	04/01/2007			Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	63040	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; cervical	01/01/2007			Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	63042	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar	09/01/2003			Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	63043	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional cervical interspace (List separately in addition to code for primary procedure)	04/01/2007			Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	63044	Laminotomy w Decompressn Nerve Root, Reexplor; Ea Addl Lumb Interspace	01/01/2014			Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	63045	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; cervical	01/01/2007			Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	63046	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; thoracic	01/01/2007			Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	63047	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar	09/01/2003			Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	63048	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)	04/01/2007			Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	63050	Laminoplasty, Cervical, With Decompression Of The Spinal Cord, Two Or More Vertebral Segments;	01/01/2007			Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	63051	Laminoplasty, Cerv, W Decompression Of Spinal Cord, 2 Or > Verteb Segments; W Reconstruction Of Posterior Bony Elements	01/01/2007			Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	63052	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; single vertebral segment (List separately in addition to code for primary procedure)	01/01/2022			Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	63053	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; each additional segment (List separately in addition to code for primary procedure)	01/01/2022			Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	63055	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; thoracic	01/01/2007			Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	63056	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; lumbar (including transfacet, or lateral extraforaminal approach) (eg, far lateral herniated intervertebral disc)	09/01/2003			Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	63057	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; each additional segment, thoracic or lumbar (List separately in addition to code for primary procedure)	04/01/2007			Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	63064	Costovertebral approach with decompression of spinal cord or nerve root(s) (eg, herniated intervertebral disc), thoracic; single segment	01/01/2007			Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	63066	Costovertebral approach with decompression of spinal cord or nerve root(s) (eg, herniated intervertebral disc), thoracic; each additional segment (List separately in addition to code for primary procedure)	04/01/2007			Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	63075	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, single interspace	01/01/2007			Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	63076	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, each additional interspace (List separately in addition to code for primary procedure)	04/01/2007			Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	63077	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; thoracic, single interspace	01/01/2007			Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	63078	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; thoracic, each additional interspace (List separately in addition to code for primary procedure)	04/01/2007			Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	63081	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment	01/01/2007			Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	63082	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, each additional segment (List separately in addition to code for primary procedure)	04/01/2007			Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	63085	Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, single segment	01/01/2007			Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	63086	Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, each additional segment (List separately in addition to code for primary procedure)	04/01/2007			Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	63087	Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; single segment	09/01/2003			Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	63088	Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; each additional segment (List separately in addition to code for primary procedure)	12/01/2019			Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	63090	Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; single segment	09/01/2003			Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	63091	Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; each additional segment (List separately in addition to code for primary procedure)	12/01/2019			Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	63101	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); thoracic, single segment	04/01/2007			Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	63102	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); lumbar, single segment	12/01/2019			Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	63103	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); thoracic or lumbar, each additional segment (List separately in addition to code for primary procedure)	04/01/2007			Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	63170	Laminectomy with myelotomy (eg, Bischof or DREZ type), cervical, thoracic, or thoracolumbar	04/01/2007			Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	63265	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; cervical	04/01/2007			Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	63266	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; thoracic	04/01/2007			Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	63267	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; lumbar	09/01/2003			Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	63650	Percut.Impl-Neurostm.Electrod;epidu	09/01/2003			Electrical Stimulation and Electromagnetic Therapies (Medicare); Implantable Spinal Cord and Dorsal Root Ganglion Stimulation (Company); Outpatient Surgical Site of Service (Company)
Commercial/ASO, Medicare, OHP, PEBB	63655	Lam-Impl-Neurostim.Electrod;epidurl	09/01/2003			Electrical Stimulation and Electromagnetic Therapies (Medicare); Implantable Spinal Cord and Dorsal Root Ganglion Stimulation (Company); Outpatient Surgical Site of Service (Company)
Commercial/ASO, Medicare, OHP, PEBB	63661	Removal of Spinal Neurostimulator Electrode Percutaneous Array(s), Including Fluoroscopy, When Performed	01/01/2010			Electrical Stimulation and Electromagnetic Therapies (Medicare); Implantable Spinal Cord and Dorsal Root Ganglion Stimulation (Company); Outpatient Surgical Site of Service (Company)
Commercial/ASO, Medicare, OHP, PEBB	63662	Removal of Spinal Neurostimulator Electrode Plate/Paddle(s) Placed Via Laminotomy or Laminectomy, inc Fluoro	01/01/2010			Electrical Stimulation and Electromagnetic Therapies (Medicare); Implantable Spinal Cord and Dorsal Root Ganglion Stimulation (Company); Outpatient Surgical Site of Service (Company)
Commercial/ASO, Medicare, OHP, PEBB	63663	Revision including Replacement, When Performed, of Spinal Neurostimulator Electrode Percutaneous Array(s), inc Fluoro	01/01/2010			Electrical Stimulation and Electromagnetic Therapies (Medicare); Implantable Spinal Cord and Dorsal Root Ganglion Stimulation (Company); Outpatient Surgical Site of Service (Company)
Commercial/ASO, Medicare, OHP, PEBB	63664	Revision inc Replacement, If Performed, of Spinal Neurostimr Electrode Plate/Paddles Placed Via Laminotomy/Ectomy	01/01/2010			Electrical Stimulation and Electromagnetic Therapies (Medicare); Implantable Spinal Cord and Dorsal Root Ganglion Stimulation (Company); Outpatient Surgical Site of Service (Company)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver requiring pocket creation and connection between electrode array and pulse generator or receiver	09/01/2003			Electrical Stimulation and Electromagnetic Therapies (Medicare); Implantable Spinal Cord and Dorsal Root Ganglion Stimulation (Company); Outpatient Surgical Site of Service (Company)
Commercial/ASO, Medicare, OHP, PEBB	63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver, with detachable connection to electrode array	09/01/2003			Electrical Stimulation and Electromagnetic Therapies (Medicare); Implantable Spinal Cord and Dorsal Root Ganglion Stimulation (Company); Outpatient Surgical Site of Service (Company)
Commercial/ASO, OHP, PEBB	64479	Injection, anes agent and/or steroid, transforaminal epidural; cervical or thoracic, sgl level	06/01/2015			Spinal Epidural Steroid Injections (Company)
Commercial/ASO, OHP, PEBB	64480	Injection, anes agent and/or steroid, transforaminal epidural; cervical or thoracic, each addtl level	06/01/2015			Spinal Epidural Steroid Injections (Company)
Commercial/ASO, OHP, PEBB	64483	Injection, anes agent and/or steroid, transforaminal epidural; lumbar or sacral, sgl level	06/01/2015			Spinal Epidural Steroid Injections (Company)
Commercial/ASO, OHP, PEBB	64484	Injection, anes agent and/or steroid, transforaminal epidural; lumbar or sacral, each addtl level	06/01/2015			Spinal Epidural Steroid Injections (Company)
Medicare	64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	05/01/2018			Electrical Stimulation and Electromagnetic Therapies (Medicare); Electrical Stimulation Non-Covered Therapies (Company)
Commercial/ASO, Medicare, OHP, PEBB	64561	Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed	03/01/2016			Fecal Incontinence Treatments (Company); Fecal Incontinence Treatments (Medicare); Urinary Dysfunction Treatments (Company); Urinary Dysfunction Treatments (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	64568	Open implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	10/01/2016			Electrical Stimulation and Electromagnetic Therapies (Medicare); Electrical Stimulation Non-Covered Therapies (Company); Sleep Disorder Surgery (Company); Vagus Nerve Stimulation (Company)
Commercial/ASO, Medicare, OHP, PEBB	64569	Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator	10/01/2016			Electrical Stimulation and Electromagnetic Therapies (Medicare); Electrical Stimulation Non-Covered Therapies (Company); Vagus Nerve Stimulation (Company)
Commercial/ASO, Medicare, OHP, PEBB	64570	Removal of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	10/01/2016			Electrical Stimulation and Electromagnetic Therapies (Medicare); Electrical Stimulation Non-Covered Therapies (Company); Vagus Nerve Stimulation (Company)
Commercial/ASO, Medicare, OHP, PEBB	64575	Open implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	05/01/2018			Electrical Stimulation and Electromagnetic Therapies (Medicare); Electrical Stimulation Non-Covered Therapies (Company)
Commercial/ASO, Medicare, OHP, PEBB	64581	Open implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)	03/01/2016			Fecal Incontinence Treatments (Company); Fecal Incontinence Treatments (Medicare); Urinary Dysfunction Treatments (Company); Urinary Dysfunction Treatments (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	64582	Open implantation of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array	01/01/2022			Sleep Disorder Surgery (Company); Sleep Disorder Surgery (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	64583	Revision or replacement of hypoglossal nerve neurostimulator array and distal respiratory sensor electrode or electrode array, including connection to existing pulse generator	01/01/2022			Sleep Disorder Surgery (Company); Sleep Disorder Surgery (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	64584	Removal of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array	01/01/2022			Sleep Disorder Surgery (Company); Sleep Disorder Surgery (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	64585	Revision or removal of peripheral neurostimulator electrode array	05/01/2018			Electrical Stimulation and Electromagnetic Therapies (Medicare); Electrical Stimulation Non-Covered Therapies (Company); Fecal Incontinence Treatments (Company); Fecal Incontinence Treatments (Medicare); Urinary Dysfunction Treatments (Company); Urinary Dysfunction Treatments (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	64590	Insertion or replacement of peripheral, sacral, or gastric neurostimulator pulse generator or receiver, direct or inductive coupling	05/01/2010			Electrical Stimulation and Electromagnetic Therapies (Medicare); Electrical Stimulation Non-Covered Therapies (Company); Fecal Incontinence Treatments (Company); Fecal Incontinence Treatments (Medicare); Gastric Electrical Stimulation (Company); Urinary Dysfunction Treatments (Company); Urinary Dysfunction Treatments (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	64595	Revision or removal of peripheral, sacral, or gastric neurostimulator pulse generator or receiver	05/01/2010			Electrical Stimulation and Electromagnetic Therapies (Medicare); Fecal Incontinence Treatments (Company); Fecal Incontinence Treatments (Medicare); Gastric Electrical Stimulation (Company); Urinary Dysfunction Treatments (Company); Urinary Dysfunction Treatments (Medicare)
Medicare	64596	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; initial electrode array	01/01/2024			Electrical Stimulation and Electromagnetic Therapies (Medicare)
Medicare	64597	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; each additional electrode array (List separately in addition to code for primary procedure)	01/01/2024			Electrical Stimulation and Electromagnetic Therapies (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Medicare	64598	Revision or removal of neurostimulator electrode array, peripheral nerve, with integrated neurostimulator	01/01/2024			Electrical Stimulation and Electromagnetic Therapies (Medicare)
Commercial/ASO, OHP, PEBB	64628	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral	01/01/2024			Ablative Procedures to Treat Back and Neck Pain (Company)
Medicare	64628	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral	01/01/2024			Ablative Procedures to Treat Back and Neck Pain (Medicare)
Commercial/ASO, OHP, PEBB	64629	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; each additional vertebral body, lumbar or sacral (List separately in addition to code for primary procedure)	01/01/2024			Ablative Procedures to Treat Back and Neck Pain (Company)
Medicare	64629	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; each additional vertebral body, lumbar or sacral (List separately in addition to code for primary procedure)	01/01/2024			Ablative Procedures to Treat Back and Neck Pain (Medicare)
Commercial/ASO, OHP, PEBB	64633	Destruction By Neurolytic Agt, Paraverteb Facet Jt Nrvs, W Imaging Guidance; Cervical Or Thoracic, Single Facet Joint	01/01/2012			Ablative Procedures to Treat Back and Neck Pain (Medicare); Back: Radiofrequency Ablation for Persistent Facet Pain (Company)
Medicare	64633	Destruction By Neurolytic Agt, Paraverteb Facet Jt Nrvs, W Imaging Guidance; Cervical Or Thoracic, Single Facet Joint	10/01/2015			Ablative Procedures to Treat Back and Neck Pain (Medicare)
Commercial/ASO, OHP, PEBB	64634	Destruction By Neurolytic Agt, Paraverteb Facet Joint Nrvs, W Imaging Guidance; Cervical Or Thoracic, Ea Addl Facet Jt	01/01/2012			Ablative Procedures to Treat Back and Neck Pain (Company)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Medicare	64634	Destruction By Neurolytic Agt, Paraverteb Facet Joint Nrvs, W Imaging Guidance; Cervical Or Thoracic, Ea Addl Facet Jt	10/01/2015			Ablative Procedures to Treat Back and Neck Pain (Medicare)
Commercial/ASO, OHP, PEBB	64635	Destruction By Neurolytic Agt, Paraverteb Facet Jt Nrvs, W Imaging Guidance; Lumbar Or Sacral, Single Facet Joint	01/01/2012			Ablative Procedures to Treat Back and Neck Pain (Company)
Medicare	64635	Destruction By Neurolytic Agt, Paraverteb Facet Jt Nrvs, W Imaging Guidance; Lumbar Or Sacral, Single Facet Joint	10/01/2015			Ablative Procedures to Treat Back and Neck Pain (Medicare)
Commercial/ASO, OHP, PEBB	64636	Destruction By Neurolytic Agt, Paraverteb Facet Joint Nrvs, W Imaging Guidance; Lumbar Or Sacral, Ea Addl Facet Jt	01/01/2012			Ablative Procedures to Treat Back and Neck Pain (Company)
Medicare	64636	Destruction By Neurolytic Agt, Paraverteb Facet Joint Nrvs, W Imaging Guidance; Lumbar Or Sacral, Ea Addl Facet Jt	10/01/2015			Ablative Procedures to Treat Back and Neck Pain (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	67900	Repair Brow Ptosis (Supraciliary/Mid/Cor	09/01/2003		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Blepharoplasty, Blepharoptosis Repair, and Brow Lift (Company); Blepharoplasty, Blepharoptosis Repair, and Brow Lift (Medicare); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	67901	Repair Blepharoptosis; Frontalis	09/01/2003		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Blepharoplasty, Blepharoptosis Repair, and Brow Lift (Company); Blepharoplasty, Blepharoptosis Repair, and Brow Lift (Medicare); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	67902	Rep Blepharoptosis Frontalis+sling	09/01/2003		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Blepharoplasty, Blepharoptosis Repair, and Brow Lift (Company); Blepharoplasty, Blepharoptosis Repair, and Brow Lift (Medicare); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	67903	Rep. Bleph;adv.;internal Appr.	09/01/2003		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Blepharoplasty, Blepharoptosis Repair, and Brow Lift (Company); Blepharoplasty, Blepharoptosis Repair, and Brow Lift (Medicare); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	67904	Rep Blepharoptosis Levator External	09/01/2003		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Blepharoplasty, Blepharoptosis Repair, and Brow Lift (Company); Blepharoplasty, Blepharoptosis Repair, and Brow Lift (Medicare); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	67906	Rep.Bleph;sup.Rectus Tech,Fasc.Slng	09/01/2003		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Blepharoplasty, Blepharoptosis Repair, and Brow Lift (Company); Blepharoplasty, Blepharoptosis Repair, and Brow Lift (Medicare); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	67908	Rep.Bleph;conjunct-Tarso-Lev.Resec	09/01/2003		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Blepharoplasty, Blepharoptosis Repair, and Brow Lift (Company); Blepharoplasty, Blepharoptosis Repair, and Brow Lift (Medicare); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	69705	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); unilateral	12/01/2022			Balloon Dilation of the Sinuses or Eustachian Tubes; Balloon Dilation of the Sinuses or Eustachian Tubes (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	69706	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); bilateral	12/01/2022			Balloon Dilation of the Sinuses or Eustachian Tubes; Balloon Dilation of the Sinuses or Eustachian Tubes (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	69714	Implantation, osseointegrated implant, skull, with percutaneous attachment to external speech processor	11/01/2023			Bone-Anchored Hearing Aids (Company); Bone-Anchored Hearing Aids (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	69716	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor , within the mastoid and/or resulting in removal of less than 100 sq mm surface area of bone deep to the outer cranial cortex	11/01/2023			Bone-Anchored Hearing Aids (Company); Bone-Anchored Hearing Aids (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	69717	Replacement (including removal of existing device), osseointegrated implant, skull; with percutaneous attachment to external speech processor	11/01/2023			Bone-Anchored Hearing Aids (Company); Bone-Anchored Hearing Aids (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	69719	Replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor , within the mastoid and/or involving a bony defect less than 100 sq mm surface area of bone deep to the outer cranial cortex	11/01/2023			Bone-Anchored Hearing Aids (Company); Bone-Anchored Hearing Aids (Medicare)
Commercial/ASO, OHP, PEBB	69726	Removal, entire osseointegrated implant, skull; with percutaneous attachment to external speech processor	11/01/2023			Bone-Anchored Hearing Aids (Company)
Commercial/ASO, OHP, PEBB	69727	Removal, entire osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor , within the mastoid and/or involving a bony defect less than 100 sq mm surface area of bone deep to the outer cranial cortex	11/01/2023			Bone-Anchored Hearing Aids (Company)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, OHP, PEBB	69728	Removal, entire osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside the mastoid and involving a bony defect greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex	11/01/2023			Bone-Anchored Hearing Aids (Company)
Commercial/ASO, Medicare, OHP, PEBB	69729	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside of the mastoid and resulting in removal of greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex	11/01/2023			Bone-Anchored Hearing Aids (Company); Bone-Anchored Hearing Aids (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	69730	Replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside the mastoid and involving a bony defect greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex	11/01/2023			Bone-Anchored Hearing Aids (Company); Bone-Anchored Hearing Aids (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	69930	Cochlear Device Implantation, W/Wo Masto	09/01/2003			Cochlear Implants and Auditory Brainstem Implants (Company); Cochlear Implants and Auditory Brainstem Implants (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	70336	Magnetic Resonance (Eg, Proton) Imaging,	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	70450	Ct,Head/Brain;w/O Contrast Material	01/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	70460	C A T Heador Brain; with Contrast Mater	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	70470	Ct,Head/Brain;w/O,W Contrst Mater'L	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial, ASO, Medicare, OHP, PEBB	70471	Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing	01/01/2026		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial, ASO, Medicare, OHP, PEBB	70473	Computed tomographic (CT) cerebral perfusion analysis with contrast material(s), including image postprocessing performed without concurrent CT or CT angiography of the same anatomy	01/01/2026		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	70480	C A T Orbit,Sella/Post Fossa,Ear;w/O Con	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	70481	Ct,Orbit,Sella,Fossa,Ear;w/Contrast	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	70482	C A T Orbit,Sella/P.Fossa,Ear;wo/W Contr	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	70486	Ct,Maxillofac.Area;w/O Cntrst Mat'L	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	70487	C A T Maxillofacial Area; W/Contrast Mat	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	70488	Ct,Max-Facial Area;w/O,W Cntrst Mat	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	70490	C A T Soft Tissue Neck; W/O Contrast Mat	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	70491	Ct,Soft Tissue Neck;w/Contrast Mat.	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	70492	C A T Soft Tissue Neck;w/O Then W/Contr.	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	70496	Ct Angiography, Head, w/o Contrast then w Contrast & Further Sections	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	70498	Ct Angiography, Neck, w/o Contrast then w Contrast & Further Sections	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	70540	Mri; Orbit, Face, & Neck	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	70542	MRI, Orbit, Face, And Neck; with Contrast Material(S)	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	70543	MRI, Orbit, Face, Neck; wo Contrast then w Contrast, Further Sequences	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	70544	Magnetic Resonance Angiography, Head; without Contrast Material(s)	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	70545	Magnetic Resonance Angiography, Head; with Contrast Material(s)	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	70546	Mr Angiography, Head; w/o Contrast then w Contrast & Further Sequences	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	70547	Magnetic Resonance Angiography, Neck; without Contrast Material(s)	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	70548	Magnetic Resonance Angiography, Neck; with Contrast Material(s)	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	70549	Mr Angiography, Neck; w/o Contrast then w Contrast & Further Sequences	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	70551	Magnetic Resonance Imag,Brain;w/O Contra	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	70552	Mri, Brain; W/Contrast Material(S)	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	70553	Mri Brain; W/O Contrast & W/Contrast & A	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	70554	MRI, Brain, Functional; inc Test Selection and Admin of Repetitive Body Part Movement & Visual Stim, wo Phys/Psycholgst	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	70555	MRI, Brain, Functional; Requiring Physician or Psychologist Administration of Entire Neurofunctional Testing	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	71250	Ct, Thorax; W/O Contrast Material	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	71260	C A T Thorax; W/Contrast Material	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	71270	Ct, Thorax; W/O Then W/Contrast	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	71271	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	01/01/2021		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	71275	Ct Angiography, Chest, w/o Contrast then w Contrast & Further Sections	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	71550	Magnetic Resonance Imaging,Chest-Eval.Ly	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	71551	MRI, Chest (Eg, For Lymphadenopathy Eval); with Contrast Material(s)	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	71552	MRI, Chest; w/o Contrast then with Contrast And Further Sequences	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	71555	Magnetic Resonance Angiography, Chest (exclusing myocardium) W or Wo Contrast Materials	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	72125	Cat Cerv.Spine;w/O Contrst Material,18-2	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	72126	Ct Cervical Spine;w/Contrast Mater.	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	72127	Cat,Cerv.Spine;w/O,With Contrast Materia	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	72128	Ct Thoracic Spine;w/0 Contrast Mat.	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	72129	Cat,Thoracic Spine;w/Contrst Materl,18-2	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	72130	Ct Thorac.Spine;w/O,Then W/Contrast	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	72131	Cat Lumbar Spine;w/O Contrst Materl,18-2	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	72132	Ct Lumbar Spine;w/Contrast Material	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	72133	Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	72141	Mri,Spin.Canal,Cerv;w/O Contrst Mat	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	72142	Mri,Spinal Canal/Contents,Cerv;w/Contrst	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	72146	Mri,Spin.Canal,Thor;w/O Cntrst Matl	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	72147	Mri,Spinal Canal/Contents,Thorac;w/Cntrs	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	72148	Mri,Spin.Canal,Lumb;w/O Cntrst Matl	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	72149	Mri,Spinal Canal/Contents,Lumbar;w/Cntrs	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	72156	Mri Spinal Wo & W Contrast: Cerv	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	72157	Mri Spinal Canal Wo & W Contrast; Thorac	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	72158	Mri Spinal Wo & W Contrast: Lumbar	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	72159	Magnetic Resonance Angiography Spine and Contents W/WO Contrast	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	72191	Ct Angiography, Pelvis, w/o Contrast then w Contrast, Further Sections	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	72192	Ct Pelvis; W/O Contrast Material	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	72193	C A T Pelvis; with Contrast Material(S)	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	72194	Ct Pelvis;w/O,Then W/Contrast Mater	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	72195	MRI, Pelvis; without Contrast Material(s)	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	72196	Magnetic Resonance (Eg, Proton) Imaging,	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	72197	MRI, Pelvis; w/o Contrast then with Contrast And Further Sequences	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	72198	Magnetic Resonance Angiography Pelvis W/WO Contrast	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	73200	C A T Upper Extremity; W/O Contrast Mate	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	73201	Ct Upper Extremity;w/Contrast Mater	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	73202	C A T Upper Extremity;w/O Then W/Contr.M	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	73206	Ct Angiography, Upper Extremity, w/o then w Contrast, Further Sections	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	73218	MRI, Upper Extremity, Other Than Joint; without Contrast Material(s)	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	73219	MRI, Upper Extremity, Other Than Joint; with Contrast Material(s)	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	73220	Magnetic Resonance Imag, Upper Extrem, N	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	73221	Mri, Any Joint of Upper Extremity	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	73222	MRI, Any Joint of Upper Extremity; with Contrast Material(s)	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	73223	MRI, Any Joint, Upper Extremity; w/o then w Contrast&Further Sequences	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	73225	Magnetic Resonance Angiography Upper Extremity W/WO Contrast	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	73700	C A T Lower Extremity; W/O Contrast Mate	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	73701	Ct,Lower Extremity;w/Contrast Mater	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	73702	C A T Lower Extremity;w/O Then W/Contr.M	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	73706	Ct Angiography, Lower Extremity, w/o then w Contrast&Further Sections	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	73718	MRI, Lower Extremity Other Than Joint; without Contrast Material(s)	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	73719	MRI, Lower Extremity Other Than Joint; with Contrast Material(s)	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	73720	Mri Lower Extremity,Other Than Jnt	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	73721	Magnetic Resonance Imaging, Any Jnt-Lowe	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	73722	MRI, Any Joint of Lower Extremity; with Contrast Material(s)	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	73723	MRI, Any Joint of Lower Extremity; w/o then w Contrast, More Sequences	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	73725	Magnetic Resonance Angiography LowerExtremity W/WO Contrast	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	74150	Ct Abdomen; W/O Contrast Material	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	74160	C A T Abdomen; with Contrast Material(S)	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	74170	Ct Abdomen;w/O,Then W/Contrast Mat	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	74174	Computed Tomographic Angiography, Abdomen And Pelvis, With Contrast Material(s), Including Noncontrast Images	01/01/2012		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	74175	Ct Angiography, Abdomen, wo Contrast then w Contrast, Further Sections	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	74176	Computed Tomography, Abdomen And Pelvis; Without Contrast Material	01/01/2011		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	74177	Computed Tomography, Abdomen And Pelvis; With Contrast Material(S)	01/01/2011		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	74178	Ct, Abdomen And Pelvis; W/O Contrast Material In One Or Both Body Regions, Followed By Contrst Mats And Further Sections	01/01/2011		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	74181	Magnetic Resonance Imaging,Abdomen	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	74182	MRI, Abdomen; with Contrast Material(s)	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	74183	MRI, Abdomen; w/o Contrast then with Contrast And Further Sequences	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	74185	Magnetic Resonance Angiography Abdomen W/WO Contrast	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	74261	Computed Tomographic (CT) Colonography, Diagnostic, Including Image Postprocessing; without Contrast Material	01/01/2010		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	74262	CT Colonography, Diagnostic, including Image Postprocessing; W Contrast Materials inc Non-Contrast Images, If Performed	01/01/2010		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	74263	Computed Tomographic (CT) Colonography, Screening, Including Image Postprocessing	01/01/2010		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	74712	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation	01/01/2016		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	74713	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; each additional gestation (List separately in addition to code for primary procedure)	01/01/2016		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	75557	Cardiac Magnetic Resonance Imaging for Morphology and Function without Contrast Material;	01/01/2008		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	75559	Cardiac Magnetic Resonance Imaging for Morphology and Function without Contrast Material; with Stress Imaging	01/01/2008		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	75561	Cardiac MRI wo Contrast Followed by Contrast and Further Sequences;	01/01/2008		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	75563	Cardiac MRI wo Contrast Followed by Contrast and Further Sequences; with Stress Imaging	01/01/2008		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	75565	Cardiac MRI for velocity flow mapping	01/01/2016		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, PEBB	75571	CT Heart w/o Contrast; quantitative eval of coronary calcium	01/01/2016		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	75572	CT Heart w/ Contrast; eval of cardiac structure and morphology	01/01/2016		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	75573	CT Heart w/ Contrast; eval of cardiac structure and morphology in setting of congenital heart disease	01/01/2016		Carelon prior authorization required Medicaid – As of 12/1/23 PA is no longer required for OHP for contracted transplant facilities. Refer to guideline note 42 in OHA's prioritized list for additional billing guidelines.	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	75574	CT angiography, heart, coronary arteries, and bypass grafts	01/01/2016		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial, ASO, Medicare, OHP, PEBB	75580	Noninvasive estimate of coronary fractional flow reserve (FFR) derived from augmentative software analysis of the data set from a coronary computed tomography angiography, with interpretation and report by a physician or other qualified health care professional	01/01/2024		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	75635	Ct Angio, Aorta&Iliofemoral, Rad Sup&Int, wo, w Contrast, Addl Sectns	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	76376	3D rendering w/ interpretationand reporting of CT MRI, US or other Tomographyic modality with image postprocessing under concurrent supervision	01/01/2016		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	76380	CT, limited or localized follow-up study	01/01/2016		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	76390	Magnetic Resonance Spectroscopy	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	76391	Magnetic resonance (eg, vibration) elastography	01/01/2020		Prior authorization completed by Carelon	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	77046	Magnetic resonance imaging, breast, without contrast material; unilateral	01/01/2019		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	77047	Magnetic resonance imaging, breast, without contrast material; bilateral	01/01/2019		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	77048	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	01/01/2019		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	77049	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral	01/01/2019		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	77078	Computed Tomography, Bone Mineral Density Study, 1 or More Sites; Axial Skeleton (Eg, Hips, Pelvis, Spine)	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, PEBB	77084	Magnetic Resonance (Eg, Proton) Imaging, Bone Marrow Blood Supply	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, OHP, PEBB	77520	Proton beam delivery to a sgl treatment area, sgl port, custom block	11/01/2021		This code will pay if billed with diagnosis code C61 in the primary position. Prior Authorization required for all other diagnosis codes.	Proton Beam Radiation Therapy (Company)
Commercial/ASO, OHP, PEBB	77522	Proton Treatment Delivery; Simple, with Compensation	11/01/2021		This code will pay if billed with diagnosis code C61 in the primary position. Prior Authorization required for all other diagnosis codes.	Proton Beam Radiation Therapy (Company)
Commercial/ASO, OHP, PEBB	77523	Proton beam delivery to one or two treatment areas, two or more ports, two or more custom blocks	11/01/2021		This code will pay if billed with diagnosis code C61 in the primary position. Prior Authorization required for all other diagnosis codes.	Proton Beam Radiation Therapy (Company)
Commercial/ASO, OHP, PEBB	77525	Proton Treatment Delivery; Complex	11/01/2021		This code will pay if billed with diagnosis code C61 in the primary position. Prior Authorization required for all other diagnosis codes.	Proton Beam Radiation Therapy (Company)
Commercial/ASO, Medicare, PEBB	78429	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	01/01/2020		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, PEBB	78430	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	01/01/2020		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, PEBB	78431	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	01/01/2020		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, PEBB	78432	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability)	01/01/2020		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, PEBB	78433	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); with concurrently acquired computed tomography transmission scan	01/01/2020		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, OHP, PEBB	78451	Myocardial Perfusion Imaging, Tomographic (Spect); Single Study, At Rest or Stress	01/01/2010		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, OHP, PEBB	78452	Myocardial Perfusion Imaging, Tomographic (Spect); Mult Studies, At Rest &/ Stress &/ Redistribution &/ Rest Reinjection	01/01/2010		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, OHP, PEBB	78453	Myocardial Perfusion Imaging, Planar; Single Study, At Rest or Stress (Exercise or Pharmacologic)	01/01/2010		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, OHP, PEBB	78454	Myocardial Perfusion Imaging, Planar; Multiple Studies, At Rest &/ Stress &/ Redistribution &/ Rest Reinjection	01/01/2010		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, PEBB	78459	Myocardial Imaging	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, OHP, PEBB	78466	Myocardial Imge Infarct;	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	78468	Myocardial Img Infarct; Eject 1pass	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, OHP, PEBB	78469	Myocardial Image Infarct; Spect	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, OHP, PEBB	78472	Card Bld Pool Image; 1 Rest W/Motn	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, OHP, PEBB	78473	Cardiac Blood Pool; Mult Study Rest & St	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, OHP, PEBB	78481	Cardiac Blood Pool 1st Pass; Single at R	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, OHP, PEBB	78483	Cardiac Blood Pool 1st Pass; Mult	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, PEBB	78491	Myocardial Imaging, Pet, Perfusion; Single Study Rest/Stress	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, PEBB	78492	Myocardial Imaging, Pet, Perfusion;Multiple Studies Rest And/Or Stress	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, OHP, PEBB	78494	Cardiac blood pool imaging gated equilib SPECT at rest wall motion study + eject fract w/wo quant process	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, OHP, PEBB	78496	cardiac Blood Pool Imaging, single study	01/01/2016		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	78608	Brain Imaging Positron Emission Tomography	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	78609	Brain Imaging Positron Emission Tomography Perfusion Evaluation	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	78811	Tumor Imaging, Positron Emission Tomography (Pet); Limited Area (Eg, Chest, Head/Neck)	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	78812	Tumor Imaging, Positron Emission Tomography (Pet); Skull Base To Mid-Thigh	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	78813	Tumor Imaging, Positron Emission Tomography (Pet); Whole Body	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	78814	Tumor Imaging, Positron Emission Tomography (Pet) W Concurrently Acquired Ct; Limited Area (Eg, Chest, Head/Neck)	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	78815	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	78816	Tumor Imaging, Positron Emission Tomography (Pet) W Concurrently Acquired Ct; Whole Body	07/01/2007		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	81105	Human Platelet Antigen 1 genotyping (HPA-1), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen CD61 [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-1a/b (L33P)	01/01/2018			Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	81106	Human Platelet Antigen 2 genotyping (HPA-2), GP1BA (glycoprotein Ib [platelet], alpha polypeptide [GPIba]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-2a/b (T145M)	01/01/2018			Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	81107	Human Platelet Antigen 3 genotyping (HPA-3), ITGA2B (integrin, alpha 2b [platelet glycoprotein IIb of IIb/IIIa complex], antigen CD41 [GPIIb]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-3a/b (I843S)	01/01/2018			Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	81108	Human Platelet Antigen 4 genotyping (HPA-4), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen CD61 [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-4a/b (R143Q)	01/01/2018			Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	81109	Human Platelet Antigen 5 genotyping (HPA-5), ITGA2 (integrin, alpha 2 [CD49B, alpha 2 subunit of VLA-2 receptor] [GPIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant (eg, HPA-5a/b (K505E))	01/01/2018			Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	81110	Human Platelet Antigen 6 genotyping (HPA-6w), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa, antigen CD61] [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-6a/b (R489Q)	01/01/2018			Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	81111	Human Platelet Antigen 9 genotyping (HPA-9w), ITGA2B (integrin, alpha 2b [platelet glycoprotein IIb of IIb/IIIa complex, antigen CD41] [GPIIb]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-9a/b (V837M)	01/01/2018			Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	81112	Human Platelet Antigen 15 genotyping (HPA-15), CD109 (CD109 molecule) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-15a/b (S682Y)	01/01/2018			Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	81120	IDH1 (isocitrate dehydrogenase 1 [NADP+], soluble) (eg, glioma), common variants (eg, R132H, R132C)	01/01/2018			Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare)
Commercial/ASO, OHP, PEBB	81121	IDH2 (isocitrate dehydrogenase 2 [NADP+], mitochondrial) (eg, glioma), common variants (eg, R140W, R172M)	01/01/2018			Genetic and Molecular Testing (Company)
Medicare	81121	IDH2 (isocitrate dehydrogenase 2 [NADP+], mitochondrial) (eg, glioma), common variants (eg, R140W, R172M)	01/01/2022			Genetic and Molecular Testing (Medicare)
Medicare	81161	DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy) deletion analysis, and duplication analysis, if performed	07/01/2018			Genetic and Molecular Testing (Medicare)
Commercial/ASO, OHP, PEBB	81161	DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy) deletion analysis, and duplication analysis, if performed	02/01/2018			Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
Commercial/ASO, Medicare, OHP, PEBB	81162	BRCA1, BRCA2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis	01/01/2016			Genetic and Molecular Testing for Inherited Cancer Risk (Medicare); Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, OHP, PEBB	81163	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	01/01/2019			Genetic and Molecular Testing (Company); Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company)
Commercial/ASO, OHP, PEBB	81165	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	01/01/2019			Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company)
Medicare	81168	CCND1/IGH (t(11;14)) (eg, mantle cell lymphoma) translocation analysis, major breakpoint, qualitative and quantitative, if performed	01/01/2022			Genetic and Molecular Testing (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	81171	AFF2 (AF4 transcription elongation factor 2 [FMR2]) (eg, fragile X intellectual disability 2 [FRAXE]) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	01/01/2019			Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
Commercial/ASO, Medicare, OHP, PEBB	81172	AFF2 (AF4 transcription elongation factor 2 [FMR2]) (eg, fragile X intellectual disability 2 [FRAXE]) gene analysis; characterization of alleles (eg, expanded size and methylation status)	01/01/2019			Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
Commercial/ASO, Medicare, OHP, PEBB	81173	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; full gene sequence	01/01/2019			Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
Commercial/ASO, Medicare, OHP, PEBB	81174	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; known familial variant	01/01/2019			Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
Commercial/ASO, Medicare, OHP, PEBB	81175	ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms,	01/01/2018			Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
		chronic myelomonocytic leukemia), gene analysis; full gene sequence				
Commercial/ASO, Medicare, OHP, PEBB	81176	ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; targeted sequence analysis (eg, exon 12)	01/01/2018			Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	81177	ATN1 (atrophin 1) (eg, dentatorubral-pallidoluysian atrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	01/01/2019			Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
Commercial/ASO, Medicare, OHP, PEBB	81178	ATXN1 (ataxin 1) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	01/01/2019			Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
Commercial/ASO, Medicare, OHP, PEBB	81179	ATXN2 (ataxin 2) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	01/01/2019			Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
Commercial/ASO, Medicare, OHP, PEBB	81180	ATXN3 (ataxin 3) (eg, spinocerebellar ataxia, Machado-Joseph disease) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	01/01/2019			Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
Commercial/ASO, Medicare, OHP, PEBB	81181	ATXN7 (ataxin 7) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	01/01/2019			Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
Commercial/ASO, Medicare, OHP, PEBB	81182	ATXN8OS (ATXN8 opposite strand [non-protein coding]) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	01/01/2019			Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	81183	ATXN10 (ataxin 10) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	01/01/2019			Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
Commercial/ASO, Medicare, OHP, PEBB	81184	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	01/01/2019			Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
Commercial/ASO, Medicare, OHP, PEBB	81185	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; full gene sequence	01/01/2019			Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
Commercial/ASO, Medicare, OHP, PEBB	81186	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; known familial variant	01/01/2019			Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
Commercial/ASO, Medicare, OHP, PEBB	81187	CNBP (CCHC-type zinc finger nucleic acid binding protein) (eg, myotonic dystrophy type 2) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	01/01/2019			Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
Commercial/ASO, Medicare, OHP, PEBB	81188	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	01/01/2019			Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
Commercial/ASO, Medicare, OHP, PEBB	81189	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; full gene sequence	01/01/2019			Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
Commercial/ASO, Medicare, OHP, PEBB	81190	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; known familial variant(s)	01/01/2019			Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Medicare	81191	NTRK1 (neurotrophic receptor tyrosine kinase 1) (eg, solid tumors) translocation analysis	01/01/2022			Genetic and Molecular Testing (Medicare)
Medicare	81192	NTRK2 (neurotrophic receptor tyrosine kinase 2) (eg, solid tumors) translocation analysis	01/01/2022			Genetic and Molecular Testing (Medicare)
Medicare	81193	NTRK3 (neurotrophic receptor tyrosine kinase 3) (eg, solid tumors) translocation analysis	01/01/2022			Genetic and Molecular Testing (Medicare)
Medicare	81194	NTRK (neurotrophic receptor tyrosine kinase 1, 2, and 3) (eg, solid tumors) translocation analysis	01/01/2022			Genetic and Molecular Testing (Medicare)
Medicare	81195	Cytogenomic (genome-wide) analysis, hematologic malignancy, structural variants and copy number variants, optical genome mapping (OGM)	01/01/2025			Genetic and Molecular Testing (Medicare)
Commercial/ASO, OHP, PEBB	81200	ASPA (aspartoacylase) (eg, Canavan disease) gene analysis, common variants (eg, E285A, Y231X)	02/01/2018			Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
Commercial/ASO, OHP, PEBB	81201	APC (Adenomatous Polyposis Coli) Gene Analysis; Full Gene Sequence	01/01/2013			Genetic Testing for Inherited Susceptibility to Colorectal, Endometrial, and Gastric Cancer (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
Commercial/ASO, Medicare, OHP, PEBB	81202	APC (Adenomatous Polyposis Coli) Gene Analysis; Known Familial Variants	01/01/2013			Genetic and Molecular Testing for Inherited Cancer Risk (Medicare); Genetic Testing for Inherited Susceptibility to Colorectal, Endometrial, and Gastric Cancer (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
Commercial/ASO, OHP, PEBB	81203	APC (Adenomatous Polyposis Coli) Gene Analysis; Duplication/Deletion Variants	01/01/2013			Genetic Testing for Inherited Susceptibility to Colorectal, Endometrial, and Gastric Cancer (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	81204	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; characterization of alleles (eg, expanded size or methylation status)	01/01/2019			Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
Commercial/ASO, OHP, PEBB	81205	BCKDHB (branched-chain keto acid dehydrogenase E1, beta polypeptide) (eg, maple syrup urine disease) gene analysis, common variants (eg, R183P, G278S, E422X)	02/01/2018			Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
Commercial/ASO, OHP, PEBB	81209	BLM (Bloom syndrome, RecQ helicase-like) (eg, Bloom syndrome) gene analysis, 2281del6ins7 variant	02/01/2018			Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
Commercial/ASO, OHP, PEBB	81210	BRAF (B-Raf proto-oncogene, serine/threonine kinase) (eg, colon cancer, melanoma), gene analysis, V600 variant(s)	01/01/2013			Genetic and Molecular Testing (Company); Genetic Testing for Inherited Susceptibility to Colorectal, Endometrial, and Gastric Cancer (Company); Genetic Testing: Thyroid Nodules (Company); Tumor Testing for Targeted Therapy for Non-Small Cell Lung Cancer (Company)
Commercial/ASO, OHP, PEBB	81212	Brca1, Brca2 Gene Analysis; 185Delag, 5385Insc, 6174Delt Variants	01/01/2012			Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company)
Commercial/ASO, Medicare, OHP, PEBB	81215	Brca1 (Breast Cancer 1) (Eg, Hereditary Breast And Ovarian Cancer) Gene Analysis; Known Familial Variant	01/01/2012			Genetic and Molecular Testing for Inherited Cancer Risk (Medicare); Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company)
Commercial/ASO, OHP, PEBB	81216	Brca2 (Breast Cancer 2) (Eg, Hereditary Breast And Ovarian Cancer) Gene Analysis; Full Sequence Analysis	01/01/2012			Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company)
Commercial/ASO, Medicare, OHP, PEBB	81217	Brca2 (Breast Cancer 2) (Eg, Hereditary Breast And Ovarian Cancer) Gene Analysis; Known Familial Variant	01/01/2012			Genetic and Molecular Testing for Inherited Cancer Risk (Medicare); Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Medicare	81218	CEBPA (CCAAT/enhancer binding protein [C/EBP], alpha) (eg, acute myeloid leukemia), gene analysis, full gene sequence	01/01/2022			Genetic and Molecular Testing (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	81219	CALR (calreticulin) (eg, myeloproliferative disorders), gene analysis, common variants in exon 9	03/01/2018			Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Myeloproliferative Diseases (Company); Genetic Testing for Myeloproliferative Diseases (Medicare)
Medicare	81220	Cftr (Cystic Fibrosis Transmembrane Conductance Regulator) Gene Analysis; Common Variants (Eg, Acmg/Acog Guidelines)	01/01/2022			Genetic and Molecular Testing (Medicare)
Medicare	81221	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; known familial variants	01/01/2022			Genetic and Molecular Testing (Medicare)
Medicare	81222	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; duplication/deletion variants	01/01/2022			Genetic and Molecular Testing (Medicare)
Medicare	81223	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; full gene sequence	01/01/2022			Genetic and Molecular Testing (Medicare)
Medicare	81224	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; intron 8 poly-T analysis (eg, male infertility)	01/01/2022			Genetic and Molecular Testing (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	81225	Cyp2C19 (Cytochrome P450, Family 2, Subfamily C, Polypeptide 19), Gene Analysis, Common Variants	01/01/2012			Cardiac Disease Risk Screening (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Cytochrome P450 and VKORC1 Polymorphisms (Company)
Commercial/ASO, Medicare, OHP, PEBB	81226	Cyp2D6 (Cytochrome P450, Family 2, Subfamily D, Polypeptide 6), Gene Analysis, Common Variants	01/01/2012			Genetic and Molecular Testing (Medicare); Genetic Testing for Cytochrome P450 and VKORC1 Polymorphisms (Company)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	81227	Cyp2C9 (Cytochrome P450, Family 2, Subfamily C, Polypeptide 9), Gene Analysis, Common Variants (Eg, *2, *3, *5, *6)	01/01/2012			Genetic and Molecular Testing (Medicare); Genetic Testing for Cytochrome P450 and VKORC1 Polymorphisms (Company)
Commercial/ASO, Medicare, OHP, PEBB	81230	CYP3A4 (cytochrome P450 family 3 subfamily A member 4) (eg, drug metabolism), gene analysis, common variant(s) (eg, *2, *22)	01/01/2018			Genetic and Molecular Testing (Medicare); Genetic Testing for Cytochrome P450 and VKORC1 Polymorphisms (Company)
Commercial/ASO, Medicare, OHP, PEBB	81231	CYP3A5 (cytochrome P450 family 3 subfamily A member 5) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *7)	01/01/2018			Genetic and Molecular Testing (Medicare); Genetic Testing for Cytochrome P450 and VKORC1 Polymorphisms (Company)
Medicare	81232	DPYD (dihydropyrimidine dehydrogenase) (eg, 5-fluorouracil/5-FU and capecitabine drug metabolism), gene analysis, common variant(s) (eg, *2A, *4, *5, *6)	01/01/2018			Genetic and Molecular Testing (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	81233	BTK (Bruton's tyrosine kinase) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, C481S, C481R, C481F)	01/01/2019			Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
Commercial/ASO, Medicare, OHP, PEBB	81234	DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; evaluation to detect abnormal (expanded) alleles	01/01/2019			Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
Commercial/ASO, OHP, PEBB	81235	EGFR (Epidermal growth factor receptor)(EG, non-small cell lung cancer) gene analysis, common variants (EG, exon 19 LREA deletion, L858R, T790M, G719A, G719S, L861Q)	01/01/2016			Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company); Tumor Testing for Targeted Therapy for Non-Small Cell Lung Cancer (Company)
Commercial/ASO, Medicare, OHP, PEBB	81236	EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, myelodysplastic syndrome, myeloproliferative neoplasms) gene analysis, full gene sequence	01/01/2019			Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	81237	EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, diffuse large B-cell lymphoma) gene analysis, common variant(s) (eg, codon 646)	01/01/2019			Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
Commercial/ASO, Medicare, OHP, PEBB	81238	F9 (coagulation factor IX) (eg, hemophilia B), full gene sequence	01/01/2018			Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	81239	DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; characterization of alleles (eg, expanded size)	01/01/2019			Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
Commercial/ASO, OHP, PEBB	81242	FANCC (Fanconi anemia, complementation group C) (eg, Fanconi anemia, type C) gene analysis, common variant (eg, IVS4+4A>T)	02/01/2018			Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
Commercial/ASO, OHP, PEBB	81243	FMR1 (Fragile X messenger ribonucleoprotein 1) (e.g., fragile x syndrome, X-linked intellectual disability [XLID]) gene analysis; evaluation to detect abnormal (e.g., expanded) alleles	02/01/2018			Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
Commercial/ASO, OHP, PEBB	81244	FMR1 (Fragile X messenger ribonucleoprotein 1) (e.g., fragile X syndrome, X-linked intellectual disability [XLID]) gene analysis; characterization of alleles (e.g., expanded size and methylation status)	02/01/2018			Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
Commercial/ASO, Medicare, OHP, PEBB	81247	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; common variant(s) (eg, A, A-)	01/01/2018			Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	81248	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; known familial variant(s)	01/01/2018			Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	81249	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; full gene sequence	01/01/2018			Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare)
Commercial/ASO, OHP, PEBB	81250	G6PC (glucose-6-phosphatase, catalytic subunit) (eg, Glycogen storage disease, type 1a, von Gierke disease) gene analysis, common variants (eg, R83C, Q347X)	02/01/2018			Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
Commercial/ASO, OHP, PEBB	81251	GBA (glucosidase, beta, acid) (eg, Gaucher disease) gene analysis, common variants (eg, N370S, 84GG, L444P, IVS2+1G>A)	02/01/2018			Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
Commercial/ASO, OHP, PEBB	81255	HEXA (hexosaminidase A [alpha polypeptide]) (eg, Tay-Sachs disease) gene analysis, common variants (eg, 1278insTATC, 1421+1G>C, G269S)	02/01/2018			Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
Medicare	81257	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis, for common deletions or variant (eg, Southeast Asian, Thai, Filipino, Mediterranean, alpha3.7, alpha4.2, alpha20.5, and Constant Spring)	07/01/2018			Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare)
Commercial/ASO, OHP, PEBB	81257	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis, for common deletions or variant (eg, Southeast Asian, Thai, Filipino, Mediterranean, alpha3.7, alpha4.2, alpha20.5, and Constant Spring)	02/01/2018			Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
Commercial/ASO, Medicare, OHP, PEBB	81258	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; known familial variant	01/01/2018			Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	81259	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; full gene sequence	01/01/2018			Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
Commercial/ASO, OHP, PEBB	81260	IKBKAP (inhibitor of kappa light polypeptide gene enhancer in B-cells, kinase complex-associated protein) (eg, familial dysautonomia) gene analysis, common variants (eg, 2507+6T>C, R696P)	02/01/2018			Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
Medicare	81265	Comparative analysis using Short Tandem Repeat Markers	02/01/2018			Genetic and Molecular Testing (Medicare)
Medicare	81266	Comparative analysis using Short Tandem Repeat (STR) markers; each additional specimen (eg, additional cord blood donor, additional fetal samples from different cultures, or additional zygosity in multiple birth pregnancies) (List separately in addition to code for primary procedure)	01/01/2022			Genetic and Molecular Testing (Medicare)
Medicare	81267	Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; without cell selection	01/01/2022			Genetic and Molecular Testing (Medicare)
Medicare	81268	Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; with cell selection (eg, CD3, CD33), each cell type	01/01/2022			Genetic and Molecular Testing (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	81269	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; duplication/deletion variants	01/01/2018			Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	81270	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) gene analysis, p.Val617Phe (V617F) variant	03/01/2018			Genetic and Molecular Testing (Medicare); Genetic Testing for Myeloproliferative Diseases (Company); Genetic Testing for Myeloproliferative Diseases (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	81271	HTT (huntingtin) (eg, Huntington disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	01/01/2019			Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
Commercial/ASO, Medicare, OHP, PEBB	81274	HTT (huntingtin) (eg, Huntington disease) gene analysis; characterization of alleles (eg, expanded size)	01/01/2019			Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
Commercial/ASO, OHP, PEBB	81275	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; variants in exon 2 (eg, codons 12 and 13)	10/01/2014			Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company); Tumor Testing for Targeted Therapy for Non-Small Cell Lung Cancer (Company)
Medicare	81275	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; variants in exon 2 (eg, codons 12 and 13)	01/01/2022			Genetic and Molecular Testing (Medicare)
Commercial/ASO, OHP, PEBB	81276	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; additional variant(s) (eg, codon 61, codon 146)	10/01/2016			Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company); Tumor Testing for Targeted Therapy for Non-Small Cell Lung Cancer (Company)
Medicare	81276	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; additional variant(s) (eg, codon 61, codon 146)	01/01/2022			Genetic and Molecular Testing (Medicare)
Medicare	81277	GJB6 (gap junction protein, beta 6, 30kDa, connexin 30) (eg, nonsyndromic hearing loss) gene analysis, common variants (eg, 309kb	01/01/2022			Genetic and Molecular Testing (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
		[del(GJB6-D13S1830)] and 232kb [del(GJB6-D13S1854)])				
Commercial/ASO, Medicare, OHP, PEBB	81279	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) targeted sequence analysis (eg, exons 12 and 13)	01/01/2021			Genetic and Molecular Testing (Medicare); Genetic Testing for Myeloproliferative Diseases (Company); Genetic Testing for Myeloproliferative Diseases (Medicare)
Medicare	81283	IFNL3 (interferon, lambda 3) (eg, drug response), gene analysis, rs12979860 variant	01/01/2018			Genetic and Molecular Testing (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	81284	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; evaluation to detect abnormal (expanded) alleles	01/01/2019			Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
Commercial/ASO, Medicare, OHP, PEBB	81285	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; characterization of alleles (eg, expanded size)	01/01/2019			Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
Commercial/ASO, Medicare, OHP, PEBB	81286	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; full gene sequence	01/01/2019			Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
Medicare	81287	MGMT, methylation analysis	01/01/2015			Genetic and Molecular Testing (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	81288	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; promoter methylation analysis	01/01/2015			Genetic and Molecular Testing for Inherited Cancer Risk (Medicare); Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company); Genetic Testing for Inherited Susceptibility to Colorectal, Endometrial, and Gastric Cancer (Company)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	81289	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; known familial variant(s)	01/01/2019			Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
Commercial/ASO, OHP, PEBB	81290	MCOLN1 (mucolipin 1) (eg, Mucolipidosis, type IV) gene analysis, common variants (eg, IVS3-2A>G, del6.4kb)	02/01/2018			Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
Commercial/ASO, OHP, PEBB	81292	Mlh1 (Mutl Homolog 1, Colon Cancer, Nonpolyposis Type 2) Gene Analysis; Full Sequence Analysis	01/01/2012			Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company); Genetic Testing for Inherited Susceptibility to Colorectal, Endometrial, and Gastric Cancer (Company)
Commercial/ASO, Medicare, OHP, PEBB	81293	Mlh1 (Mutl Homolog 1, Colon Cancer, Nonpolyposis Type 2) Gene Analysis; Known Familial Variants	01/01/2012			Genetic and Molecular Testing for Inherited Cancer Risk (Medicare); Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company); Genetic Testing for Inherited Susceptibility to Colorectal, Endometrial, and Gastric Cancer (Company)
Commercial/ASO, OHP, PEBB	81294	Mlh1 (Mutl Homolog 1, Colon Cancer, Nonpolyposis Type 2) Gene Analysis; Duplication/Deletion Variants	01/01/2012			Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company); Genetic Testing for Inherited Susceptibility to Colorectal, Endometrial, and Gastric Cancer (Company)
Commercial/ASO, OHP, PEBB	81295	Msh2 (Muts Homolog 2, Colon Cancer, Nonpolyposis Type 1) Gene Analysis; Full Sequence Analysis	01/01/2012			Genetic and Molecular Testing (Medicare); Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company); Genetic Testing for Inherited Susceptibility to Colorectal, Endometrial, and Gastric Cancer (Company)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	81296	Msh2 (Muts Homolog 2, Colon Cancer, Nonpolyposis Type 1) Gene Analysis; Known Familial Variants	01/01/2012			Genetic and Molecular Testing for Inherited Cancer Risk (Medicare); Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company); Genetic Testing for Inherited Susceptibility to Colorectal, Endometrial, and Gastric Cancer (Company)
Commercial/ASO, OHP, PEBB	81297	Msh2 (Muts Homolog 2, Colon Cancer, Nonpolyposis Type 1) Gene Analysis; Duplication/Deletion Variants	01/01/2012			Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company); Genetic Testing for Inherited Susceptibility to Colorectal, Endometrial, and Gastric Cancer (Company)
Commercial/ASO, OHP, PEBB	81298	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	01/01/2012			Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company); Genetic Testing for Inherited Susceptibility to Colorectal, Endometrial, and Gastric Cancer (Company)
Commercial/ASO, Medicare, OHP, PEBB	81299	Msh6 (Muts Homolog 6 [E. Coli]) Gene Analysis; Known Familial Variants	01/01/2012			Genetic and Molecular Testing for Inherited Cancer Risk (Medicare); Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company); Genetic Testing for Inherited Susceptibility to Colorectal, Endometrial, and Gastric Cancer (Company)
Commercial/ASO, OHP, PEBB	81300	Msh6 (Muts Homolog 6 [E. Coli]) Gene Analysis; Duplication/Deletion Variants	01/01/2012			Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company); Genetic Testing for Inherited Susceptibility to Colorectal, Endometrial, and Gastric Cancer (Company)
Commercial/ASO, OHP, PEBB	81302	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; full sequence analysis	02/01/2018			Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
Commercial/ASO, OHP, PEBB	81303	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; known familial variant	02/01/2018			Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, OHP, PEBB	81304	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; duplication/deletion variants	02/01/2018			Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
Commercial/ASO, Medicare, OHP, PEBB	81305	MYD88 (myeloid differentiation primary response 88) (eg, Waldenstrom's macroglobulinemia, lymphoplasmacytic leukemia) gene analysis, p.Leu265Pro (L265P) variant	01/01/2019			Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare)
Medicare	81306	NUDT15 (nudix hydrolase 15) (eg, drug metabolism) gene analysis, common variant(s) (eg, *2, *3, *4, *5, *6)	12/01/2021			Genetic and Molecular Testing (Medicare)
Commercial/ASO, OHP, PEBB	81307	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; full gene sequence	01/01/2020			Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company)
Commercial/ASO, Medicare, OHP, PEBB	81308	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; known familial variant	01/01/2020			Genetic and Molecular Testing for Inherited Cancer Risk (Medicare); Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company)
Commercial/ASO, Medicare, OHP, PEBB	81309	PIK3CA (phosphatidylinositol-4, 5-biphosphate 3-kinase, catalytic subunit alpha) (eg, colorectal and breast cancer) gene analysis, targeted sequence analysis (eg, exons 7, 9, 20)	01/01/2020			Circulating Tumor Cell and DNA Assays for Cancer Management (Company); Circulating Tumor Cell and DNA Assays for Cancer Management (Medicare); Genetic and Molecular Testing (Medicare)
Medicare	81310	NPM1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, exon 12 variants	01/01/2022			Genetic and Molecular Testing (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	81311	NRAS (neuroblastoma RAS viral [v-ras] oncogene homolog) (eg, colorectal carcinoma), gene analysis, variants in exon 2 (eg, codons 12 and 13) and exon 3 (eg, codon 61)	01/01/2016			Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company); Genetic Testing for Thyroid Nodules (Medicare); Genetic Testing: Thyroid Nodules (Company)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	81312	PABPN1 (poly[A] binding protein nuclear 1) (eg, oculopharyngeal muscular dystrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	01/01/2019			Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
Medicare	81314	PDGFRA (platelet-derived growth factor receptor, alpha polypeptide) (eg, gastrointestinal stromal tumor [GIST]), gene analysis, targeted sequence analysis (eg, exons 12, 18)	01/01/2022			Genetic and Molecular Testing (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	81315	Promyelocytic Leukemia/Retinoic Acid Receptor Alpha, (T(15;17)), Translocation Analysis; Common Breakpoints, Qual/Quant	10/01/2014			Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	81316	Promyelocytic Leukemia/Retinoic Acid Receptor Alpha, (T(15;17)), Translocation Analysis; Single Breakpoint, Qual/Quant	10/01/2014			Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare)
Commercial/ASO, OHP, PEBB	81317	Pms2 (Postmeiotic Segregation Increased 2 [S. Cerevisiae]) Gene Analysis; Full Sequence Analysis	01/01/2012			Genetic Testing for Inherited Susceptibility to Colorectal, Endometrial, and Gastric Cancer (Company)
Commercial/ASO, Medicare, OHP, PEBB	81318	Pms2 (Postmeiotic Segregation Increased 2 [S. Cerevisiae]) Gene Analysis; Known Familial Variants	01/01/2012			Genetic and Molecular Testing for Inherited Cancer Risk (Medicare); Genetic Testing for Inherited Susceptibility to Colorectal, Endometrial, and Gastric Cancer (Company)
Commercial/ASO, OHP, PEBB	81319	Pms2 (Postmeiotic Segregation Increased 2 [S. Cerevisiae]) Gene Analysis; Duplication/Deletion Variants	01/01/2012			Genetic Testing for Inherited Susceptibility to Colorectal, Endometrial, and Gastric Cancer (Company)
Medicare	81320	PLCG2 (phospholipase C gamma 2) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, R665W, S707F, L845F)	01/01/2022			Genetic and Molecular Testing (Medicare)
Commercial/ASO, OHP, PEBB	81321	PTEN (Phosphatase And Tensin Homolog) Gene Analysis; Full Sequence Analysis	01/01/2013			Genetic and Molecular Testing (Company); Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	81322	PTEN (Phosphatase And Tensin Homolog) Gene Analysis; Known Familial Variant	01/01/2013			Genetic and Molecular Testing (Company); Genetic and Molecular Testing for Inherited Cancer Risk (Medicare); Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company)
Commercial/ASO, OHP, PEBB	81323	PTEN (Phosphatase And Tensin Homolog) Gene Analysis; Duplication/Deletion Variant	01/01/2013			Genetic and Molecular Testing (Company); Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company)
Medicare	81324	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; duplication/deletion analysis	07/01/2018			Genetic and Molecular Testing (Medicare)
Commercial/ASO, OHP, PEBB	81324	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; duplication/deletion analysis	02/01/2018			Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
Medicare	81325	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; full sequence analysis	07/01/2018			Genetic and Molecular Testing (Medicare)
Commercial/ASO, OHP, PEBB	81325	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; full sequence analysis	02/01/2018			Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
Medicare	81326	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; known familial variant	07/01/2018			Genetic and Molecular Testing (Medicare)
Commercial/ASO, OHP, PEBB	81326	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; known familial variant	02/01/2018			Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	81327	SEPT9 (Septin9) (eg, colorectal cancer) methylation analysis	01/01/2017			Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare)
Medicare	81328	SLCO1B1 (solute carrier organic anion transporter family, member 1B1) (eg, adverse drug reaction), gene analysis, common variant(s) (eg, *5)	01/01/2022			Genetic and Molecular Testing (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	81329	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; dosage/deletion analysis (eg, carrier testing), includes SMN2 (survival of motor neuron 2, centromeric) analysis, if performed	01/01/2019			Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
Commercial/ASO, OHP, PEBB	81330	SMPD1(sphingomyelin phosphodiesterase 1, acid lysosomal) (eg, Niemann-Pick disease, Type A) gene analysis, common variants (eg, R496L, L302P, fsP330)	02/01/2018			Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
Medicare	81331	SNRPN/UBE3A (small nuclear ribonucleoprotein polypeptide N and ubiquitin protein ligase E3A) (eg, Prader-Willi syndrome and/or Angelman syndrome), methylation analysis	07/01/2018			Genetic and Molecular Testing (Medicare)
Commercial/ASO, OHP, PEBB	81331	SNRPN/UBE3A (small nuclear ribonucleoprotein polypeptide N and ubiquitin protein ligase E3A) (eg, Prader-Willi syndrome and/or Angelman syndrome), methylation analysis	02/01/2018			Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
Commercial/ASO, Medicare, OHP, PEBB	81332	Serpina1 (Serpin Peptidase Inhibitor, Clade A, Alpha-1 Antiproteinase, Antitrypsin, Member 1), Gene Analysis,Common Vars	01/01/2012			Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	81333	TGFBI (transforming growth factor beta-induced) (eg, corneal dystrophy) gene analysis, common variants (eg, R124H, R124C, R124L, R555W, R555Q)	01/01/2019			Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
Commercial/ASO, Medicare, OHP, PEBB	81334	RUNX1 (runt related transcription factor 1) (eg, acute myeloid leukemia, familial platelet disorder with associated myeloid malignancy), gene analysis, targeted sequence analysis (eg, exons 3-8)	01/01/2018			Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare)
Medicare	81335	TPMT (thiopurine S-methyltransferase) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3)	01/01/2018			Genetic and Molecular Testing (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	81336	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; full gene sequence	01/01/2019			Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
Commercial/ASO, Medicare, OHP, PEBB	81337	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; known familial sequence variant(s)	01/01/2019			Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
Commercial/ASO, Medicare, OHP, PEBB	81338	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; common variants (eg, W515A, W515K, W515L, W515R)	01/01/2021			Genetic and Molecular Testing (Medicare); Genetic Testing for Myeloproliferative Diseases (Company); Genetic Testing for Myeloproliferative Diseases (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	81339	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; sequence analysis, exon 10	01/01/2021			Genetic and Molecular Testing (Medicare); Genetic Testing for Myeloproliferative Diseases (Company); Genetic Testing for Myeloproliferative Diseases (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	81343	PPP2R2B (protein phosphatase 2 regulatory subunit Bbeta) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	01/01/2019			Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)

*Prior authorization is not a guarantee of payment. Benefits are based on eligibility at the time of service and are subject to applicable contract terms.

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	81344	TBP (TATA box binding protein) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	01/01/2019			Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
Commercial/ASO, Medicare, OHP, PEBB	81345	TERT (telomerase reverse transcriptase) (eg, thyroid carcinoma, glioblastoma multiforme) gene analysis, targeted sequence analysis (eg, promoter region)	01/01/2019			Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
Medicare	81346	TYMS (thymidylate synthetase) (eg, 5-fluorouracil/5-FU drug metabolism), gene analysis, common variant(s) (eg, tandem repeat variant)	01/01/2018			Genetic and Molecular Testing (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	81347	SF3B1 (splicing factor [3b] subunit B1) (eg, myelodysplastic syndrome/acute myeloid leukemia) gene analysis, common variants (eg, A672T, E622D, L833F, R625C, R625L)	01/01/2021			Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	81348	SRSF2 (serine and arginine-rich splicing factor 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, P95H, P95L)	01/01/2021			Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare)
Medicare	81349	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number and loss-of-heterozygosity variants, low-pass sequencing analysis	01/01/2022			Genetic and Molecular Testing (Medicare)
Commercial/ASO, OHP, PEBB	81350	UGT1A1 (UDP glucuronosyltransferase 1 family, polypeptide A1) (eg, irinotecan metabolism), gene analysis, common variants (eg, *28, *36, *37)	02/01/2018			Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
Medicare	81350	UGT1A1 (UDP glucuronosyltransferase 1 family, polypeptide A1) (eg, drug metabolism ,), hereditary unconjugated hyperbilirubinemia	01/01/2022			Genetic and Molecular Testing (Medicare)

*Prior authorization is not a guarantee of payment. Benefits are based on eligibility at the time of service and are subject to applicable contract terms.

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
		[Gilbert syndrome]) gene analysis, common variants (eg, *28, *36, *37)				
Medicare	81352	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; targeted sequence analysis (eg, 4 oncology)	01/01/2022			Genetic and Molecular Testing for Inherited Cancer Risk (Medicare)
Medicare	81353	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; known familial variant	01/01/2022			Genetic and Molecular Testing for Inherited Cancer Risk (Medicare)
Medicare	81354	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of structural and copy number variants, optical genome mapping (OGM)	01/01/2026			Genetic and Molecular Testing (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	81355	Vkorc1 (Vitamin K Epoxide Reductase Complex, Subunit 1) (Eg, Warfarin Metabolism), Gene Analysis, Common Variants	01/01/2012			Genetic and Molecular Testing (Medicare); Genetic Testing for Cytochrome P450 and VKORC1 Polymorphisms (Company)
Commercial/ASO, Medicare, OHP, PEBB	81357	U2AF1 (U2 small nuclear RNA auxiliary factor 1) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, S34F, S34Y, Q157R, Q157P)	01/01/2021			Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	81360	ZRSR2 (zinc finger CCCH-type, RNA binding motif and serine/arginine-rich 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variant(s) (eg, E65fs, E122fs, R448fs)	01/01/2021			Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare)
Commercial/ASO, OHP, PEBB	81361	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); common variant(s) (eg, HbS, HbC, HbE)	04/01/2018			Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
Commercial/ASO, OHP, PEBB	81362	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); known familial variant(s)	04/01/2018			Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, OHP, PEBB	81363	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); duplication/deletion variant(s)	04/01/2018			Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
Commercial/ASO, OHP, PEBB	81364	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); full gene sequence	04/01/2018			Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
Commercial/ASO, Medicare, OHP, PEBB	81400	Molecular Pathology Procedure Level 1	01/01/2012			Cardiac Disease Risk Screening (Company); Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic and Molecular Testing for Inherited Cancer Risk (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company); Non-Covered Genetic Panel Tests (Company)
Commercial/ASO, OHP, PEBB	81401	Molecular Pathology Procedure Level 2	01/01/2012			Cardiac Disease Risk Screening (Company); Gene Expression Profile Testing for Melanoma (Company); Genetic and Molecular Testing (Company); Genetic Testing for Cytochrome P450 and VKORC1 Polymorphisms (Company); Genetic Testing for Inherited Susceptibility to Colorectal, Endometrial, and Gastric Cancer (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company); Genetic Testing: Thyroid Nodules (Company); Non-Covered Genetic Panel Tests (Company); Serologic Testing and Therapeutic Monitoring for Inflammatory Bowel Disease (Company); Tumor Testing for Targeted Therapy for Non-Small Cell Lung Cancer (Company); Whole Exome, Whole Genome, and Proteogenomic Sequencing and Genetic Testing for Mitochondrial Disorders (Company)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Medicare	81401	Molecular Pathology Procedure Level 2	10/01/2025			Cardiac Disease Risk Screening (Medicare); Gene Expression Profile Testing for Melanoma (Medicare); Genetic and Molecular Testing (Medicare); Genetic and Molecular Testing for Inherited Cancer Risk (Medicare); Genetic Testing for Thyroid Nodules (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	81402	Molecular Pathology Procedure Level 3	01/01/2012			Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic and Molecular Testing for Inherited Cancer Risk (Medicare); Genetic Testing for Cytochrome P450 and VKORC1 Polymorphisms (Company); Genetic Testing for Myeloproliferative Diseases (Company); Genetic Testing for Myeloproliferative Diseases (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company); Non-Covered Genetic Panel Tests (Company)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	81403	Molecular pathology procedure, Level 6 (eg, analysis of 6-10 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 11-25 exons	01/01/2012			Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic and Molecular Testing for Inherited Cancer Risk (Medicare); Genetic Testing for Inherited Susceptibility to Colorectal, Endometrial, and Gastric Cancer (Company); Genetic Testing for Myeloproliferative Diseases (Company); Genetic Testing for Myeloproliferative Diseases (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company); Genetic Testing for Thyroid Nodules (Medicare); Genetic Testing: Thyroid Nodules (Company); Non-Covered Genetic Panel Tests (Company); Tumor Testing for Targeted Therapy for Non-Small Cell Lung Cancer (Company); Whole Exome, Whole Genome, and Proteogenomic Sequencing and Genetic Testing for Mitochondrial Disorders (Company)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	81404	Molecular Pathology Procedure Level 5	01/01/2012			Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic and Molecular Testing for Inherited Cancer Risk (Medicare); Genetic Testing for Cytochrome P450 and VKORC1 Polymorphisms (Company); Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company); Genetic Testing for Maturity-Onset Diabetes of the Young (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company); Genetic Testing for Thyroid Nodules (Medicare); Genetic Testing: Thyroid Nodules (Company); Non-Covered Genetic Panel Tests (Company); Tumor Testing for Targeted Therapy for Non-Small Cell Lung Cancer (Company); Whole Exome, Whole Genome, and Proteogenomic Sequencing and Genetic Testing for Mitochondrial Disorders (Company)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	81405	Molecular Pathology Procedure Level 6	01/01/2012			Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic and Molecular Testing for Inherited Cancer Risk (Medicare); Genetic Testing for Cytochrome P450 and VKORC1 Polymorphisms (Company); Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company); Genetic Testing for Maturity-Onset Diabetes of the Young (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company); Genetic Testing for Thyroid Nodules (Medicare); Genetic Testing: Thyroid Nodules (Company); Non-Covered Genetic Panel Tests (Company); Tumor Testing for Targeted Therapy for Non-Small Cell Lung Cancer (Company); Whole Exome, Whole Genome, and Proteogenomic Sequencing and Genetic Testing for Mitochondrial Disorders (Company)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	81406	Molecular Pathology Procedure Level 7	01/01/2012			Cardiac Disease Risk Screening (Company); Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic and Molecular Testing for Inherited Cancer Risk (Medicare); Genetic Testing for CADASIL Disease (Company); Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company); Genetic Testing for Inherited Susceptibility to Colorectal, Endometrial, and Gastric Cancer (Company); Genetic Testing for Maturity-Onset Diabetes of the Young (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company); Genetic Testing for Thyroid Nodules (Medicare); Genetic Testing: Thyroid Nodules (Company); Non-Covered Genetic Panel Tests (Company); Tumor Testing for Targeted Therapy for Non-Small Cell Lung Cancer (Company); Whole Exome, Whole Genome, and Proteogenomic Sequencing and Genetic Testing for Mitochondrial Disorders (Company)
Commercial/ASO, Medicare, OHP, PEBB	81407	Molecular Pathology Procedure Level 8	01/01/2012			Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic and Molecular Testing for Inherited Cancer Risk (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company); Non-Covered Genetic Panel Tests (Company)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	81408	Molecular Pathology Procedure Level 9	01/01/2012			Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic and Molecular Testing for Inherited Cancer Risk (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company); Non-Covered Genetic Panel Tests (Company)
Medicare	81410	Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome); genomic sequence analysis panel, must include sequencing of at least 9 genes, including FBN1, TGFBR1, TGFBR2, COL3A1, MYH11, ACTA2, SLC2A10, SMAD3, and MYLK	01/01/2022			Genetic and Molecular Testing (Medicare)
Medicare	81411	Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome); duplication/deletion analysis panel, must include analyses for TGFBR1, TGFBR2, MYH11, and COL3A1	01/01/2022			Genetic and Molecular Testing (Medicare)
Commercial/ASO, OHP, PEBB	81412	Ashkenazi Jewish associated disorders (eg, Bloom syndrome, Canavan disease, cystic fibrosis, familial dysautonomia, Fanconi anemia group C, Gaucher disease, Tay-Sachs disease), genomic sequence analysis panel, must include sequencing of at least 9 genes, including ASPA, BLM, CFTR, FANCC, GBA, HEXA, IKBKAP, MCOLN1, and SMPD1	02/01/2018			Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company); Non-Covered Genetic Panel Tests (Company)
Medicare	81413	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); genomic sequence analysis panel, must include sequencing of at least 10 genes, including ANK2, CASQ2, CAV3,	07/01/2018			Genetic and Molecular Testing (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
		KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, RYR2, and SCN5A				
Commercial/ASO, OHP, PEBB	81413	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); genomic sequence analysis panel, must include sequencing of at least 10 genes, including ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, RYR2, and SCN5A	02/01/2018			Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company); Non-Covered Genetic Panel Tests (Company)
Medicare	81414	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); duplication/deletion gene analysis panel, must include analysis of at least 2 genes, including KCNH2 and KCNQ1	07/01/2018			Genetic and Molecular Testing (Medicare)
Commercial/ASO, OHP, PEBB	81414	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); duplication/deletion gene analysis panel, must include analysis of at least 2 genes, including KCNH2 and KCNQ1	02/01/2018			Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company); Non-Covered Genetic Panel Tests (Company)
Medicare	81415	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis	07/01/2018			Genetic and Molecular Testing (Medicare)
Commercial/ASO, OHP, PEBB	81415	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis	02/01/2018			Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company); Non-Covered Genetic Panel Tests (Company); Whole Exome, Whole Genome, and Proteogenomic Sequencing and Genetic Testing for Mitochondrial Disorders (Company)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Medicare	81416	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator exome (eg, parents, siblings) (List separately in addition to code for primary procedure)	07/01/2018			Genetic and Molecular Testing (Medicare)
Commercial/ASO, OHP, PEBB	81416	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator exome (eg, parents, siblings) (List separately in addition to code for primary procedure)	02/01/2018			Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company); Non-Covered Genetic Panel Tests (Company); Whole Exome, Whole Genome, and Proteogenomic Sequencing and Genetic Testing for Mitochondrial Disorders (Company)
Medicare	81417	Exome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained exome sequence (eg, updated knowledge or unrelated condition/syndrome)	07/01/2018			Genetic and Molecular Testing (Medicare)
Commercial/ASO, OHP, PEBB	81417	Exome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained exome sequence (eg, updated knowledge or unrelated condition/syndrome)	02/01/2018			Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company); Non-Covered Genetic Panel Tests (Company); Whole Exome, Whole Genome, and Proteogenomic Sequencing and Genetic Testing for Mitochondrial Disorders (Company)
Medicare	81418	Drug metabolism (eg, pharmacogenomics) genomic sequence analysis panel, must include testing of at least 6 genes, including CYP2C19, CYP2D6, and CYP2D6 duplication/deletion analysis	01/01/2023			Genetic and Molecular Testing (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	81419	Epilepsy genomic sequence analysis panel, must include analyses for ALDH7A1, CACNA1A, CDKL5, CHD2, GABRG2, GRIN2A, KCNQ2, MECP2, PCDH19, POLG, PRRT2, SCN1A, SCN1B,	01/01/2021			Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
		SCN2A, SCN8A, SLC2A1, SLC9A6, STXBP1, SYNGAP1, TCF4, TPP1, TSC1, TSC2, and ZEB2				
Medicare	81420	Fetal chromosomal aneuploidy (eg, trisomy 21, monosomy X) genomic sequence analysis panel, circulating cell-free fetal DNA in maternal blood, must include analysis of chromosomes 13, 18, and 21	07/01/2018			Genetic and Molecular Testing (Medicare)
Medicare	81422	Fetal chromosomal microdeletion(s) genomic sequence analysis (eg, DiGeorge syndrome, Cri-du-chat syndrome), circulating cell-free fetal DNA in maternal blood	07/01/2018			Genetic and Molecular Testing (Medicare)
Medicare	81425	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis	01/01/2022			Genetic and Molecular Testing (Medicare)
Commercial/ASO, OHP, PEBB	81425	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis	07/01/2026			Genetic Testing for Reproductive Planning and Prenatal Testing (Company); Whole Exome, Whole Genome, and Proteogenomic Sequencing and Genetic Testing for Mitochondrial Disorders (Company)
Medicare	81426	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator genome (eg, parents, siblings) (List separately in addition to code for primary procedure)	01/01/2022			Genetic and Molecular Testing (Medicare)
Commercial/ASO, OHP, PEBB	81426	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator genome (eg, parents, siblings) (List separately in addition to code for primary procedure)	07/01/2026			Genetic Testing for Reproductive Planning and Prenatal Testing (Company); Whole Exome, Whole Genome, and Proteogenomic Sequencing and Genetic Testing for Mitochondrial Disorders (Company)
Medicare	81427	Genome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained genome sequence (eg,	01/01/2022			Genetic and Molecular Testing (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
		updated knowledge or unrelated condition/syndrome)				
Commercial/ASO, OHP, PEBB	81427	Genome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained genome sequence (eg, updated knowledge or unrelated condition/syndrome)	07/01/2026			Genetic Testing for Reproductive Planning and Prenatal Testing (Company); Whole Exome, Whole Genome, and Proteogenomic Sequencing and Genetic Testing for Mitochondrial Disorders (Company)
Commercial/ASO, OHP, PEBB	81430	Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); genomic sequence analysis panel, must include sequencing of at least 60 genes, including CDH23, CLRN1, GJB2, GPR98, MTRNR1, MYO7A, MYO15A, PCDH15, OTOF, SLC26A4, TMC1, TMPRSS3, USH1C, USH1G, USH2A, and WFS1	02/01/2018			Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
Commercial/ASO, OHP, PEBB	81431	Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); duplication/deletion analysis panel, must include copy number analyses for STRC and DFNB1 deletions in GJB2 and GJB6 genes	02/01/2018			Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
Commercial/ASO, Medicare, OHP, PEBB	81432	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); genomic sequence analysis panel, must include sequencing of at least 10 genes, always including BRCA1, BRCA2, CDH1, MLH1, MSH2, MSH6, PALB2, PTEN, STK11, and TP53	01/01/2016			Genetic and Molecular Testing for Inherited Cancer Risk (Medicare); Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company)
Medicare	81434	Hereditary retinal disorders (eg, retinitis pigmentosa, Leber congenital amaurosis, cone-rod dystrophy), genomic sequence analysis panel, must include sequencing of at least 15 genes, including ABCA4, CNGA1, CRB1, EYS, PDE6A, PDE6B, PRPF31, PRPH2,	07/01/2018			Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
		RDH12, RHO, RP1, RP2, RPE65, RPGR, and USH2A				
Commercial/ASO, OHP, PEBB	81434	Hereditary retinal disorders (eg, retinitis pigmentosa, Leber congenital amaurosis, cone-rod dystrophy), genomic sequence analysis panel, must include sequencing of at least 15 genes, including ABCA4, CNGA1, CRB1, EYS, PDE6A, PDE6B, PRPF31, PRPH2, RDH12, RHO, RP1, RP2, RPE65, RPGR, and USH2A	02/01/2018			Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company); Non-Covered Genetic Panel Tests (Company)
Commercial/ASO, Medicare, OHP, PEBB	81435	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis); genomic sequence analysis panel, must include sequencing of at least 10 genes, including APC, BMPR1A, CDH1, MLH1, MSH2, MSH6, MUTYH, PTEN, SMAD4, and STK11	01/01/2015			Genetic and Molecular Testing for Inherited Cancer Risk (Medicare); Genetic Testing for Inherited Susceptibility to Colorectal, Endometrial, and Gastric Cancer (Company)
Commercial/ASO, Medicare, OHP, PEBB	81437	Hereditary neuroendocrine tumor disorders	01/01/2016			Genetic and Molecular Testing (Company); Genetic and Molecular Testing for Inherited Cancer Risk (Medicare); Non-Covered Genetic Panel Tests (Company)
Commercial/ASO, OHP, PEBB	81439	Inherited cardiomyopathy (eg, hypertrophic cardiomyopathy, dilated cardiomyopathy, arrhythmogenic right ventricular cardiomyopathy) genomic sequence analysis panel, must include sequencing of at least 5 genes, including DSG2, MYBPC3, MYH7, PKP2, and TTN	02/01/2018			Genetic and Molecular Testing (Company); Genetic Testing for Hereditary Cardiomyopathies and Arrythmias (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company); Non-Covered Genetic Panel Tests (Company)
Medicare	81440	Nuclear encoded mitochondrial genes (eg, neurologic or myopathic phenotypes), genomic sequence panel, must include analysis of at least 100 genes, including BCS1L, C10orf2, COQ2, COX10, DGUOK, MPV17,	07/01/2018			Genetic and Molecular Testing (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
		OPA1, PDSS2, POLG, POLG2, RRM2B, SCO1, SCO2, SLC25A4, SUCLA2, SUCLG1, TAZ, TK2, and TYMP				
Commercial/ASO, OHP, PEBB	81440	Nuclear encoded mitochondrial genes (eg, neurologic or myopathic phenotypes), genomic sequence panel, must include analysis of at least 100 genes, including BCS1L, C10orf2, COQ2, COX10, DGUOK, MPV17, OPA1, PDSS2, POLG, POLG2, RRM2B, SCO1, SCO2, SLC25A4, SUCLA2, SUCLG1, TAZ, TK2, and TYMP	02/01/2018			Genetic Testing for Reproductive Planning and Prenatal Testing (Company); Whole Exome, Whole Genome, and Proteogenomic Sequencing and Genetic Testing for Mitochondrial Disorders (Company)
Commercial/ASO, OHP, PEBB	81441	Inherited bone marrow failure syndromes (IBMFS) (eg, Fanconi anemia, dyskeratosis congenita, Diamond-Blackfan anemia, Shwachman-Diamond syndrome, GATA2 deficiency syndrome, congenital amegakaryocytic thrombocytopenia) sequence analysis panel, must include sequencing of at least 30 genes, including BRCA2, BRIP1, DKC1, FANCA, FANCB, FANCC, FANCD2, FANCE, FANCF, FANCG, FANCI, FANCL, GATA1, GATA2, MPL, NHP2, NOP10, PALB2, RAD51C, RPL11, RPL35A, RPL5, RPS10, RPS19, RPS24, RPS26, RPS7, SBDS, TERT, and TINF2	01/01/2023		Commercial/ASO,OHP,PEBB -	Genetic and Molecular Testing (Company)
Medicare	81441	Inherited bone marrow failure syndromes (IBMFS) (eg, Fanconi anemia, dyskeratosis congenita, Diamond-Blackfan anemia, Shwachman-Diamond syndrome, GATA2 deficiency syndrome, congenital amegakaryocytic thrombocytopenia) sequence analysis panel, must include sequencing of at least 30 genes, including BRCA2, BRIP1, DKC1, FANCA, FANCB, FANCC, FANCD2, FANCE, FANCF, FANCG, FANCI, FANCL, GATA1, GATA2, MPL, NHP2, NOP10, PALB2, RAD51C, RPL11,	01/01/2023			Genetic and Molecular Testing (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
		RPL35A, RPL5, RPS10, RPS19, RPS24, RPS26, RPS7, SBDS, TERT, and TINF2				
Medicare	81442	Noonan spectrum disorders (eg, Noonan syndrome, cardio-facio-cutaneous syndrome, Costello syndrome, LEOPARD syndrome, Noonan-like syndrome), genomic sequence analysis panel, must include sequencing of at least 12 genes, including BRAF, CBL, HRAS, KRAS, MAP2K1, MAP2K2, NRAS, PTPN11, RAF1, RIT1, SHOC2, and SOS1	07/01/2018			Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare)
Commercial/ASO, OHP, PEBB	81442	Noonan spectrum disorders (eg, Noonan syndrome, cardio-facio-cutaneous syndrome, Costello syndrome, LEOPARD syndrome, Noonan-like syndrome), genomic sequence analysis panel, must include sequencing of at least 12 genes, including BRAF, CBL, HRAS, KRAS, MAP2K1, MAP2K2, NRAS, PTPN11, RAF1, RIT1, SHOC2, and SOS1	02/01/2018			Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company); Non-Covered Genetic Panel Tests (Company)
Commercial/ASO, Medicare, OHP, PEBB	81443	Genetic testing for severe inherited conditions (eg, cystic fibrosis, Ashkenazi Jewish-associated disorders [eg, Bloom syndrome, Canavan disease, Fanconi anemia type C, mucolipidosis type VI, Gaucher disease, Tay-Sachs disease], beta hemoglobinopathies, phenylketonuria, galactosemia), genomic sequence analysis panel, must include sequencing of at least 15 genes (eg, ACADM, ARSA, ASPA, ATP7B, BCKDHA, BCKDHB, BLM, CFTR, DHCR7, FANCC, G6PC, GAA, GALT, GBA, GBE1, HBB, HEXA, IKBKAP, MCOLN1, PAH)	01/01/2019			Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company); Non-Covered Genetic Panel Tests (Company)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	81445	Solid organ neoplasm, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants and copy number variants or rearrangements, if performed; DNA analysis or combined DNA and RNA analysis	01/01/2015			Genetic and Molecular Testing (Medicare); Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company); Genetic Testing for Inherited Susceptibility to Colorectal, Endometrial, and Gastric Cancer (Company); Genetic Testing for Thyroid Nodules (Medicare); Genetic Testing: Thyroid Nodules (Company); Next Generation Sequencing for Cancer (Company)
Commercial/ASO, Medicare, OHP, PEBB	81448	Hereditary peripheral neuropathies (eg, Charcot-Marie-Tooth, spastic paraplegia), genomic sequence analysis panel, must include sequencing of at least 5 peripheral neuropathy-related genes (eg, BSCL2, GJB1, MFN2, MPZ, REEP1, SPAST, SPG11, SPTLC1)	01/01/2018			Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Non-Covered Genetic Panel Tests (Company)
Commercial/ASO, OHP, PEBB	81449	Solid organ neoplasm, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants and copy number variants or rearrangements, if performed; RNA analysis	01/01/2023			Next Generation Sequencing for Cancer (Company)
Medicare	81449	Solid organ neoplasm, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants and copy number variants or rearrangements, if performed; RNA analysis	01/01/2023			Genetic and Molecular Testing (Medicare); Genetic Testing for Thyroid Nodules (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	81450	Hematolymphoid neoplasm or disorder, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed	01/01/2015			Genetic and Molecular Testing (Medicare); Genetic Testing for Myeloproliferative Diseases (Company); Genetic Testing for Myeloproliferative Diseases (Medicare)
Commercial/ASO, OHP, PEBB	81451	Hematolymphoid neoplasm or disorder, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants, and copy number variants or rearrangements, or	01/01/2023			Next Generation Sequencing for Cancer (Company)

*Prior authorization is not a guarantee of payment. Benefits are based on eligibility at the time of service and are subject to applicable contract terms.

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
		isoform expression or mRNA expression levels, if performed; RNA analysis				
Medicare	81451	Hematolymphoid neoplasm or disorder, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; RNA analysis	01/01/2023			Genetic and Molecular Testing (Medicare); Genetic Testing for Myeloproliferative Diseases (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	81455	Solid organ or hematolymphoid neoplasm, genomic sequence analysis panel, 51 or greater genes, interrogation for sequence variants and copy number variants or rearrangements, if performed	01/01/2015			Genetic and Molecular Testing (Medicare); Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company); Genetic Testing for Inherited Susceptibility to Colorectal, Endometrial, and Gastric Cancer (Company); Genetic Testing for Myeloproliferative Diseases (Company); Genetic Testing for Myeloproliferative Diseases (Medicare); Next Generation Sequencing for Cancer (Company)
Commercial/ASO, OHP, PEBB	81456	Solid organ or hematolymphoid neoplasm or disorder, genomic sequence analysis panel, 51 or greater genes, interrogation for sequence variants and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; RNA analysis	01/01/2023			Next Generation Sequencing for Cancer (Company)
Medicare	81456	Solid organ or hematolymphoid neoplasm or disorder, genomic sequence analysis panel, 51 or greater genes, interrogation for sequence variants and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; RNA analysis	01/01/2023			Genetic and Molecular Testing (Medicare); Genetic Testing for Myeloproliferative Diseases (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Medicare	81457	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, microsatellite instability	01/01/2024			Genetic and Molecular Testing (Medicare)
Commercial/ASO, OHP, PEBB	81457	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, microsatellite instability	01/01/2024			Next Generation Sequencing for Cancer (Company)
Medicare	81458	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, copy number variants and microsatellite instability	01/01/2024			Genetic and Molecular Testing (Medicare)
Commercial/ASO, OHP, PEBB	81458	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, copy number variants and microsatellite instability	01/01/2024			Next Generation Sequencing for Cancer (Company)
Medicare	81459	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants, microsatellite instability, tumor mutation burden, and rearrangements	01/01/2024			Genetic and Molecular Testing (Medicare)
Commercial/ASO, OHP, PEBB	81459	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants, microsatellite instability, tumor mutation burden, and rearrangements	01/01/2024			Next Generation Sequencing for Cancer (Company)
Medicare	81460	Whole mitochondrial genome (eg, Leigh syndrome, mitochondrial encephalomyopathy, lactic acidosis, and stroke-like episodes [MELAS], myoclonic epilepsy with ragged-red fibers [	01/01/2022			Genetic and Molecular Testing (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, OHP, PEBB	81460	Whole mitochondrial genome (eg, Leigh syndrome, mitochondrial encephalomyopathy, lactic acidosis, and stroke-like episodes [MELAS], myoclonic epilepsy with ragged-red fibers [MERFF], neuropathy, ataxia, and retinitis pigmentosa [NARP], Leber hereditary optic neuropathy [LHON]), genomic sequence, must include sequence analysis of entire mitochondrial genome with heteroplasmy detection	11/01/2023			Whole Exome, Whole Genome, and Proteogenomic Sequencing and Genetic Testing for Mitochondrial Disorders (Company)
Commercial/ASO, Medicare, OHP, PEBB	81462	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants and rearrangements	01/01/2024			Circulating Tumor Cell and DNA Assays for Cancer Management (Company); Circulating Tumor Cell and DNA Assays for Cancer Management (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	81463	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis, copy number variants, and microsatellite instability	01/01/2024			Circulating Tumor Cell and DNA Assays for Cancer Management (Company); Circulating Tumor Cell and DNA Assays for Cancer Management (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	81464	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants, microsatellite instability, tumor mutation burden, and rearrangements	01/01/2024			Circulating Tumor Cell and DNA Assays for Cancer Management (Company); Circulating Tumor Cell and DNA Assays for Cancer Management (Medicare)
Medicare	81465	Whole mitochondrial genome large deletion analysis panel (eg, Kearns-Sayre syndrome, chronic progressive external ophthalmoplegia), including heteroplasmy detection, if perfor	01/01/2022			Genetic and Molecular Testing (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Medicare	81470	X-linked intellectual disability (XLID) (eg, syndromic and non-syndromic XLID); genomic sequence analysis panel, must include sequencing of at least 60 genes, including ARX, ATRX, CDKL5, FGD1, FMR1, HUWE1, IL1RAPL, KDM5C, L1CAM, MECP2, MED12, MID1, OCRL, RPS6KA3, and SLC16A2	07/01/2018			Genetic and Molecular Testing (Medicare)
Commercial/ASO, OHP, PEBB	81470	X-linked intellectual disability (XLID) (eg, syndromic and non-syndromic XLID); genomic sequence analysis panel, must include sequencing of at least 60 genes, including ARX, ATRX, CDKL5, FGD1, FMR1, HUWE1, IL1RAPL, KDM5C, L1CAM, MECP2, MED12, MID1, OCRL, RPS6KA3, and SLC16A2	02/01/2018			Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
Medicare	81471	X-linked intellectual disability (XLID) (eg, syndromic and non-syndromic XLID); duplication/deletion gene analysis, must include analysis of at least 60 genes, including ARX, ATRX, CDKL5, FGD1, FMR1, HUWE1, IL1RAPL, KDM5C, L1CAM, MECP2, MED12, MID1, OCRL, RPS6KA3, and SLC16A2	07/01/2018			Genetic and Molecular Testing (Medicare)
Commercial/ASO, OHP, PEBB	81471	X-linked intellectual disability (XLID) (eg, syndromic and non-syndromic XLID); duplication/deletion gene analysis, must include analysis of at least 60 genes, including ARX, ATRX, CDKL5, FGD1, FMR1, HUWE1, IL1RAPL, KDM5C, L1CAM, MECP2, MED12, MID1, OCRL, RPS6KA3, and SLC16A2	02/01/2018			Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
Medicare	81500	Oncology (ovarian), biochemical assays of two proteins (CA-125 and HE4), utilizing serum, with menopausal status, algorithm reported as a risk score	01/01/2022			Genetic and Molecular Testing (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Medicare	81503	Oncology (ovarian), biochemical assays of five proteins (CA-125, apolipoprotein A1, beta-2 microglobulin, transferrin, and pre-albumin), utilizing serum, algorithm reported as a risk score	01/01/2022			Genetic and Molecular Testing (Medicare)
Medicare	81504	Quantitative carotid intima media thickness and carotid atheroma evaluation, bilateral	01/01/2022			Genetic and Molecular Testing (Medicare)
Medicare	81507	Fetal aneuploidy (trisomy 21, 18, and 13) DNA sequence analysis of selected regions using maternal plasma, algorithm reported as a risk score for each trisomy	07/01/2018			Genetic and Molecular Testing (Medicare)
Commercial/ASO, OHP, PEBB	81507	Fetal aneuploidy (trisomy 21, 18, and 13) DNA sequence analysis of selected regions using maternal plasma, algorithm reported as a risk score for each trisomy	04/01/2021			Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
Medicare	81508	Fetal congenital abnormalities, biochemical assays of two proteins (PAPP-A, hCG [any form]), utilizing maternal serum, algorithm reported as a risk score	01/01/2022			Genetic and Molecular Testing (Medicare)
Medicare	81509	Fetal congenital abnormalities, biochemical assays of three proteins (PAPP-A, hCG [any form], DIA), utilizing maternal serum, algorithm reported as a risk score	01/01/2022			Genetic and Molecular Testing (Medicare)
Medicare	81510	Fetal congenital abnormalities, biochemical assays of three analytes (AFP, uE3, hCG [any form]), utilizing maternal serum, algorithm reported as a risk score	01/01/2022			Genetic and Molecular Testing (Medicare)
Medicare	81511	Fetal congenital abnormalities, biochemical assays of four analytes (AFP, uE3, hCG [any form], DIA) utilizing maternal serum, algorithm reported as a risk score (may include	01/01/2022			Genetic and Molecular Testing (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
		additional results from previous biochemical testing)				
Medicare	81512	Fetal congenital abnormalities, biochemical assays of five analytes (AFP, uE3, total hCG, hyperglycosylated hCG, DIA) utilizing maternal serum, algorithm reported as a risk score	01/01/2022			Genetic and Molecular Testing (Medicare)
Commercial/ASO, OHP, PEBB	81518	Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 11 genes (7 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithms reported as percentage risk for metastatic recurrence and likelihood of benefit from extended endocrine therapy	01/01/2019			Gene Expression Profile Testing for Breast Cancer (Company)
Commercial/ASO, OHP, PEBB	81519	Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 21 genes, utilizing formalin-fixed paraffin embedded tissue, algorithm reported as recurrence score	09/01/2017			Gene Expression Profile Testing for Breast Cancer (Company)
Commercial/ASO, OHP, PEBB	81520	Oncology (breast), mRNA gene expression profiling by hybrid capture of 58 genes (50 content and 8 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a recurrence risk score	03/01/2018			Gene Expression Profile Testing for Breast Cancer (Company)
Commercial/ASO, OHP, PEBB	81521	Oncology (breast), mRNA, microarray gene expression profiling of 70 content genes and 465 housekeeping genes, utilizing fresh frozen or formalin-fixed paraffin-embedded tissue, algorithm reported as index related to risk of distant metastasis	03/01/2019		Both 81521 and 81523 may not be billed together for testing on the same tumor. If one test was billed, the other will be considered not medically necessary and not covered.	Gene Expression Profile Testing for Breast Cancer (Company)
Commercial/ASO, OHP, PEBB	81522	Oncology (breast), mRNA, gene expression profiling by RT-PCR of 12 genes (8 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence risk score	01/01/2020			Gene Expression Profile Testing for Breast Cancer (Company)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, OHP, PEBB	81523	Oncology (breast), mRNA, next-generation sequencing gene expression profiling of 70 content genes and 31 housekeeping genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as index related to risk to distant metastasis	01/01/2022		Both 81521 and 81523 may not be billed together for testing on the same tumor. If one test was billed, the other will be considered not medically necessary and not covered.	Gene Expression Profile Testing for Breast Cancer (Company)
Commercial, ASO, Medicare, OHP, PEBB	81524	Oncology (central nervous system tumor), DNA methylation analysis of at least 10,000 methylation sites, utilizing DNA extracted from formalin-fixed tumor tissue, algorithm(s) reported as probability of matching a reference tumor family and class, and MGMT (O-6-methylguanine-DNA methyltransferase) promoter methylation status, if performed	01/01/2026			Genetic and Molecular Testing (Medicare); Next Generation Sequencing for Cancer (Company)
Medicare	81525	Oncology (colon), mRNA, gene expression profiling by real-time RT-PCR of 12 genes (7 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a recurrence score	01/01/2022			Genetic and Molecular Testing (Medicare)
Medicare	81538	Oncology (lung), mass spectrometric 8-protein signature, including amyloid A, utilizing serum, prognostic and predictive algorithm reported as good versus poor overall survival	01/01/2022			Genetic and Molecular Testing (Medicare)
Commercial/ASO, OHP, PEBB	81539	Oncology (high-grade prostate cancer), biochemical assay of four proteins (Total PSA, Free PSA, Intact PSA, and human kallikrein-2 [hK2]), utilizing plasma or serum, prognostic algorithm reported as a probability score	08/01/2024			Protein Biomarker and Genetic Testing for the Prostate (Company)
Commercial/ASO, PEBB	81541	Oncology (prostate), mRNA gene expression profiling by real-time RT-PCR of 46 genes (31 content and 15 housekeeping), utilizing formalin-fixed paraffin-embedded tissue,	06/01/2022			Protein Biomarker and Genetic Testing for the Prostate (Company)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
		algorithm reported as a disease-specific mortality risk score				
Commercial/ASO, OHP, PEBB	81542	Oncology (prostate), mRNA, microarray gene expression profiling of 22 content genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as metastasis risk score	06/01/2022			Protein Biomarker and Genetic Testing for the Prostate (Company)
Commercial/ASO, Medicare, OHP, PEBB	81546	Oncology (thyroid), mRNA, gene expression analysis of 10,196 genes, utilizing fine needle aspirate, algorithm reported as a categorical result (eg, benign or suspicious)	01/01/2021			Genetic and Molecular Testing (Company); Genetic Testing for Thyroid Nodules (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	81552	Oncology (uveal melanoma), mRNA, gene expression profiling by real-time RT-PCR of 15 genes (12 content and 3 housekeeping), utilizing fine needle aspirate or formalin-fixed paraffin-embedded tissue, algorithm reported as risk of metastasis	01/01/2020			Gene Expression Profile Testing for Melanoma (Company); Gene Expression Profile Testing for Melanoma (Medicare)
Medicare	81554	Pulmonary disease (idiopathic pulmonary fibrosis [IPF]), mRNA, gene expression analysis of 190 genes, utilizing transbronchial biopsies, diagnostic algorithm reported as categorical result (eg, positive or negative for high probability of usual interstitial pneumonia [UIP])	01/01/2021			Genetic and Molecular Testing (Medicare)
Medicare	81558	Transplantation medicine (allograft rejection, kidney), mRNA, gene expression profiling by quantitative polymerase chain reaction (qPCR) of 139 genes, utilizing whole blood, algorithm reported as a binary categorization as transplant excellence, which indicates immune quiescence, or not transplant excellence, indicating subclinical rejection	01/01/2025			Genetic and Molecular Testing (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	81595	Cardiology (heart transplant), mRNA, gene expression profiling by real-time quantitative PCR of 20 genes (11 content and 9 housekeeping), utilizing subfraction of peripheral blood, algorithm reported as a rejection risk score	01/01/2016		Medicaid – As of 12/1/23 PA is no longer required for OHP for contracted transplant facilities. Refer to guideline note 42 in OHA's prioritized list for additional billing guidelines.	Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare)
Medicare	86152	Cell Enumeration Using Immunologic Selection And Identification In Fluid Specimen	06/01/2021			Circulating Tumor Cell and DNA Assays for Cancer Management (Medicare)
Medicare	86153	Cell Enumeration Using Immunologic Selection And Identification In Fluid Specimen; Physician Interp And Report	06/01/2021			Circulating Tumor Cell and DNA Assays for Cancer Management (Medicare)
Commercial/ASO	90867	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management	02/01/2018		Commercial/ASO - PA required by PHP and PPP for commercial/ASO	Transcranial Magnetic Stimulation (Company)
Medicare	90867	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management	01/01/2021			Transcranial Magnetic Stimulation (Medicare)
Commercial/ASO	90868	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session	02/01/2018		Commercial/ASO - PA required by PHP and PPP for commercial/ASO	Transcranial Magnetic Stimulation (Company)
Medicare	90868	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session	01/01/2021			Transcranial Magnetic Stimulation (Medicare)
Commercial/ASO	90869	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management	02/01/2018		Commercial/ASO - PA required by PHP and PPP for commercial/ASO	Transcranial Magnetic Stimulation (Company)
Medicare	90869	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent	01/01/2021			Transcranial Magnetic Stimulation (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
		motor threshold re-determination with delivery and management				
Commercial/ASO, PEBB	90901	Biofeedback training by any modality	08/01/2026		Commercial/ASO - Commercial/ASO – Evicore prior authorization required	Biofeedback and Neurofeedback (Company)
Medicare	91065	Breath hydrogen or methane test (eg, for detection of lactase deficiency, fructose intolerance, bacterial overgrowth, or oro-cecal gastrointestinal transit)	10/01/2016			Exhaled Breath Tests (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	91110	Gastrointestinal Tract Imaging, Intraluminal (Eg, Capsule Endoscopy), Esophagus Through Ileum, w Phys Interp and Report	09/01/2003			Wireless Capsule Endoscopy (Company); Wireless Capsule Endoscopy (Medicare)
Commercial/ASO, OHP, PEBB	91111	Gastrointestinal Tract Imaging, Intraluminal (Eg, Capsule Endoscopy), Esophagus with Physician Interpretation and Report	06/01/2021			Wireless Capsule Endoscopy (Company)
Medicare	91111	Gastrointestinal Tract Imaging, Intraluminal (Eg, Capsule Endoscopy), Esophagus with Physician Interpretation and Report	04/01/2021			Wireless Capsule Endoscopy (Medicare)
Medicare	91113	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report	01/01/2022			Wireless Capsule Endoscopy (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	92640	Diagnostic analysis with programming of auditory brainstem implant, per hour	10/01/2017			Cochlear Implants and Auditory Brainstem Implants (Company); Cochlear Implants and Auditory Brainstem Implants (Medicare)
Commercial, Medicare	92920	Percutaneous transluminal coronary angioplasty; single major coronary artery or branch	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial, Medicare	92924	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial, Medicare	92928	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial, Medicare	92930	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed, single major coronary artery and/or its branch(es); 2 or more distinct coronary lesions with 2 or more coronary stents deployed in 2 or more coronary segments, or a bifurcation lesion requiring angioplasty and/or stenting in both the main artery and the side branch	01/01/2026		Carelon prior authorization required	General Requirements - Cardiovascular Care
Commercial, Medicare	92933	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial, Medicare	92937	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial, Medicare	92943	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial, Medicare	92945	Percutaneous transluminal revascularization of chronic total occlusion, single coronary artery, coronary artery branch, or coronary artery bypass graft, and/or subtended major coronary artery branches of the bypass graft,	01/01/2026		Carelon prior authorization required	General Requirements - Cardiovascular Care

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
		any combination of intracoronary stent, atherectomy and angioplasty; combined antegrade and retrograde approaches				
Commercial	93228	Wearable Mobile Cardiovascular Telemetry with Events Transmitted To Center for up to 30 Days; Physician Review W Report	05/06/2025		For Commercial Fully-Insured, prior authorization through Carelon is required	General Requirements - Cardiovascular Care
ASO, PEBB	93228	Wearable Mobile Cardiovascular Telemetry with Events Transmitted To Center for up to 30 Days; Physician Review W Report	10/01/2009		For ASO/self-funded groups only, prior authorization through PHP is required. For commercial fully-insured, prior authorization through Carelon is required	External Ambulatory Electrocardiography (Company)
Commercial	93229	Wearable Mobile Cardiovascular Telemetry with Events Transmitted To Center for up to 30 Days; Technical Support	05/06/2025		For Commercial Fully-Insured, prior authorization through Carelon is required	General Requirements - Cardiovascular Care
ASO, PEBB	93229	Wearable Mobile Cardiovascular Telemetry with Events Transmitted To Center for up to 30 Days; Technical Support	10/01/2009		For ASO/self-funded groups only, prior authorization through PHP is required. For commercial fully-insured, prior authorization through Carelon is required.	External Ambulatory Electrocardiography (Company)
Commercial/ASO, OHP, PEBB	93303	Transthoracic Echo cardiac anomalies	01/01/2016		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, OHP, PEBB	93304	Transthoracic Echo cardiac anomalies, limited	01/01/2016		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, OHP, PEBB	93306	Transthoracic Echo complete w color & spectral	01/01/2016		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, OHP, PEBB	93307	Transthoracic Echo complete wo color & spectral	01/01/2016		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, OHP, PEBB	93308	Transthoracic Echo limited	01/01/2016		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, OHP, PEBB	93312	Transesophageal Echo	01/01/2016		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, OHP, PEBB	93313	Transesophageal Echo probe only	01/01/2016		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, OHP, PEBB	93314	Transesophageal Echo interpretation	01/01/2016		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, OHP, PEBB	93315	Transesophageal Echo congenital	01/01/2016		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, OHP, PEBB	93316	Transesophageal Echo congenital, probe only	01/01/2016		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, OHP, PEBB	93317	Transesophageal Echo congenital interpretation	01/01/2016		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, OHP, PEBB	93350	Transthoracic Stress Echo, complete	01/01/2016		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, OHP, PEBB	93351	Transthoracic Stress Echo, complete w cont EKG	01/01/2016		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial, Medicare	93454	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial, Medicare	93455	Catheter placement in coronary artery(s) for coronary angiography, including	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
		intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography				
Commercial, Medicare	93456	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial, Medicare	93457	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial, Medicare	93458	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial, Medicare	93459	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
		ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography				
Commercial, Medicare	93460	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial, Medicare	93461	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial, Medicare	93580	Percutaneous transcatheter closure of congenital interatrial communication (ie, Fontan fenestration, atrial septal defect) with implant	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial, Medicare	93600	Bundle of His recording	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial, Medicare	93602	Intra-atrial recording	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial, Medicare	93603	Right ventricular recording	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial, Medicare	93610	Intra-atrial pacing	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial, Medicare	93612	Intraventricular pacing	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial, Medicare	93618	Induction of arrhythmia by electrical pacing	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial, Medicare	93619	Comprehensive electrophysiologic evaluation with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording, including insertion and repositioning of multiple electrode catheters, without induction or attempted induction of arrhythmia	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial, Medicare	93620	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial, Medicare	93624	Electrophysiologic follow-up study with pacing and recording to test effectiveness of therapy, including induction or attempted induction of arrhythmia	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial, Medicare	93642	Electrophysiologic evaluation of single or dual chamber transvenous pacing cardioverter-defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial, Medicare	93644	Electrophysiologic evaluation of subcutaneous implantable defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial, Medicare	93650	Intracardiac catheter ablation of atrioventricular node function, atrioventricular conduction for creation of complete heart block, with or without temporary pacemaker placement	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial, Medicare	93653	Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording and catheter ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping, right ventricular pacing and recording, left pacing and recording from coronary sinus or left atrium, and His bundle recording, when performed ; with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re-entry	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial, Medicare	93654	Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording and catheter ablation of arrhythmogenic focus , including intracardiac electrophysiologic 3-dimensional mapping,	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
		right ventricular pacing and recording , left pacing and recording from coronary sinus left atrium, and His bundle recording, when performed; with treatment of ventricular tachycardia or focus of ventricular ectopy including left ventricular pacing and recording, when performed				
Commercial, Medicare	93656	Comprehensive electrophysiologic evaluation with transseptal catheterizations, insertion and repositioning of multiple electrode catheters , induction or attempted induction of an arrhythmia including left or right atrial pacing/recording, and intracardiac catheter ablation of atrial fibrillation by pulmonary vein isolation, including intracardiac electrophysiologic 3-dimensional mapping, intracardiac echocardiography with imaging supervision and interpretation, right ventricular pacing/recording, and His bundle recording, when performed	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial, Medicare	93880	Duplex scan of extracranial arteries; complete bilateral study	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial, Medicare	93882	Duplex scan of extracranial arteries; unilateral or limited study	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial, Medicare	93922	Limited bilateral noninvasive physiologic studies of upper or lower extremity arteries, (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus bidirectional, Doppler waveform recording and analysis at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus volume plethysmography at 1-2 levels, or ankle/brachial indices at distal	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
		posterior tibial and anterior tibial/dorsalis pedis arteries with, transcutaneous oxygen tension measurement at 1-2 levels)				
Commercial, Medicare	93923	Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, 3 or more levels (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental blood pressure measurements with bidirectional Doppler waveform recording and analysis, at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental volume plethysmography at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental transcutaneous oxygen tension measurements at 3 or more levels), or single level study with provocative functional maneuvers (eg, measurements with postural provocative tests, or measurements with reactive hyperemia)	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial, Medicare	93924	Noninvasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing, (ie, bidirectional Doppler waveform or volume plethysmography recording and analysis at rest with ankle/brachial indices immediately after and at timed intervals following performance of a standardized protocol on a motorized treadmill plus recording of time of onset of claudication or other symptoms, maximal walking time, and time to recovery) complete bilateral study	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial, Medicare	93925	Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial, Medicare	93926	Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial, Medicare	93930	Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial, Medicare	93931	Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial, Medicare	93978	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial, Medicare	93979	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial/ASO, OHP, PEBB	95805	Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness	01/01/2009		No prior authorization required for ages 17 and under	Sleep Disorder Testing (Company)
Commercial/ASO, OHP, PEBB	95807	Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist	01/01/2009		No prior authorization required for ages 17 and under	Sleep Disorder Testing (Company)
Commercial/ASO, OHP, PEBB	95808	Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist	01/01/2009		No prior authorization required for ages 17 and under	Sleep Disorder Testing (Company)
Commercial/ASO, OHP, PEBB	95810	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	01/01/2009		Commercial/ASO,OHP,PEBB - No prior authorization required for ages 17 and under, effective 8/1/16	Sleep Disorder Testing (Company)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, OHP, PEBB	95811	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist	01/01/2009		Commercial/ASO,OHP,PEBB - No prior authorization required for ages 17 and under, effective 8/1/16	Sleep Disorder Testing (Company)
Commercial/ASO, Medicare, OHP, PEBB	95836	Electrocorticogram from an implanted brain neurostimulator pulse generator/transmitter, including recording, with interpretation and written report, up to 30 days	01/01/2019			Deep Brain and Responsive Cortical Stimulation (Company); Electrical Stimulation and Electromagnetic Therapies (Medicare); Electrical Stimulation Non-Covered Therapies (Company)
Commercial/ASO, OHP, PEBB	95940	Continuous intraoperative neurophysiology monitoring in the operating room, one on one monitoring requiring personal attendance, each 15 minutes (List separately in addition to code for primary procedure)	01/01/2022		Commercial/ASO,OHP,PEBB - This code may pay based on billed diagnosis code	Intraoperative Monitoring (Company)
Medicare	95940	Continuous intraoperative neurophysiology monitoring in the operating room, one on one monitoring requiring personal attendance, each 15 minutes (List separately in addition to code for primary procedure)	01/01/2022		Medicare - This code may pay based on billed diagnosis code	Intraoperative Monitoring (Medicare)
Commercial, ASO, Medicare, OHP, PEBB	95965	Magnetoencephalography (MEG), recording and analysis; for spontaneous brain magnetic activity (e.g., epileptic cerebral cortex localization)	12/14/2025		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial, ASO, Medicare, OHP, PEBB	95966	Magnetoencephalography (MEG), recording and analysis; for evoked magnetic fields, single modality (e.g., sensory, motor, language, or visual cortex localization)	12/14/2025		Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, PEBB	95992	Canalith repositioning procedure(s) (eg, Epley maneuver, Semont maneuver), per day	06/01/2019		Commercial/ASO - Commercial - Evicore prior authorization required. Select ASO groups - EviCore prior authorization required. See PA General Requirements pages for specific ASO plans.	Evicore Physical Therapy/ Occupational Therapy

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, PEBB	97010	Application of a modality to 1 or more areas; hot or cold packs	06/01/2019		Commercial/ASO - Commercial - Evicore prior authorization required. Select ASO groups - EviCore prior authorization required. See PA General Requirements pages for specific ASO plans.	Evicore Physical Therapy/ Occupational Therapy
Commercial/ASO	97012	Application of a modality to 1 or more areas; traction, mechanical	06/01/2019		Commercial/ASO,PEBB - Commercial - Evicore prior authorization required. Select ASO groups - EviCore prior authorization required. See PA General Requirements pages for specific ASO plans.	Evicore Physical Therapy/ Occupational Therapy
Commercial/ASO, PEBB	97014	Application of a modality to 1 or more areas; electrical stimulation (unattended)	06/01/2019		Commercial/ASO - Commercial - Evicore prior authorization required. Select ASO groups - EviCore prior authorization required. See PA General Requirements pages for specific ASO plans.	Electrical Stimulation Non-Covered Therapies (Company); Evicore Physical Therapy/ Occupational Therapy
Commercial/ASO, PEBB	97016	Application of a modality to 1 or more areas; vasopneumatic devices	06/01/2019		Commercial/ASO - Commercial - Evicore prior authorization required. Select ASO groups - EviCore prior authorization required. See PA General Requirements pages for specific ASO plans.	Evicore Physical Therapy/ Occupational Therapy
Commercial/ASO, PEBB	97018	Application of a modality to 1 or more areas; paraffin bath	06/01/2019		Commercial/ASO - Commercial - Evicore prior authorization required. Select ASO groups - EviCore prior authorization required. See PA General Requirements pages for specific ASO plans.	Evicore Physical Therapy/ Occupational Therapy
Commercial/ASO, PEBB	97022	Application of a modality to 1 or more areas; whirlpool	06/01/2019		Commercial/ASO - Commercial - Evicore prior authorization required. Select ASO groups - EviCore prior authorization required. See PA General Requirements pages for specific ASO plans.	Evicore Physical Therapy/ Occupational Therapy
Commercial/ASO, PEBB	97024	Application of a modality to 1 or more areas; diathermy (eg, microwave)	06/01/2019		Commercial/ASO - Commercial - Evicore prior authorization required. Select ASO groups - EviCore prior authorization required. See PA General Requirements pages for specific ASO plans.	Evicore Physical Therapy/ Occupational Therapy
Commercial/ASO, PEBB	97026	Application of a modality to 1 or more areas; infrared	06/01/2019		Commercial/ASO - Commercial - Evicore prior authorization required. Select ASO groups - EviCore prior authorization required. See PA General Requirements pages for specific ASO plans.	Evicore Physical Therapy/ Occupational Therapy

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, PEBB	97028	Application of a modality to 1 or more areas; ultraviolet	06/01/2019		Commercial/ASO - Commercial - Evicore prior authorization required. Select ASO groups - EviCore prior authorization required. See PA General Requirements pages for specific ASO plans.	Evicore Physical Therapy/ Occupational Therapy
Commercial/ASO, PEBB	97032	Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes	06/01/2019		Commercial/ASO - Commercial - Evicore prior authorization required. Select ASO groups - EviCore prior authorization required. See PA General Requirements pages for specific ASO plans.	Electrical Stimulation Non-Covered Therapies (Company); Evicore Physical Therapy/ Occupational Therapy
Commercial/ASO	97033	Application of a modality to 1 or more areas; iontophoresis, each 15 minutes	06/01/2019		Commercial/ASO - Commercial - Evicore prior authorization required. Select ASO groups - EviCore prior authorization required. See PA General Requirements pages for specific ASO plans.	Evicore Physical Therapy/ Occupational Therapy
Commercial/ASO, PEBB	97034	Application of a modality to 1 or more areas; contrast baths, each 15 minutes	06/01/2019		Commercial/ASO - Commercial - Evicore prior authorization required. Select ASO groups - EviCore prior authorization required. See PA General Requirements pages for specific ASO plans.	Evicore Physical Therapy/ Occupational Therapy
Commercial/ASO, PEBB	97035	Application of a modality to 1 or more areas; ultrasound, each 15 minutes	06/01/2019		Commercial/ASO - Commercial - Evicore prior authorization required. Select ASO groups - EviCore prior authorization required. See PA General Requirements pages for specific ASO plans.	Evicore Physical Therapy/ Occupational Therapy
Commercial/ASO, PEBB	97036	Application of a modality to 1 or more areas; Hubbard tank, each 15 minutes	06/01/2019		Commercial/ASO - Commercial - Evicore prior authorization required. Select ASO groups - EviCore prior authorization required. See PA General Requirements pages for specific ASO plans.	Evicore Physical Therapy/ Occupational Therapy
Commercial/ASO, PEBB	97039	Unlisted modality (specify type and time if constant attendance)	06/01/2019		Commercial/ASO - Commercial - Evicore prior authorization required. Select ASO groups - EviCore prior authorization required. See PA General Requirements pages for specific ASO plans.	Evicore Physical Therapy/ Occupational Therapy
Commercial/ASO, PEBB	97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	06/01/2019		Commercial/ASO - Commercial - Evicore prior authorization required. Select ASO groups - EviCore prior authorization required. See PA General Requirements pages for specific ASO plans.	Evicore Physical Therapy/ Occupational Therapy

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, PEBB	97112	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities	06/01/2019		Commercial/ASO - Commercial - Evicore prior authorization required. Select ASO groups - EviCore prior authorization required. See PA General Requirements pages for specific ASO plans.	Evicore Physical Therapy/ Occupational Therapy
Commercial/ASO, PEBB	97113	Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises	06/01/2019		Commercial/ASO - Commercial - Evicore prior authorization required. Select ASO groups - EviCore prior authorization required. See PA General Requirements pages for specific ASO plans.	Evicore Physical Therapy/ Occupational Therapy
Commercial/ASO, PEBB	97116	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	06/01/2019		Commercial/ASO - Commercial - Evicore prior authorization required. Select ASO groups - EviCore prior authorization required. See PA General Requirements pages for specific ASO plans.	Evicore Physical Therapy/ Occupational Therapy
Commercial/ASO, PEBB	97129	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes	01/01/2020		Commercial/ASO - Commercial - Evicore prior authorization required. Select ASO groups - EviCore prior authorization required. See PA General Requirements pages for specific ASO plans.	Evicore Physical Therapy/ Occupational Therapy
Commercial/ASO, PEBB	97130	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; each additional 15 minutes (List separately in addition to code for primary procedure)	01/01/2020		Commercial/ASO - Commercial - Evicore prior authorization required. Select ASO groups - EviCore prior authorization required. See PA General Requirements pages for specific ASO plans.	Evicore Physical Therapy/ Occupational Therapy

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, PEBB	97139	Unlisted therapeutic procedure (specify)	06/01/2019		Commercial/ASO - Commercial - Evicore prior authorization required. Select ASO groups - EviCore prior authorization required. See PA General Requirements pages for specific ASO plans.	Evicore Physical Therapy/ Occupational Therapy
Commercial/ASO, PEBB	97140	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	06/01/2019		Commercial/ASO - Commercial - Evicore prior authorization required. Select ASO groups - EviCore prior authorization required. See PA General Requirements pages for specific ASO plans.	Evicore Physical Therapy/ Occupational Therapy
Commercial/ASO, PEBB	97150	Therapeutic procedure(s), group (2 or more individuals)	06/01/2019		Commercial/ASO - Commercial - Evicore prior authorization required. Select ASO groups - EviCore prior authorization required. See PA General Requirements pages for specific ASO plans.	Evicore Physical Therapy/ Occupational Therapy
Commercial/ASO	97151	Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan	01/01/2021		PA required by PHP and PPP for commercial/ASO Prior authorization excludes Intel	Applied Behavior Analysis (Company)
Commercial/ASO	97152	Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, face-to-face with the patient, each 15 minutes	01/01/2021		PA required by PHP and PPP for commercial/ASO Prior authorization excludes Intel	Applied Behavior Analysis (Company)
Commercial/ASO	97153	Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 15 minutes	01/01/2021		PA required by PHP and PPP for commercial/ASO Prior authorization excludes Intel	Applied Behavior Analysis (Company)

*Prior authorization is not a guarantee of payment. Benefits are based on eligibility at the time of service and are subject to applicable contract terms.

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO	97154	Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes	01/01/2021		PA required by PHP and PPP for commercial/ASO Prior authorization excludes Intel	Applied Behavior Analysis (Company)
Commercial/ASO	97155	Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes	01/01/2021		PA required by PHP and PPP for commercial/ASO Prior authorization excludes Intel	Applied Behavior Analysis (Company)
Commercial/ASO	97156	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes	01/01/2021		PA required by PHP and PPP for commercial/ASO Prior authorization excludes Intel	Applied Behavior Analysis (Company)
Commercial/ASO	97157	Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, each 15 minutes	01/01/2021		PA required by PHP and PPP for commercial/ASO Prior authorization excludes Intel	Applied Behavior Analysis (Company)
Commercial/ASO	97158	Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes	01/01/2021		PA required by PHP and PPP for commercial/ASO Prior authorization excludes Intel	Applied Behavior Analysis (Company)
Commercial/ASO, PEBB	97161	Physical therapy evaluation: low complexity, requiring these components: A history with no personal factors and/or comorbidities that impact the plan of care; An examination of body system(s) using standardized tests and measures addressing 1-2 elements from any of the following: body structures and functions,	06/01/2019		Commercial/ASO - Commercial - Evicore prior authorization required. Select ASO groups - EviCore prior authorization required. See PA General Requirements pages for specific ASO plans.	Evicore Physical Therapy/ Occupational Therapy

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
		activity limitations, and/or participation restrictions; A clinical presentation with stable and/or uncomplicated characteristics; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 20 minutes are spent face-to-face with the patient and/or family.				
Commercial/ASO, PEBB	97162	Physical therapy evaluation: moderate complexity, requiring these components: A history of present problem with 1-2 personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures in addressing a total of 3 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; An evolving clinical presentation with changing characteristics; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family	06/01/2019		Commercial/ASO - Commercial - Evicore prior authorization required. Select ASO groups - EviCore prior authorization required. See PA General Requirements pages for specific ASO plans.	Evicore Physical Therapy/ Occupational Therapy
Commercial/ASO, PEBB	97163	Physical therapy evaluation: high complexity, requiring these components: A history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical	06/01/2019		Commercial/ASO - Commercial - Evicore prior authorization required. Select ASO groups - EviCore prior authorization required. See PA General Requirements pages for specific ASO plans.	Evicore Physical Therapy/ Occupational Therapy

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
		presentation with unstable and unpredictable characteristics; and Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 45 minutes are spent face-to-face with the patient and/or family				
Commercial/ASO, PEBB	97164	Re-evaluation of physical therapy established plan of care, requiring these components: An examination including a review of history and use of standardized tests and measures is required; and Revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome Typically, 20 minutes are spent face-to-face with the patient and/or family.	06/01/2019		Commercial/ASO - Commercial - Evicore prior authorization required. Select ASO groups - EviCore prior authorization required. See PA General Requirements pages for specific ASO plans.	Evicore Physical Therapy/ Occupational Therapy
Commercial/ASO, PEBB	97165	Occupational therapy evaluation, low complexity, requiring these components: An occupational profile and medical and therapy history, which includes a brief history including review of medical and/or therapy records relating to the presenting problem; An assessment(s) that identifies 1-3 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of low complexity, which includes an analysis of the occupational profile, analysis of data from problem-focused assessment(s), and consideration of a limited number of treatment options. Patient presents with no comorbidities that affect occupational performance. Modification of tasks or assistance (eg, physical or verbal) with assessment(s) is not necessary to enable completion of evaluation component.	06/01/2019		Commercial/ASO - Commercial - Evicore prior authorization required. Select ASO groups - EviCore prior authorization required. See PA General Requirements pages for specific ASO plans.	Evicore Physical Therapy/ Occupational Therapy

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
		Typically, 30 minutes are spent face-to-face with the patient and/or family.				
Commercial/ASO, PEBB	97166	Occupational therapy evaluation, moderate complexity, requiring these components: An occupational profile and medical and therapy history, which includes an expanded review of medical and/or therapy records and additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 3-5 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of moderate analytic complexity, which includes an analysis of the occupational profile, analysis of data from detailed assessment(s), and consideration of several treatment options. Patient may present with comorbidities that affect occupational performance. Minimal to moderate modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 45 minutes are spent face-to-face with the patient and/or family.	06/01/2019		Commercial/ASO - Commercial - Evicore prior authorization required. Select ASO groups - EviCore prior authorization required. See PA General Requirements pages for specific ASO plans.	Evicore Physical Therapy/ Occupational Therapy
Commercial/ASO, PEBB	97167	Occupational therapy evaluation, high complexity, requiring these components: An occupational profile and medical and therapy history, which includes review of medical and/or therapy records and extensive additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that	06/01/2019		Commercial/ASO - Commercial - Evicore prior authorization required. Select ASO groups - EviCore prior authorization required. See PA General Requirements pages for specific ASO plans.	Evicore Physical Therapy/ Occupational Therapy

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
		identifies 5 or more performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of high analytic complexity, which includes an analysis of the patient profile, analysis of data from comprehensive assessment(s), and consideration of multiple treatment options. Patient presents with comorbidities that affect occupational performance. Significant modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 60 minutes are spent face-to-face with the patient and/or family				
Commercial/ASO, PEBB	97168	Re-evaluation of occupational therapy established plan of care, requiring these components: An assessment of changes in patient functional or medical status with revised plan of care; An update to the initial occupational profile to reflect changes in condition or environment that affect future interventions and/or goals; and A revised plan of care. A formal reevaluation is performed when there is a documented change in functional status or a significant change to the plan of care is required. Typically, 30 minutes are spent face-to-face with the patient and/or family.	06/01/2019		Commercial/ASO - Commercial - Evicore prior authorization required. Select ASO groups - EviCore prior authorization required. See PA General Requirements pages for specific ASO plans.	Evicore Physical Therapy/ Occupational Therapy
Commercial/ASO, PEBB	97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	06/01/2019		Commercial/ASO - Commercial - Evicore prior authorization required. Select ASO groups - EviCore prior authorization required. See PA General Requirements pages for specific ASO plans.	Evicore Physical Therapy/ Occupational Therapy

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial	97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	01/01/2026		Commercial - Evicore prior authorization required.	Evicore Physical Therapy/ Occupational Therapy
Commercial/ASO, PEBB	97535	Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes	06/01/2019		Commercial/ASO - Commercial - Evicore prior authorization required. Select ASO groups - EviCore prior authorization required. See PA General Requirements pages for specific ASO plans.	Evicore Physical Therapy/ Occupational Therapy
Commercial/ASO	97537	Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact, each 15 minutes	06/01/2019		Commercial/ASO,PEBB - Commercial - Evicore prior authorization required. Select ASO groups - EviCore prior authorization required. See PA General Requirements pages for specific ASO plans.	Evicore Physical Therapy/ Occupational Therapy
Commercial/ASO, PEBB	97542	Wheelchair management (eg, assessment, fitting, training), each 15 minutes	06/01/2019		Commercial/ASO - Commercial - Evicore prior authorization required. Select ASO groups - EviCore prior authorization required. See PA General Requirements pages for specific ASO plans.	Evicore Physical Therapy/ Occupational Therapy
Commercial/ASO, PEBB	97545	Work hardening/conditioning; initial 2 hours	06/01/2019		Commercial/ASO - Commercial - Evicore prior authorization required. Select ASO groups - EviCore prior authorization required. See PA General Requirements pages for specific ASO plans.	Evicore Physical Therapy/ Occupational Therapy
Commercial/ASO, PEBB	97546	Work hardening/conditioning; each additional hour (List separately in addition to code for primary procedure)	06/01/2019		Commercial/ASO - Commercial - Evicore prior authorization required. Select ASO groups - EviCore prior authorization required. See PA General Requirements pages for specific ASO plans.	Evicore Physical Therapy/ Occupational Therapy
Commercial/ASO, PEBB	97750	Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes	06/01/2019		Commercial/ASO - Commercial - Evicore prior authorization required. Select ASO groups - EviCore	Evicore Physical Therapy/ Occupational Therapy

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
					prior authorization required. See PA General Requirements pages for specific ASO plans.	
Commercial/ASO, PEBB	97755	Assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact, with written report, each 15 minutes	06/01/2019		Commercial/ASO - Commercial - Evicore prior authorization required. Select ASO groups - EviCore prior authorization required. See PA General Requirements pages for specific ASO plans.	Evicore Physical Therapy/ Occupational Therapy
Commercial/ASO, PEBB	97760	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes	06/01/2019		Commercial/ASO - Commercial - Evicore prior authorization required. Select ASO groups - EviCore prior authorization required. See PA General Requirements pages for specific ASO plans.	Evicore Physical Therapy/ Occupational Therapy
Commercial/ASO, PEBB	97761	Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes	06/01/2019		Commercial/ASO - Commercial - Evicore prior authorization required. Select ASO groups - EviCore prior authorization required. See PA General Requirements pages for specific ASO plans.	Evicore Physical Therapy/ Occupational Therapy
Commercial/ASO, PEBB	97763	Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk, subsequent orthotic(s)/prosthetic(s) encounter, each 15 minutes	06/01/2019		Commercial/ASO - Commercial - Evicore prior authorization required. Select ASO groups - EviCore prior authorization required. See PA General Requirements pages for specific ASO plans.	Evicore Physical Therapy/ Occupational Therapy
Commercial/ASO, PEBB	97799	Unlisted physical medicine/rehabilitation service or procedure	06/01/2019		Commercial/ASO - Commercial - Evicore prior authorization required. Select ASO groups - EviCore prior authorization required. See PA General Requirements pages for specific ASO plans.	Evicore Physical Therapy/ Occupational Therapy
Commercial/ASO, Medicare, OHP, PEBB	99183	Physician Attendance and Supervision of Hyperbaric Oxygen Therapy; Per Session	01/01/2008			Hyperbaric Oxygen Therapy (Company); Hyperbaric Oxygen Therapy (Medicare)
Commercial/ASO, Medicare, PEBB	A0430	Ambulance service, conventional air services, transport, one way (fixed wing)	06/01/2025		Effective 6/1/25: Prior authorization is required for non-urgent/non-emergent air ambulance transports. Prior authorization is not required for	Ambulance Transport (Company); Ambulance Transport (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
					urgent/emergent air ambulance transports; however, all air ambulance transports may be reviewed for medical necessity retrospectively.	
Commercial/ASO, Medicare, PEBB	A0431	Ambulance service, conventional air services, transport, one way (rotary wing)	06/01/2025		Effective 6/1/25: Prior authorization is required for non-urgent/non-emergent air ambulance transports. Prior authorization is not required for urgent/emergent air ambulance transports; however, all air ambulance transports may be reviewed for medical necessity retrospectively.	Ambulance Transport (Company); Ambulance Transport (Medicare)
Commercial/ASO, Medicare, PEBB	A0435	Fixed wing air mileage, per statute mile	06/01/2025		Effective 6/1/25: Prior authorization is required for non-urgent/non-emergent air ambulance transports. Prior authorization is not required for urgent/emergent air ambulance transports; however, all air ambulance transports may be reviewed for medical necessity retrospectively.	Ambulance Transport (Company); Ambulance Transport (Medicare)
Commercial/ASO, Medicare, PEBB	A0436	Rotary wing air mileage, per statute mile	06/01/2025		Effective 6/1/25: Prior authorization is required for non-urgent/non-emergent air ambulance transports. Prior authorization is not required for urgent/emergent air ambulance transports; however, all air ambulance transports may be reviewed for medical necessity retrospectively.	Ambulance Transport (Company); Ambulance Transport (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	A4100	Skin substitute, fda cleared as a device, not otherwise specified	04/01/2022		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Skin and Tissue Substitutes (Company); Skin and Tissue Substitutes (Medicare)
Commercial, ASO, Medicare, OHP, PEBB	A4238	Supply allowance for adjunctive , nonimplanted continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service	06/01/2026		Commercial,ASO,Medicare,OHP,PEBB - Prior authorization not required for services billed with ICD-10 DX Codes: E10 (T1DM), E11 (T2DM) and O24 (gestational diabetes)	Continuous Glucose Monitors For Personal Use - Pharmacy Policy
Commercial, ASO, Medicare, OHP, PEBB	A4239	Supply allowance for non-adjunctive, nonimplanted continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service	06/01/2026		Commercial,ASO,Medicare,OHP,PEBB - Prior authorization not required for services billed with ICD-10 DX Codes: E10 (T1DM), E11 (T2DM) and O24 (gestational diabetes)	Continuous Glucose Monitors For Personal Use - Pharmacy Policy

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	A4290	Sacral nerve stimulation test lead, each	03/01/2016			Fecal Incontinence Treatments (Company); Fecal Incontinence Treatments (Medicare); Urinary Dysfunction Treatments (Company); Urinary Dysfunction Treatments (Medicare)
Medicare	A4341	Indwelling intraurethral drainage device with valve, patient inserted, replacement only, each	04/01/2023			Urinary Dysfunction Treatments (Medicare)
Medicare	A4342	Accessories for patient inserted indwelling intraurethral drainage device with valve, replacement only, each	04/01/2023			Urinary Dysfunction Treatments (Medicare)
Medicare	A4479	Electronic transanal irrigation system, includes electronic pump, water reservoir, tubing, and accessories, without catheter, any type	04/01/2026			Fecal Incontinence Treatments (Medicare)
Medicare	A4542	Supplies and accessories for external upper limb tremor stimulator of the peripheral nerves of the wrist	04/01/2024			Electrical Stimulation and Electromagnetic Therapies (Medicare)
Commercial/ASO, OHP, PEBB	A4555	Electrode/transducer for use with electrical stimulation device used for cancer treatment, replacement only	03/01/2017			Tumor Treatment Field Therapy for Glioblastoma (Company)
Commercial/ASO, Medicare, OHP, PEBB	A9156	A9156 - Oral muco adhesive, any type (liquid, gel, paste, etc.), per 1 ml	10/01/2023		Commercial/ASO,Medicare,OHP,PEBB - Mugard Oral Wound Rinse	Oral Rinses - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	A9513	Lutetium lu 177, dotatate, therapeutic, 1 millicurie	01/01/2019		Commercial/ASO,Medicare,OHP,PEBB - Lutathera®	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy
Commercial, ASO, Medicare, OHP, PEBB	A9515	Choline c-11, diagnostic, per study dose up to 20 millicuries	04/01/2026		For Commercial, ASO, Medicare, OHP, PEBB - Carelon Prior Authorization Required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial, ASO, Medicare, OHP, PEBB	A9552	Fluorodeoxyglucose f-18 fdg, diagnostic, per study dose, up to 45 millicuries	04/01/2026		For Commercial, ASO, Medicare, OHP, PEBB - Carelon Prior Authorization Required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology

*Prior authorization is not a guarantee of payment. Benefits are based on eligibility at the time of service and are subject to applicable contract terms.

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial, ASO, Medicare, OHP, PEBB	A9580	Sodium fluoride f-18, diagnostic, per study dose, up to 30 millicuries	04/01/2026		For Commercial, ASO, Medicare, OHP, PEBB - Carelon Prior Authorization Required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial, ASO, Medicare, OHP, PEBB	A9586	Florbetapir f18, diagnostic, per study dose, up to 10 millicuries	04/01/2026		For Commercial, ASO, Medicare, OHP, PEBB - Carelon Prior Authorization Required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial, ASO, Medicare, OHP, PEBB	A9587	Gallium ga-68, dotatate, diagnostic, 0.1 millicurie	04/01/2026		For Commercial, ASO, Medicare, OHP, PEBB - Carelon Prior Authorization Required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial, ASO, Medicare, OHP, PEBB	A9588	Fluciclovine f-18, diagnostic, 1 millicurie	04/01/2026		For Commercial, ASO, Medicare, OHP, PEBB - Carelon Prior Authorization Required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	A9590	Iodine i-131, iobenguane, 1 millicurie	01/01/2020		Commercial/ASO,Medicare,OHP,PEBB - Azedra®	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy
Commercial, ASO, Medicare, OHP, PEBB	A9591	Fluoroestradiol f 18, diagnostic, 1 millicurie	04/01/2026		For Commercial, ASO, Medicare, OHP, PEBB - Carelon Prior Authorization Required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial, ASO, Medicare, OHP, PEBB	A9592	Copper cu-64, dotatate, diagnostic, 1 millicurie	04/01/2026		For Commercial, ASO, Medicare, OHP, PEBB - Carelon Prior Authorization Required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial, ASO, Medicare, OHP, PEBB	A9593	Gallium ga-68 psma-11, diagnostic, (ucsf), 1 millicurie	04/01/2026		For Commercial, ASO, Medicare, OHP, PEBB - Carelon Prior Authorization Required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial, ASO, Medicare, OHP, PEBB	A9594	Gallium ga-68 psma-11, diagnostic, (ucla), 1 millicurie	04/01/2026		For Commercial, ASO, Medicare, OHP, PEBB - Carelon Prior Authorization Required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial, ASO, Medicare, OHP, PEBB	A9595	Piflufolastat f-18, diagnostic, 1 millicurie	04/01/2026		For Commercial, ASO, Medicare, OHP, PEBB - Carelon Prior Authorization Required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial, ASO, Medicare, OHP, PEBB	A9596	Gallium ga-68 gozetotide, diagnostic, (illuccix), 1 millicurie	04/01/2026		For Commercial, ASO, Medicare, OHP, PEBB - Carelon Prior Authorization Required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial, ASO, Medicare, OHP, PEBB	A9597	Positron emission tomography radiopharmaceutical, diagnostic, for tumor identification, not otherwise classified	04/01/2026		For Commercial, ASO, Medicare, OHP, PEBB - Carelon Prior Authorization Required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial, ASO, Medicare, OHP, PEBB	A9598	Positron emission tomography radiopharmaceutical, diagnostic, for non-tumor identification, not otherwise classified	04/01/2026		For Commercial, ASO, Medicare, OHP, PEBB - Carelon Prior Authorization Required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial, ASO, Medicare, OHP, PEBB	A9601	Flortaucipir f 18 injection, diagnostic, 1 millicurie	04/01/2026		For Commercial, ASO, Medicare, OHP, PEBB - Carelon Prior Authorization Required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial, ASO, Medicare, OHP, PEBB	A9602	Fluorodopa f-18, diagnostic, per millicurie	04/01/2026		For Commercial, ASO, Medicare, OHP, PEBB - Carelon Prior Authorization Required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	A9606	Radium Ra-223 dichloride, therapeutic, per microcurie	01/01/2015		Commercial/ASO,Medicare,OHP,PEBB - Xofigo®	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	A9607	Lutetium lu 177 vipivotide tetraxetan, therapeutic, 1 millicurie	10/01/2022		Commercial/ASO,Medicare,OHP,PEBB - Pluvicto	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy
Commercial, ASO, Medicare, OHP, PEBB	A9608	Flotufolastat f 18, diagnostic, 1 millicurie	04/01/2026		For Commercial, ASO, Medicare, OHP, PEBB - Carelon Prior Authorization Required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial, ASO, Medicare, OHP, PEBB	A9616	Gallium ga-68 gozetotide (gozellix), diagnostic, 1 millicurie	04/01/2026		For Commercial, ASO, Medicare, OHP, PEBB - Carelon Prior Authorization Required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial, ASO, Medicare, OHP, PEBB	A9800	Gallium ga-68 gozetotide, diagnostic, (locametz), 1 millicurie	04/01/2026		For Commercial, ASO, Medicare, OHP, PEBB - Carelon Prior Authorization Required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	B4034	Enteral feeding supply kit; syringe fed, per day, includes but not limited to feeding/flushing syringe, administrative set tubing, dressings, tape	01/01/2025			Medical Nutrition (Commercial) - Pharmacy Policy; Medical Nutrition (Medicaid) - Pharmacy Policy ; Medical Nutrition (Medicare Part B) - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	B4035	Enteral feeding supply kit; pump fed, per day, includes but not limited to feeding/flushing syringe, administrative set tubing, dressings, tape	01/01/2025			Medical Nutrition (Commercial) - Pharmacy Policy; Medical Nutrition (Medicaid) - Pharmacy Policy ; Medical Nutrition (Medicare Part B) - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	B4036	Enteral feeding supply kit; gravity fed, per day, includes but not limited to feeding/flushing syringe, administrative set tubing, dressings, tape	01/01/2025			Medical Nutrition (Commercial) - Pharmacy Policy; Medical Nutrition (Medicaid) - Pharmacy Policy ; Medical Nutrition (Medicare Part B) - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	B4100	Food thickener, administered orally, per ounce	01/01/2013			Medical Nutrition (Commercial) - Pharmacy Policy; Medical Nutrition (Medicaid) - Pharmacy Policy ; Medical Nutrition (Medicare Part B) - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	B4102	Enteral formula, for adults, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit	01/01/2013			Medical Nutrition (Commercial) - Pharmacy Policy; Medical Nutrition (Medicaid) - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	B4103	Enteral formula, for pediatrics, used to replace fluids and electrolytes (e.g., clear liquids), 500 mL = 1 unit	01/01/2013			Medical Nutrition (Commercial) - Pharmacy Policy; Medical Nutrition (Medicaid) - Pharmacy Policy
Commercial/ASO, OHP, PEBB	B4104	Additive for enteral formula (e.g., fiber)	01/01/2013			Medical Nutrition (Commercial) - Pharmacy Policy; Medical Nutrition (Medicaid) - Pharmacy Policy ; Medical Nutrition (Medicare Part B) - Pharmacy Policy

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	B4148	B4148 - Enteral feeding supply kit; elastomeric control fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape	10/01/2023			Medical Nutrition (Commercial) - Pharmacy Policy; Medical Nutrition (Medicaid) - Pharmacy Policy ; Medical Nutrition (Medicare Part B) - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	B4149	Enteral formula, manufactured blenderized natural foods with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	01/01/2013			Medical Nutrition (Commercial) - Pharmacy Policy; Medical Nutrition (Medicaid) - Pharmacy Policy ; Medical Nutrition (Medicare Part B) - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	B4150	Enteral formula, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	01/01/2013			Medical Nutrition (Commercial) - Pharmacy Policy; Medical Nutrition (Medicaid) - Pharmacy Policy ; Medical Nutrition (Medicare Part B) - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	B4152	Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	01/01/2013			Medical Nutrition (Commercial) - Pharmacy Policy; Medical Nutrition (Medicaid) - Pharmacy Policy ; Medical Nutrition (Medicare Part B) - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	B4153	Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	01/01/2013			Medical Nutrition (Commercial) - Pharmacy Policy; Medical Nutrition (Medicaid) - Pharmacy Policy ; Medical Nutrition (Medicare Part B) - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	B4154	Enteral formula, nutritionally complete, for special metabolic needs, excludes inherited disease of metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber,	01/01/2013			Medical Nutrition (Commercial) - Pharmacy Policy; Medical Nutrition (Medicaid) - Pharmacy Policy ; Medical Nutrition (Medicare Part B) - Pharmacy Policy

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
		administered through an enteral feeding tube, 100 calories = 1 unit				
Commercial/ASO, Medicare, OHP, PEBB	B4155	Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (e.g., glucose polymers), proteins/amino acids (e.g., glutamine, arginine), fat (e.g., medium chain triglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit	01/01/2013			Medical Nutrition (Commercial) - Pharmacy Policy; Medical Nutrition (Medicaid) - Pharmacy Policy ; Medical Nutrition (Medicare Part B) - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	B4157	Enteral formula, nutritionally complete, for special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	01/01/2013			Medical Nutrition (Commercial) - Pharmacy Policy; Medical Nutrition (Medicaid) - Pharmacy Policy ; Medical Nutrition (Medicare Part B) - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	B4158	Enteral formula, for pediatrics, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit	01/01/2013			Medical Nutrition (Commercial) - Pharmacy Policy; Medical Nutrition (Medicaid) - Pharmacy Policy ; Medical Nutrition (Medicare Part B) - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	B4159	Enteral formula, for pediatrics, nutritionally complete soy based with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit	01/01/2013			Medical Nutrition (Commercial) - Pharmacy Policy; Medical Nutrition (Medicaid) - Pharmacy Policy ; Medical Nutrition (Medicare Part B) - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	B4160	Enteral formula, for pediatrics, nutritionally complete calorically dense (equal to or greater than 0.7 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber,	01/01/2013			Medical Nutrition (Commercial) - Pharmacy Policy; Medical Nutrition (Medicaid) - Pharmacy Policy ; Medical Nutrition (Medicare Part B) - Pharmacy Policy

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
		administered through an enteral feeding tube, 100 calories = 1 unit				
Commercial/ASO, Medicare, OHP, PEBB	B4161	Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	01/01/2013			Medical Nutrition (Commercial) - Pharmacy Policy; Medical Nutrition (Medicaid) - Pharmacy Policy ; Medical Nutrition (Medicare Part B) - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	B4162	Enteral formula, for pediatrics, special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	01/01/2013			Medical Nutrition (Commercial) - Pharmacy Policy; Medical Nutrition (Medicaid) - Pharmacy Policy ; Medical Nutrition (Medicare Part B) - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	B4164	Parenteral nutrition solution: carbohydrates (dextrose), 50% or less (500 ml = 1 unit) - home mix	01/01/2013			Total Parenteral Nutrition (TPN) (Commercial) (Medicaid) - Pharmacy Policy; Total Parenteral Nutrition (TPN) (Medicare Part B) - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	B4168	Parenteral nutrition solution; amino acid, 3.5%, (500 ml = 1 unit) - home mix	01/01/2013			Total Parenteral Nutrition (TPN) (Commercial) (Medicaid) - Pharmacy Policy; Total Parenteral Nutrition (TPN) (Medicare Part B) - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	B4172	Parenteral nutrition solution; amino acid, 5.5% through 7%, (500 ml = 1 unit) - home mix	01/01/2013			Total Parenteral Nutrition (TPN) (Commercial) (Medicaid) - Pharmacy Policy; Total Parenteral Nutrition (TPN) (Medicare Part B) - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	B4176	Parenteral nutrition solution; amino acid, 7% through 8.5%, (500 ml = 1 unit) - home mix	01/01/2013			Total Parenteral Nutrition (TPN) (Commercial) (Medicaid) - Pharmacy Policy; Total Parenteral Nutrition (TPN) (Medicare Part B) - Pharmacy Policy

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	B4178	Parenteral nutrition solution: amino acid, greater than 8.5% (500 ml = 1 unit) - home mix	01/01/2013			Total Parenteral Nutrition (TPN) (Commercial) (Medicaid) - Pharmacy Policy; Total Parenteral Nutrition (TPN) (Medicare Part B) - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	B4180	Parenteral nutrition solution; carbohydrates (dextrose), greater than 50% (500 ml = 1 unit) - home mix	01/01/2013			Total Parenteral Nutrition (TPN) (Commercial) (Medicaid) - Pharmacy Policy; Total Parenteral Nutrition (TPN) (Medicare Part B) - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	B4185	Parenteral nutrition solution, per 10 grams lipids	01/01/2013			Total Parenteral Nutrition (TPN) (Commercial) (Medicaid) - Pharmacy Policy; Total Parenteral Nutrition (TPN) (Medicare Part B) - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	B4187	Omegaven, 10 grams lipids	01/01/2020			Total Parenteral Nutrition (TPN) (Commercial) (Medicaid) - Pharmacy Policy; Total Parenteral Nutrition (TPN) (Medicare Part B) - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	B4189	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 10 to 51 grams of protein - premix	01/01/2013			Total Parenteral Nutrition (TPN) (Commercial) (Medicaid) - Pharmacy Policy; Total Parenteral Nutrition (TPN) (Medicare Part B) - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	B4193	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 52 to 73 grams of protein - premix	01/01/2013			Total Parenteral Nutrition (TPN) (Commercial) (Medicaid) - Pharmacy Policy; Total Parenteral Nutrition (TPN) (Medicare Part B) - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	B4197	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, 74 to 100 grams of protein - premix	01/01/2013			Total Parenteral Nutrition (TPN) (Commercial) (Medicaid) - Pharmacy Policy; Total Parenteral Nutrition (TPN) (Medicare Part B) - Pharmacy Policy

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	B4199	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, over 100 grams of protein - premix	01/01/2013			Total Parenteral Nutrition (TPN) (Commercial) (Medicaid) - Pharmacy Policy; Total Parenteral Nutrition (TPN) (Medicare Part B) - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	B4216	Parenteral nutrition; additives (vitamins, trace elements, heparin, electrolytes), home mix, per day	01/01/2013			Total Parenteral Nutrition (TPN) (Commercial) (Medicaid) - Pharmacy Policy; Total Parenteral Nutrition (TPN) (Medicare Part B) - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	B4220	Parenteral nutrition supply kit; premix, per day	01/01/2013			Total Parenteral Nutrition (TPN) (Commercial) (Medicaid) - Pharmacy Policy; Total Parenteral Nutrition (TPN) (Medicare Part B) - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	B4222	Parenteral nutrition supply kit; home mix, per day	01/01/2013			Total Parenteral Nutrition (TPN) (Commercial) (Medicaid) - Pharmacy Policy; Total Parenteral Nutrition (TPN) (Medicare Part B) - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	B4224	Parenteral nutrition administration kit, per day	01/01/2013			Total Parenteral Nutrition (TPN) (Commercial) (Medicaid) - Pharmacy Policy; Total Parenteral Nutrition (TPN) (Medicare Part B) - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	B5000	Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, renal-aminosyn-rf, nephramine, renamine-premix	01/01/2013			Total Parenteral Nutrition (TPN) (Commercial) (Medicaid) - Pharmacy Policy; Total Parenteral Nutrition (TPN) (Medicare Part B) - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	B5100	Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, hepatic, hepatamine-premix	01/01/2013			Total Parenteral Nutrition (TPN) (Commercial) (Medicaid) - Pharmacy Policy; Total Parenteral Nutrition (TPN) (Medicare Part B) - Pharmacy Policy

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	B5200	Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, stress-branch chain amino acids-freamine-hbc-premix	01/01/2013			Total Parenteral Nutrition (TPN) (Commercial) (Medicaid) - Pharmacy Policy; Total Parenteral Nutrition (TPN) (Medicare Part B) - Pharmacy Policy
Medicare	C1605	Pacemaker, leadless, dual chamber (right atrial and right ventricular implantable components), rate-responsive, including all necessary components for implantation	05/06/2025		Carelon prior authorization required.	General Requirements - Cardiovascular Care
Commercial	C1605	Pacemaker, leadless, dual chamber (right atrial and right ventricular implantable components), rate-responsive, including all necessary components for implantation	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial, ASO, Medicare, OHP, PEBB	C1607	Neurostimulator, integrated (implantable), rechargeable with all implantable and external components including charging system	01/01/2026			Electrical Stimulation and Electromagnetic Therapies (Medicare); Fecal Incontinence Treatments (Company); Fecal Incontinence Treatments (Medicare); Implantable Spinal Cord and Dorsal Root Ganglion Stimulation (Company); Urinary Dysfunction Treatments (Company); Urinary Dysfunction Treatments (Medicare)
Commercial, Medicare	C1721	Cardioverter-defibrillator, dual chamber (implantable)	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial, Medicare	C1722	Cardioverter-defibrillator, single chamber (implantable)	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Medicare	C1735	Catheter(s), intravascular for renal denervation, radiofrequency, including all single use system components	10/28/2025			Renal Denervation for Uncontrolled Hypertension (Medicare)
Medicare	C1736	Catheter(s), intravascular for renal denervation, ultrasound, including all single use system components	10/28/2025			Renal Denervation for Uncontrolled Hypertension (Medicare)

*Prior authorization is not a guarantee of payment. Benefits are based on eligibility at the time of service and are subject to applicable contract terms.

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
OHP	C1754	Catheter, intradiscal	03/01/2010			OHP Prioritized List of Health Services and Oregon Administrative Rules
OHP	C1755	Catheter, intraspinal	03/01/2010			OHP Prioritized List of Health Services and Oregon Administrative Rules
Commercial, Medicare	C1764	Event recorder, cardiac (implantable)	05/06/2025		For Commercial Fully-Insured and Medicare, prior authorization through Carelon is required	General Requirements - Cardiovascular Care
ASO, PEBB	C1764	Event recorder, cardiac (implantable)	09/01/2017		For ASO/self-funded groups only, prior authorization through PHP is required. For commercial fully-insured and Medicare, prior authorization through Carelon is required.	Implantable Loop Recorders (Company)
Commercial/ASO, Medicare, OHP, PEBB	C1767	Generator, neurostimulator (implantable), non-rechargeable	02/01/2016			Deep Brain and Responsive Cortical Stimulation (Company); Electrical Stimulation and Electromagnetic Therapies (Medicare); Fecal Incontinence Treatments (Company); Fecal Incontinence Treatments (Medicare); Gastric Electrical Stimulation (Company); Implantable Spinal Cord and Dorsal Root Ganglion Stimulation (Company); Urinary Dysfunction Treatments (Company); Urinary Dysfunction Treatments (Medicare); Vagus Nerve Stimulation (Company)
Commercial, Medicare	C1777	Lead, cardioverter-defibrillator, endocardial single coil (implantable)	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	C1778	Lead, neurostimulator (implantable)	02/01/2016			Deep Brain and Responsive Cortical Stimulation (Company); Electrical Stimulation and Electromagnetic Therapies (Medicare); Fecal Incontinence Treatments (Company); Fecal Incontinence Treatments (Medicare); Gastric Electrical Stimulation (Company); Implantable Spinal Cord and Dorsal Root Ganglion Stimulation (Company); Urinary Dysfunction Treatments (Company); Urinary Dysfunction Treatments (Medicare); Vagus Nerve Stimulation (Company)
Commercial, Medicare	C1785	Pacemaker, dual-chamber, rate-responsive (implantable)	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial, Medicare	C1786	Pacemaker, single chamber, rate-responsive (implantable)	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial/ASO, OHP, PEBB	C1787	Patient programmer, neurostimulator	11/01/2017			Deep Brain and Responsive Cortical Stimulation (Company); Electrical Stimulation and Electromagnetic Therapies (Medicare); Fecal Incontinence Treatments (Company); Fecal Incontinence Treatments (Medicare); Implantable Spinal Cord and Dorsal Root Ganglion Stimulation (Company)
Medicare	C1787	Patient programmer, neurostimulator	05/01/2018			Electrical Stimulation and Electromagnetic Therapies (Medicare); Fecal Incontinence Treatments (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	C1813	Prosthesis, penile, inflatable	01/01/2018		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Cosmetic and Reconstructive Surgery (Company); Cosmetic and Reconstructive Surgery (Medicare); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	C1815	Prosthesis, urinary sphincter (implantable)	07/01/2019			Urinary Dysfunction Treatments (Company); Urinary Dysfunction Treatments (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	C1816	Receiver and/or transmitter, neurostimulator (implantable)	02/01/2016			Deep Brain and Responsive Cortical Stimulation (Company); Electrical Stimulation and Electromagnetic Therapies (Medicare); Implantable Spinal Cord and Dorsal Root Ganglion Stimulation (Company); Urinary Dysfunction Treatments (Company); Urinary Dysfunction Treatments (Medicare); Vagus Nerve Stimulation (Company)
Commercial/ASO, Medicare, OHP, PEBB	C1820	Generator, neurostimulator (implantable), with rechargeable battery and charging system	11/01/2017			Deep Brain and Responsive Cortical Stimulation (Company); Electrical Stimulation and Electromagnetic Therapies (Medicare); Electrical Stimulation Non-Covered Therapies (Company); Implantable Spinal Cord and Dorsal Root Ganglion Stimulation (Company); Vagus Nerve Stimulation (Company)
Commercial/ASO, Medicare, OHP, PEBB	C1822	Generator, neurostimulator (implantable), high frequency, with rechargeable battery and charging system	10/01/2017			Deep Brain and Responsive Cortical Stimulation (Company); Electrical Stimulation and Electromagnetic Therapies (Medicare); Gastric Electrical Stimulation (Company); Implantable Spinal Cord and Dorsal Root Ganglion Stimulation (Company)
Commercial/ASO, Medicare, OHP, PEBB	C1823	Generator, neurostimulator (implantable), non-rechargeable, with transvenous sensing and stimulation leads	01/01/2019			Deep Brain and Responsive Cortical Stimulation (Company); Electrical Stimulation and Electromagnetic Therapies (Medicare); Electrical Stimulation Non-Covered Therapies (Company); Fecal Incontinence Treatments (Company); Gastric Electrical Stimulation (Company); Implantable Spinal Cord and Dorsal Root Ganglion Stimulation (Company); Vagus Nerve Stimulation (Company)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Medicare	C1824	Generator, cardiac contractility modulation (implantable)	10/28/2025			Cardiac Contractility Modulation for Heart Failure (Medicare)
Commercial/ASO	C1826	Generator, neurostimulator (implantable), includes closed feedback loop leads and all implantable components, with rechargeable battery and charging system	01/01/2023			Implantable Spinal Cord and Dorsal Root Ganglion Stimulation (Company)
Commercial/ASO, OHP, PEBB	C1827	Generator, neurostimulator (implantable), non-rechargeable, with implantable stimulation lead and external paired stimulation controller	01/01/2023			Deep Brain and Responsive Cortical Stimulation (Company); Electrical Stimulation Non-Covered Therapies (Company); Fecal Incontinence Treatments (Company); Gastric Electrical Stimulation (Company); Implantable Spinal Cord and Dorsal Root Ganglion Stimulation (Company); Vagus Nerve Stimulation (Company)
Medicare	C1827	Generator, neurostimulator (implantable), non-rechargeable, with implantable stimulation lead and external paired stimulation controller	01/01/2023			Electrical Stimulation and Electromagnetic Therapies (Medicare); Fecal Incontinence Treatments (Medicare)
Commercial, Medicare	C1882	Cardioverter-defibrillator, other than single or dual chamber (implantable)	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial/ASO, Medicare, OHP, PEBB	C1883	Adapter/extension, pacing lead or neurostimulator lead (implantable)	02/01/2016			Deep Brain and Responsive Cortical Stimulation (Company); Electrical Stimulation and Electromagnetic Therapies (Medicare); Gastric Electrical Stimulation (Company); Implantable Spinal Cord and Dorsal Root Ganglion Stimulation (Company); Urinary Dysfunction Treatments (Company); Urinary Dysfunction Treatments (Medicare); Vagus Nerve Stimulation (Company)
Commercial, Medicare	C1895	Lead, cardioverter-defibrillator, endocardial dual coil (implantable)	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care

*Prior authorization is not a guarantee of payment. Benefits are based on eligibility at the time of service and are subject to applicable contract terms.

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial, Medicare	C1896	Lead, cardioverter-defibrillator, other than endocardial single or dual coil (implantable)	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial/ASO, Medicare, OHP, PEBB	C1897	Lead, neurostimulator test kit (implantable)	10/01/2017			Deep Brain and Responsive Cortical Stimulation (Company); Electrical Stimulation and Electromagnetic Therapies (Medicare); Fecal Incontinence Treatments (Company); Gastric Electrical Stimulation (Company); Urinary Dysfunction Treatments (Company); Urinary Dysfunction Treatments (Medicare)
Commercial/ASO, OHP, PEBB	C2596	Probe, image-guided, robotic, waterjet ablation	11/01/2022			Benign Prostatic Hyperplasia Treatments (Company)
Medicare	C2596	Probe, image-guided, robotic, waterjet ablation	03/01/2025			Benign Prostatic Hyperplasia Treatments (Medicare)
Commercial, Medicare	C2619	Pacemaker, dual-chamber, non-rate-responsive (implantable)	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial, Medicare	C2620	Pacemaker, single-chamber, non-rate-responsive (implantable)	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial, Medicare	C2621	Pacemaker, other than single or dual-chamber (implantable)	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial/ASO, Medicare, OHP, PEBB	C2622	Prosthesis, penile, non-inflatable	01/01/2018		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Cosmetic and Reconstructive Surgery (Company); Cosmetic and Reconstructive Surgery (Medicare); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare)
Medicare	C2624	Implantable wireless pulmonary artery pressure sensor with delivery catheter, including all system components	11/01/2024			Implantable Hemodynamic Monitoring Devices (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	C5272	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound	04/01/2025	12/31/2025	Code PAs. If billed with F64.0, F64.1, F64.8,or F64.9 then code will pay	Skin and Tissue Substitutes (Company); Skin and Tissue Substitutes (Medicare)

*Prior authorization is not a guarantee of payment. Benefits are based on eligibility at the time of service and are subject to applicable contract terms.

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
		surface area, or part thereof (list separately in addition to code for primary procedure)				
Commercial/ASO, Medicare, OHP, PEBB	C5273	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	04/01/2025	12/31/2025	Code PAs. If billed with F64.0, F64.1, F64.8,or F64.9 then code will pay	Skin and Tissue Substitutes (Company); Skin and Tissue Substitutes (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	C5274	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)	04/01/2025	12/31/2025	Code PAs. If billed with F64.0, F64.1, F64.8,or F64.9 then code will pay	Skin and Tissue Substitutes (Company); Skin and Tissue Substitutes (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	C5275	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	04/01/2025	12/31/2025	Code PAs. If billed with F64.0, F64.1, F64.8,or F64.9 then code will pay	Skin and Tissue Substitutes (Company); Skin and Tissue Substitutes (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	C5276	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)	04/01/2025	12/31/2025	Code PAs. If billed with F64.0, F64.1, F64.8,or F64.9 then code will pay	Skin and Tissue Substitutes (Company); Skin and Tissue Substitutes (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	C5277	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface	04/01/2025	12/31/2025	Code PAs. If billed with F64.0, F64.1, F64.8,or F64.9 then code will pay	Skin and Tissue Substitutes (Company); Skin and Tissue Substitutes (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
		area, or 1% of body area of infants and children				
Commercial/ASO, Medicare, OHP, PEBB	C5278	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)	04/01/2025	12/31/2025	Code PAs. If billed with F64.0, F64.1, F64.8,or F64.9 then code will pay	Skin and Tissue Substitutes (Company); Skin and Tissue Substitutes (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	C7504	Percutaneous vertebroplasties (bone biopsies included when performed), first cervicothoracic and any additional cervicothoracic or lumbosacral vertebral bodies, unilateral or bilateral injection, inclusive of all imaging guidance	12/01/2024			Percutaneous Vertebroplasty and Sacroplasty (Company); Percutaneous Vertebroplasty and Sacroplasty (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	C7505	Percutaneous vertebroplasties (bone biopsies included when performed), first lumbosacral and any additional cervicothoracic or lumbosacral vertebral bodies, unilateral or bilateral injection, inclusive of all imaging guidance	12/01/2024			Percutaneous Vertebroplasty and Sacroplasty (Company); Percutaneous Vertebroplasty and Sacroplasty (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	C7507	Percutaneous vertebral augmentations, first thoracic and any additional thoracic or lumbar vertebral bodies, including cavity creations (fracture reductions and bone biopsies included when performed) using mechanical device (eg, kyphoplasty), unilateral or bilateral cannulations, inclusive of all imaging guidance	12/01/2024			Percutaneous Vertebroplasty and Sacroplasty (Company); Percutaneous Vertebroplasty and Sacroplasty (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	C7508	Percutaneous vertebral augmentations, first lumbar and any additional thoracic or lumbar vertebral bodies, including cavity creations	12/01/2024			Percutaneous Vertebroplasty and Sacroplasty (Company); Percutaneous Vertebroplasty and Sacroplasty (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
		(fracture reductions and bone biopsies included when performed) using mechanical device (eg, kyphoplasty), unilateral or bilateral cannulations, inclusive of all imaging guidance				
Commercial, Medicare	C7513	Dialysis circuit, introduction of needle(s) and/or catheter(s), with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, with transluminal balloon angioplasty of central dialysis segment, performed through dialysis circuit, including all required imaging, radiological supervision and interpretation, image documentation and report	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial, Medicare	C7514	Dialysis circuit, introduction of needle(s) and/or catheter(s), with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, with all angioplasty in the central dialysis segment, and transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all required imaging, radiological supervision and interpretation, image documentation and report	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial, Medicare	C7515	Dialysis circuit, introduction of needle(s) and/or catheter(s), with diagnostic	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
		angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, with dialysis circuit permanent endovascular embolization or occlusion of main circuit or any accessory veins, including all required imaging, radiological supervision and interpretation, image documentation and report				
Commercial, Medicare	C7516	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, with endoluminal imaging of initial coronary vessel or graft using intravascular ultrasound (ivus) or optical coherence tomography (oct) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial, Medicare	C7517	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, with iliac and/or femoral artery angiography, non-selective, bilateral or ipsilateral to catheter insertion, performed at the same time as cardiac catheterization and/or coronary angiography, includes positioning or placement of the catheter in the distal aorta or ipsilateral femoral or iliac artery, injection of dye, production of permanent images, and radiologic supervision and interpretation	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial, Medicare	C7518	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography with endoluminal imaging of initial coronary vessel or graft using intravascular ultrasound (ivus) or optical coherence tomography (oct) during diagnostic evaluation and/or therapeutic intervention including imaging, supervision, interpretation and report	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial, Medicare	C7519	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (initial coronary vessel or graft) during coronary angiography including pharmacologically induced stress	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial, Medicare	C7520	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) includes	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
		intraprocedural injection(s) for bypass graft angiography with iliac and/or femoral artery angiography, non-selective, bilateral or ipsilateral to catheter insertion, performed at the same time as cardiac catheterization and/or coronary angiography, includes positioning or placement of the catheter in the distal aorta or ipsilateral femoral or iliac artery, injection of dye, production of permanent images, and radiologic supervision and interpretation				
Commercial, Medicare	C7521	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography with right heart catheterization with endoluminal imaging of initial coronary vessel or graft using intravascular ultrasound (ivus) or optical coherence tomography (oct) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial, Medicare	C7522	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation with right heart catheterization, with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (initial coronary vessel or graft) during coronary angiography including pharmacologically induced stress	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial, Medicare	C7523	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
		interpretation, with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, with endoluminal imaging of initial coronary vessel or graft using intravascular ultrasound (ivus) or optical coherence tomography (oct) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report				
Commercial, Medicare	C7524	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (initial coronary vessel or graft) during coronary angiography including pharmacologically induced stress	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial, Medicare	C7525	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography with endoluminal imaging of initial coronary vessel or graft using intravascular ultrasound (ivus) or optical coherence tomography (oct) during diagnostic evaluation and/or therapeutic intervention	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
		including imaging supervision, interpretation and report				
Commercial, Medicare	C7526	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (initial coronary vessel or graft) during coronary angiography including pharmacologically induced stress	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial, Medicare	C7527	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, with endoluminal imaging of initial coronary vessel or graft using intravascular ultrasound (ivus) or optical coherence tomography (oct) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial, Medicare	C7528	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with right and left heart	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
		catheterization including intraprocedural injection(s) for left ventriculography, when performed, with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (initial coronary vessel or graft) during coronary angiography including pharmacologically induced stress				
Commercial, Medicare	C7529	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (initial coronary vessel or graft) during coronary angiography including pharmacologically induced stress	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial, Medicare	C7530	Dialysis circuit, introduction of needle(s) and/or catheter(s), with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty and all angioplasty in the central dialysis segment, with	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
		transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging, radiological supervision and interpretation, documentation and report				
Commercial, Medicare	C7531	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(ies), unilateral, with transluminal angioplasty with intravascular ultrasound (initial noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial, Medicare	C7534	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(ies), unilateral, with atherectomy, includes angioplasty within the same vessel, when performed with intravascular ultrasound (initial noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial, Medicare	C7535	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(ies), unilateral, with transluminal stent placement(s), includes angioplasty within the same vessel, when performed, with intravascular ultrasound (initial noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial, Medicare	C7537	Insertion of new or replacement of permanent pacemaker with atrial transvenous electrode(s), with insertion of pacing electrode, cardiac venous system, for left	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
		ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (e.g., for upgrade to dual chamber system)				
Commercial, Medicare	C7538	Insertion of new or replacement of permanent pacemaker with ventricular transvenous electrode(s), with insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (e.g., for upgrade to dual chamber system)	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial, Medicare	C7539	Insertion of new or replacement of permanent pacemaker with atrial and ventricular transvenous electrode(s), with insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (eg, for upgrade to dual chamber system)	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial, Medicare	C7540	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator, dual lead system, with insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (eg, for upgrade to dual chamber system)	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial, Medicare	C7552	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
		arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress, initial vessel				
Commercial, Medicare	C7553	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography with pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial, Medicare	C7557	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed and intraprocedural coronary fractional flow reserve (ffr) with 3d functional mapping of color-coded ffr values for the coronary tree, derived from coronary angiogram data, for	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
		real-time review and interpretation of possible atherosclerotic stenosis(es) intervention				
Commercial, ASO, Medicare, OHP, PEBB	C7562	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed with intraprocedural coronary fractional flow reserve (ffr) with 3d functional mapping of color-coded ffr values for the coronary tree, derived from coronary angiogram data, for real-time review and interpretation of possible atherosclerotic stenosis(es) intervention	12/14/2025		Carelon prior authorization required	General Requirements - Cardiovascular Care
Commercial, Medicare	C7568	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (initial coronary vessel or graft) during coronary angiography including pharmacologically induced stress	04/01/2026		For Commercial Fully-Insured, Individual, and Medicare, prior authorization through Carelon is required.	General Requirements - Cardiovascular Care
Commercial, Medicare	C7569	Percutaneous transluminal coronary angioplasty, single major coronary artery or branch with endoluminal imaging of initial coronary vessel or graft using intravascular ultrasound (ivus) or optical coherence tomography (oct) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report	04/01/2026		For Commercial Fully-Insured, Individual, and Medicare, prior authorization through Carelon is required.	General Requirements - Cardiovascular Care

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial, Medicare	C7570	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation with intraprocedural coronary fractional flow reserve (ffr) with 3d functional mapping of color-coded ffr values for the coronary tree, derived from coronary angiogram data, for real-time review and interpretation of possible atherosclerotic stenosis(es) intervention (list separately in addition to code for primary procedure)	04/01/2026		For Commercial Fully-Insured, Individual, and Medicare, prior authorization through Carelon is required.	General Requirements - Cardiovascular Care
Commercial, Medicare	C7571	Percutaneous transluminal coronary angioplasty, single major coronary artery or branch with percutaneous transluminal coronary lithotripsy	04/01/2026		For Commercial Fully-Insured, Individual, and Medicare, prior authorization through Carelon is required.	General Requirements - Cardiovascular Care
Commercial, ASO, Medicare, OHP, PEBB	C8007	Open implantation of hypoglossal nerve neurostimulator array and pulse generator, not requiring insertion of a separate distal respiratory sensor electrode or electrode array	04/01/2026			Sleep Disorder Surgery (Company); Sleep Disorder Surgery (Medicare)
Commercial, ASO, Medicare, OHP, PEBB	C8008	Revision or replacement of hypoglossal nerve neurostimulator array including connection to existing pulse generator	04/01/2026			Sleep Disorder Surgery (Company); Sleep Disorder Surgery (Medicare)
Commercial, ASO, Medicare, OHP, PEBB	C8009	Removal of hypoglossal nerve neurostimulator array and pulse generator	04/01/2026			Sleep Disorder Surgery (Company); Sleep Disorder Surgery (Medicare)
Commercial, ASO, Medicare, OHP, PEBB	C8011	Open implantation of hypoglossal nerve(s) neurostimulator electrode array(s) and receiver, including external power source and all system components	04/01/2026			Sleep Disorder Surgery (Company); Sleep Disorder Surgery (Medicare)
Commercial, ASO, Medicare, OHP, PEBB	C8012	Revision or replacement of hypoglossal nerve(s) neurostimulator electrode array(s) and receiver	04/01/2026			Sleep Disorder Surgery (Company); Sleep Disorder Surgery (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial, ASO, Medicare, OHP, PEBB	C8013	Removal of hypoglossal nerve(s) neurostimulator electrode array(s) and receiver	04/01/2026			Sleep Disorder Testing (Company); Sleep Disorder Testing (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	C8900	Magnetic resonance angiography with contrast, abdomen	01/01/2012		Commercial/ASO,Medicare,PEBB - Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	C8901	Magnetic resonance angiography without contrast, abdomen	01/01/2012		Commercial/ASO,Medicare,PEBB - Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	C8902	Magnetic resonance angiography without contrast followed by with contrast, abdomen	01/01/2012		Commercial/ASO,Medicare,PEBB - Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	C8909	Magnetic resonance angiography with contrast, chest (excluding myocardium)	01/01/2012		Commercial/ASO,Medicare,PEBB - Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	C8910	Magnetic resonance angiography without contrast, chest (excluding myocardium)	01/01/2012		Commercial/ASO,Medicare,PEBB - Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	C8911	Magnetic resonance angiography without contrast followed by with contrast, chest (excluding myocardium)	01/01/2012		Commercial/ASO,Medicare,PEBB - Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	C8912	Magnetic resonance angiography with contrast, lower extremity	01/01/2012		Commercial/ASO,Medicare,PEBB - Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	C8913	Magnetic resonance angiography without contrast, lower extremity	01/01/2012		Commercial/ASO,Medicare,PEBB - Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	C8914	Magnetic resonance angiography without contrast followed by with contrast, lower extremity	01/01/2012		Commercial/ASO,Medicare,PEBB - Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	C8918	Magnetic resonance angiography with contrast, pelvis	01/01/2012		Commercial/ASO,Medicare,PEBB - Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	C8919	Magnetic resonance angiography without contrast, pelvis	01/01/2012		Commercial/ASO,Medicare,PEBB - Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	C8920	Magnetic resonance angiography without contrast followed by with contrast,	01/01/2012		Commercial/ASO,Medicare,PEBB - Carelon prior authorization required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	C9047	Injection, caplacizumab-yhdp, 1 mg	07/01/2019		Commercial/ASO,Medicare,OHP,PEBB - Cablivi®	Self-Administered Drug (SAD) Exclusion - Commercial/Medicaid - Pharmacy Policy; Thrombocytopenia Medications - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	C9309	C9309 Injection, onasemnogene abeparvovec-brve, per treatment	04/01/2026		Commercial/ASO,Medicare,OHP,PEBB - Itvisma	Therapies for Spinal Muscular Atrophy - Pharmacy Policy
Commercial, ASO, Medicare, OHP, PEBB	C9310	C9310 - Injection, leucovorin calcium (avyxa), 1 mg	07/01/2026		Commercial,ASO,Medicare,OHP,PEBB - Avyxa 505(b)(2); Vykoura	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy; Medicare Part B Step Therapy - Pharmacy Policy
Commercial, ASO, OHP, PEBB	C9311	C9311 Injection, eplontersen, 1 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered	10/01/2026		Commercial,ASO,OHP,PEBB - Wainua	Transthyretin (TTR) Lowering Agents Pharmacy Policy
Commercial, ASO, Medicare, OHP, PEBB	C9312	C9312 Injection, trabectedin (apotex), not therapeutically equivalent to j9362, 0.01 mg	10/01/2026		Commercial,ASO,Medicare,OHP,PEBB - Evdi	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy

*Prior authorization is not a guarantee of payment. Benefits are based on eligibility at the time of service and are subject to applicable contract terms.

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial, ASO, Medicare, OHP, PEBB	C9313	C9313 Injection, pivekimab sunirine-pvzy, 0.01 mg	10/01/2026		Commercial,ASO,Medicare,OHP,PEBB - Decnupaz	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	C9354	Veritas collagen matrix, cm2	03/01/2010		Code PAs. If billed with F64.0, F64.1, F64.8,or F64.9 then code will pay	Skin and Tissue Substitutes (Company); Skin and Tissue Substitutes (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	C9356	Tendon, porous matrix of cross-linked collagen and glycosaminoglycan matrix (tenoglide tendon protector sheet), per square centimeter	06/01/2018		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Skin and Tissue Substitutes (Company); Skin and Tissue Substitutes (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	C9363	Integra Meshed Bil Wound Mat	03/01/2010		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Skin and Tissue Substitutes (Company); Skin and Tissue Substitutes (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	C9399	Unclassified drugs or biologicals (Hospital Outpatient Use ONLY)	01/01/2018			New Drug/Indication Awaiting P&T Review - Pharmacy Policy
Commercial, Medicare	C9600	Percutaneous transcatheter placement of drug eluting intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial, Medicare	C9601	Percutaneous transcatheter placement of drug-eluting intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial, Medicare	C9602	Percutaneous transluminal coronary atherectomy, with drug eluting intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial, Medicare	C9603	ercutaneous transluminal coronary atherectomy, with drug-eluting intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial, Medicare	C9604	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial, Medicare	C9605	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (list separately in addition to code for primary procedure)	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial, Medicare	C9607	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; single vessel	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial, Medicare	C9608	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; each additional coronary artery,	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
		coronary artery branch, or bypass graft (list separately in addition to code for primary procedure)				
Commercial/ASO, OHP, PEBB	C9734	Focused ultrasound ablation/therapeutic intervention, other than uterine leiomyomata, with magnetic resonance (mr) guidance	01/01/2018			Ablation for Liver Tumors (Company); Magnetic Resonance-guided Focused Ultrasound Surgery (MRgFUS) (Company)
Medicare	C9734	Focused ultrasound ablation/therapeutic intervention, other than uterine leiomyomata, with magnetic resonance (mr) guidance	01/01/2021			Ablation for Liver Tumors (Medicare); Magnetic Resonance-Guided Focused Ultrasound Surgery (MRgFUS) (Medicare)
Commercial/ASO, OHP, PEBB	C9739	Cystourethroscopy, with insertion of transprostatic implant; 1 to 3 implants	09/01/2017			Benign Prostatic Hyperplasia Treatments (Company)
Commercial/ASO, OHP, PEBB	C9740	Cystourethroscopy, with insertion of transprostatic implant; 4 or more implants	09/01/2017			Benign Prostatic Hyperplasia Treatments (Company)
Commercial/ASO, Medicare, OHP, PEBB	C9757	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and excision of herniated intervertebral disc, and repair of annular defect with implantation of bone anchored annular closure device, including annular defect measurement, alignment and sizing assessment, and image guidance; 1 interspace, lumbar	01/01/2020			Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
Commercial, ASO, Medicare, OHP, PEBB	C9762	Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction, with strain imaging	10/01/2026		Commercial/ASO,Medicare,OHP,PEBB - Carelon Prior Authorization Required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial, ASO, Medicare, OHP, PEBB	C9763	Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction, with stress imaging	10/01/2026		Commercial/ASO,Medicare,OHP,PEBB - Carelon Prior Authorization Required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial, Medicare, OHP, PEBB	C9797	Vascular embolization or occlusion procedure with use of a pressure-generating catheter (e.g., one-way valve, intermittently occluding), inclusive of all radiological supervision and	04/01/2024		This code requires a Prior Authorization when billed with one of the codes below: C220, C221, C222, C223, C224, C227, C228, C229, C787, C7B03, D015	Ablation for Liver Tumors (Company); Ablation for Liver Tumors (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
		interpretation, intraprocedural road mapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction				
ASO	C9797	Vascular embolization or occlusion procedure with use of a pressure-generating catheter (e.g., one-way valve, intermittently occluding), inclusive of all radiological supervision and interpretation, intraprocedural road mapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction	04/01/2024		For ASO/self-funded groups and Medicare only. This code requires a Prior Authorization when billed with one of the codes below: C220, C221, C222, C223, C224, C227, C228, C229, C787, C7B03, D015	Ablation for Liver Tumors (Company)
Medicare	C9807	Nerve stimulator, percutaneous, peripheral (e.g., sprint peripheral nerve stimulation system), including electrode and all disposable system components, non-opioid medical device (must be a qualifying medicare non-opioid medical device for post-surgical pain relief in accordance with section 4135 of the caa, 2023)	01/01/2025			Electrical Stimulation and Electromagnetic Therapies (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	E0170	Commode chair with integrated seat lift mechanism, electric, any type	01/01/2019			Seat Lift Mechanism (Company) ; Seat Lift Mechanism (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	E0171	Commode chair with integrated seat lift mechanism, non-electric, any type	01/01/2019			Seat Lift Mechanism (Company) ; Seat Lift Mechanism (Medicare)
Commercial/ASO, Medicare, PEBB	E0194	Air fluidized bed	06/01/2024			Hospital Beds, Support Surfaces, and Related Accessories (Company); Hospital Beds, Support Surfaces, and Related Accessories (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, PEBB	E0301	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, without mattress	06/01/2024			Hospital Beds, Support Surfaces, and Related Accessories (Company); Hospital Beds, Support Surfaces, and Related Accessories (Medicare)
Commercial/ASO, Medicare, PEBB	E0302	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress	06/01/2024			Hospital Beds, Support Surfaces, and Related Accessories (Company); Hospital Beds, Support Surfaces, and Related Accessories (Medicare)
Commercial/ASO, Medicare, PEBB	E0303	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress	06/01/2024			Hospital Beds, Support Surfaces, and Related Accessories (Company); Hospital Beds, Support Surfaces, and Related Accessories (Medicare)
Commercial/ASO, Medicare, PEBB	E0304	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress	06/01/2024			Hospital Beds, Support Surfaces, and Related Accessories (Company); Hospital Beds, Support Surfaces, and Related Accessories (Medicare)
Commercial/ASO, Medicare, PEBB	E0328	Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches above the spring, includes mattress	06/01/2024			Hospital Beds, Support Surfaces, and Related Accessories (Company); Hospital Beds, Support Surfaces, and Related Accessories (Medicare)
Commercial/ASO, OHP, PEBB	E0329	Hospital bed, pediatric, electric or semi-electric, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches above the spring, includes mattress	06/01/2024			Hospital Beds, Support Surfaces, and Related Accessories (Company)
Commercial/ASO, OHP, PEBB	E0470	respiratory assis device, bi-level pressure capability, without back-up rate feature, used with non-invasive interface, eg, nasal or facial mask(intermittent assist device with continous positive airway pressure device	01/01/2009		No prior authorization required for ages 17 and under, effective 11/1/18	Sleep Disorder Treatment with Positive Airway Pressure (Company)
Commercial/ASO, OHP, PEBB	E0471	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with non-invasive interface, EG nasal or facial	01/01/2009		No prior authorization required for ages 17 and under, effective 11/1/18	Sleep Disorder Treatment with Positive Airway Pressure (Company)

*Prior authorization is not a guarantee of payment. Benefits are based on eligibility at the time of service and are subject to applicable contract terms.

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
		mask (intermittent assist device with continuous positive pressure device)				
Commercial/ASO, OHP, PEBB	E0472	Respiratory assist device, bi-level pressure capability, with backup rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device)	04/01/2018		No prior authorization required for ages 17 and under, effective 11/1/18	Sleep Disorder Treatment with Positive Airway Pressure (Company)
Commercial/ASO, OHP, PEBB	E0486	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, custom fabricated,	04/01/2007			Sleep Disorder Treatment with Oral and Sleep Position Appliances (Company)
Medicare	E0486	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, custom fabricated,	07/01/2023			Sleep Disorder Treatment with Oral and Sleep Position Appliances (Medicare)
Commercial/ASO, OHP, PEBB	E0601	Continuous positive airway pressure (CPAP) device	01/01/2009		No prior authorization required for ages 17 and under, effective 11/1/18	Sleep Disorder Treatment with Positive Airway Pressure (Company)
Commercial, Medicare	E0616	Implantable cardiac event recorder with memory, activator and programmer	05/06/2025		For Commercial Fully-Insured and Medicare, prior authorization through Carelon is required	General Requirements - Cardiovascular Care
ASO, PEBB	E0616	Implantable cardiac event recorder with memory, activator and programmer	10/01/2014		For ASO/self-funded groups only, prior authorization through PHP is required. For commercial fully-insured and Medicare, prior authorization through Carelon is required	Implantable Loop Recorders (Company)
Commercial/ASO, Medicare, OHP, PEBB	E0627	Seat lift mechanism incorporated into a combination lift-chair mechanism	10/01/2007			Seat Lift Mechanism (Company) ; Seat Lift Mechanism (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	E0629	Separate seat lift mechanism for use with patient owned furniture - non-electric	10/01/2007			Seat Lift Mechanism (Company) ; Seat Lift Mechanism (Medicare)
Commercial/ASO, OHP, PEBB	E0636	Multipositional patient support system, with integrated lift, patient accessible controls	01/01/2019			Standing Systems (Company)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Medicare	E0636	Multipositional patient support system, with integrated lift, patient accessible controls	08/01/2022			Standing Systems (Medicare)
Commercial/ASO, OHP, PEBB	E0638	Standing frame /table system, one position (e.g ., . upright, supine or prone stander), any size including pediatric, with or without wheels	01/01/2019		Effective 1/1/2026 for OHP only: This code does not require prior authorization for complex rehab DME repairs	Standing Systems (Company)
Commercial/ASO, OHP, PEBB	E0641	Standing frame /table system, multi-position (e.g ., . three-way stander), any size including pediatric, with or without wheels	01/01/2019		Effective 1/1/2026 for OHP only: This code does not require prior authorization for complex rehab DME repairs	Standing Systems (Company)
Commercial/ASO, OHP, PEBB	E0642	Standing frame /table system, mobile (dynamic stander), any size including pediatric	01/01/2019		Effective 1/1/2026 for OHP only: This code does not require prior authorization for complex rehab DME repairs	Standing Systems (Company)
Medicare	E0734	External upper limb tremor stimulator of the peripheral nerves of the wrist	04/01/2024			Electrical Stimulation and Electromagnetic Therapies (Medicare)
Medicare	E0740	Non-implanted pelvic floor electrical stimulator, complete system	07/01/2022			Urinary Dysfunction Treatments (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	E0747	Osteogenesis stimulator, electrical, non-invasive, other than spinal applications	09/01/2003			Bone Growth Stimulators (Company); Bone Growth Stimulators (Medicare)
Commercial/ASO, OHP, PEBB	E0748	Osteogenesis stimulator, electrical, non-invasive, spinal applications	09/01/2003			Bone Growth Stimulators (Company)
Commercial/ASO, Medicare, OHP, PEBB	E0749	Osteogenesis stimulator, electrical, surgically implanted	09/01/2003			Bone Growth Stimulators (Company); Bone Growth Stimulators (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	E0760	Osteogenesis stimulator, low intensity ultrasound, non-invasive	09/01/2003			Bone Growth Stimulators (Company); Bone Growth Stimulators (Medicare)
Commercial/ASO, OHP, PEBB	E0764	Functional neuromuscular stimulation, transcutaneous stimulation of sequential muscle groups of ambulation with computer	09/01/2022			Functional Electrical Stimulation (Company)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
		control, used for walking by spinal cord injured, entire system, after completion of training program				
Medicare	E0764	Functional neuromuscular stimulation, transcutaneous stimulation of sequential muscle groups of ambulation with computer control, used for walking by spinal cord injured, entire system, after completion of training program	09/01/2022			Electrical Stimulation and Electromagnetic Therapies (Medicare)
Commercial/ASO, OHP, PEBB	E0766	Electrical stimulation device used for cancer treatment, includes all accessories, any type	03/01/2017			Tumor Treatment Field Therapy for Glioblastoma (Company)
Commercial/ASO, OHP, PEBB	E0770	Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified	09/01/2022			Electrical Stimulation and Electromagnetic Therapies (Medicare); Functional Electrical Stimulation (Company)
Medicare	E0770	Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified	09/01/2022			Electrical Stimulation and Electromagnetic Therapies (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	E0985	Wheelchair accessory, seat lift mechanism	06/01/2021			Seat Lift Mechanism (Company) ; Seat Lift Mechanism (Medicare)
Commercial, ASO, Medicare, OHP, PEBB	E0986	Manual wheelchair accessory, power assist system	11/01/2025			Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
Commercial, ASO, Medicare, OHP, PEBB	E1002	Wheelchair accessory, power seating system, tilt only	11/01/2025			Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
Commercial, ASO, Medicare, OHP, PEBB	E1003	Wheelchair accessory, power seating system, recline only, without shear reduction	11/01/2025			Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial, ASO, Medicare, OHP, PEBB	E1004	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction	11/01/2025			Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
Commercial, ASO, Medicare, OHP, PEBB	E1005	Wheelchair accessory, power seating system, recline only, with power shear reduction	11/01/2025			Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
Commercial, ASO, Medicare, OHP, PEBB	E1006	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction	11/01/2025			Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
Commercial, ASO, Medicare, OHP, PEBB	E1007	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction	11/01/2025			Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
Commercial, ASO, Medicare, OHP, PEBB	E1008	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction	11/01/2025			Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
Commercial, ASO, Medicare, OHP, PEBB	E1009	Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including pushrod and leg rest, each	11/01/2025			Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
Commercial, ASO, Medicare, OHP, PEBB	E1010	Wheelchair accessory, addition to power seating system, power leg elevation system, including leg rest, pair	11/01/2025			Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
Commercial, ASO, Medicare, OHP, PEBB	E1012	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each	11/01/2025			Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
Commercial, ASO, Medicare, OHP, PEBB	E1161	Manual adult size wheelchair, includes tilt in space	11/01/2025			Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	E1230	Power operated vehicle (three or four wheel nonhighway) specify brand name and model number	07/01/2020			Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
Commercial, ASO, Medicare, OHP, PEBB	E2102	Adjunctive continuous glucose monitor or receiver	06/01/2026		Commercial,ASO,Medicare,OHP,PEBB - Prior authorization not required for services billed with ICD-10 DX Codes: E10 (T1DM), E11 (T2DM) and O24 (gestational diabetes)	Continuous Glucose Monitors For Personal Use - Pharmacy Policy
Commercial, ASO, Medicare, OHP, PEBB	E2103	Non-adjunctive, non-implanted continuous glucose monitor or receiver	06/01/2026		Commercial,ASO,Medicare,OHP,PEBB - Prior authorization not required for services billed with ICD-10 DX Codes: E10 (T1DM), E11 (T2DM) and O24 (gestational diabetes)	Continuous Glucose Monitors For Personal Use - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	E2298	Complex rehabilitative power wheelchair accessory, power seat elevation system, any type	04/01/2024			Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	E2331	Power wheelchair accessory, attendant control, proportional, including all related electronics and fixed mounting hardware	07/01/2020			Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	E2358	Power Wheelchair Accessory, Group 34 Non-Sealed Lead Acid Battery, Each	07/01/2020			Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	E2360	Power wheelchair accessory, 22nf non-sealed lead acid battery, each	07/01/2020			Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	E2362	Power wheelchair accessory, group 24 non-sealed lead acid battery, each	07/01/2020			Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	E2364	Power wheelchair accessory, U-1 non-sealed lead acid battery, each	07/01/2020			Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)

*Prior authorization is not a guarantee of payment. Benefits are based on eligibility at the time of service and are subject to applicable contract terms.

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	E2372	Power wheelchair accessory, Group 27 non-sealed lead acid battery, each	07/01/2020			Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
Medicare	E2610	Wheelchair seat cushion, powered	07/01/2020			Wheelchair and Power Vehicles (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	G0138	G0138 Intravenous infusion of cipaglucosidase alfa-atga, including provider/supplier acquisition and clinical supervision of oral administration of miglustat in preparation of receipt of cipaglucosidase alfa-atga	04/01/2024		Commercial/ASO,Medicare,OHP,PEBB - Administration Code for Pombiliti	Enzyme Replacement Therapy - Pharmacy Policy; Enzyme Replacement Therapy, Medicare Part B -Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	G0277	Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval	01/01/2015			Hyperbaric Oxygen Therapy (Company); Hyperbaric Oxygen Therapy (Medicare)
Commercial/ASO, PEBB	G0283	Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care	06/01/2019		Commercial/ASO - Commercial - Evicore prior authorization required. Select ASO groups - EviCore prior authorization required. See PA General Requirements pages for specific ASO plans.	Electrical Stimulation Non-Covered Therapies (Company); Evicore Physical Therapy/ Occupational Therapy
Commercial, Medicare	G0448	Insertion or replacement of a permanent pacing cardioverter-defibrillator system with transvenous lead(s), single or dual chamber with insertion of pacing electrode, cardiac venous system, for left ventricular pacing	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Medicare	G0453	Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby), per patient, (attention directed exclusively to one patient) each 15 minutes (list in addition to primary procedure)	01/01/2022		Medicare - this code may pay based on billed diagnosis code	Intraoperative Monitoring (Medicare)
Commercial/ASO, OHP, PEBB	G0453	Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby), per patient, (attention directed exclusively to one patient) each 15 minutes (list in addition to primary procedure)	01/01/2022		Commercial/ASO,OHP,PEBB - this code may pay based on billed diagnosis code	Intraoperative Monitoring (Company)

*Prior authorization is not a guarantee of payment. Benefits are based on eligibility at the time of service and are subject to applicable contract terms.

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Medicare	G0555	Provision of replacement patient electronics system (e.g., system pillow, handheld reader) for home pulmonary artery pressure monitoring	01/01/2025			Implantable Hemodynamic Monitoring Devices (Medicare)
Commercial, ASO, Medicare, OHP, PEBB	G0681	Application of a premarket approval (pma), 510(k), 361 human cells, tissues or cellular and tissue-based products (hct/p) non-sheet form skin substitute for a wound surface area up to 100 sq cm; first 25 sq cm or less of wound surface area	04/01/2026			Skin and Tissue Substitutes (Company); Skin and Tissue Substitutes (Medicare)
Commercial, ASO, Medicare, OHP, PEBB	G0682	Application of a premarket approval (pma), 510(k), 361 human cells, tissues or cellular and tissue-based products (hct/p) non-sheet form skin substitute for a wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)	04/01/2026			Skin and Tissue Substitutes (Company); Skin and Tissue Substitutes (Medicare)
Commercial, ASO, Medicare, OHP, PEBB	G0683	Application of a premarket approval (pma), 510(k), 361 human cells, tissues or cellular and tissue-based products (hct/p) non-sheet form skin substitute graft for a wound surface greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	04/01/2026			Skin and Tissue Substitutes (Company); Skin and Tissue Substitutes (Medicare)
Commercial, ASO, Medicare, OHP, PEBB	G0684	Application of a premarket approval (pma), 510(k), 361 human cells, tissues or cellular and tissue-based products (hct/p) non-sheet form skin substitute graft for a wound surface greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area or part thereof, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)	04/01/2026			Skin and Tissue Substitutes (Company); Skin and Tissue Substitutes (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, PEBB	G2082	Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of up to 56 mg of esketamine nasal self-administration, includes 2 hours post-administration observation	01/01/2020			SPRAVATO® - Pharmacy Policy
Commercial/ASO, Medicare, PEBB	G2083	Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of greater than 56 mg esketamine nasal self-administration, includes 2 hours post-administration observation	01/01/2020			SPRAVATO® - Pharmacy Policy
Medicare	G9143	Warfarin respon genetic test	09/01/2010			Genetic and Molecular Testing (Medicare)
Commercial, ASO, Commercial/ASO, Medicare, OHP, PEBB	J0013	Esketamine, nasal spray, 1 mg	01/01/2026		Commercial,ASO,Commercial/ASO,Medicare,OHP,PEBB - Spravato	SPRAVATO® - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J0129	Abatacept injection	01/01/2007		Commercial/ASO,Medicare,OHP,PEBB - Orencia®	Medically Infused Therapeutic Immunomodulators (Medicare Part B) - Pharmacy Policy; Medically Infused Therapeutic Immunomodulators(TIMs) (Commercial) - Pharmacy Policy; Medicare Part B Step Therapy - Pharmacy Policy; Self-Administered Drug (SAD) Exclusion - Commercial/Medicaid - Pharmacy Policy; Therapeutic Immunomodulators(TIMs) (Medicaid) - Pharmacy Policy

*Prior authorization is not a guarantee of payment. Benefits are based on eligibility at the time of service and are subject to applicable contract terms.

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	J0174	Injection, lecanemab-irmb, 1 mg	07/06/2023		Commercial/ASO,Medicare,OHP,PEBB - Leqembi®	Anti-Amyloid Monoclonal Antibodies - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J0175	Injection, donanemab-azbt, 2 mg (KISUNLA)	10/01/2024		Commercial/ASO,Medicare,OHP,PEBB - Kisunla®	New Drug/Indication Awaiting P&T Review - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J0177	Injection, aflibercept hd, 1 mg	08/01/2024		Commercial/ASO,Medicare,OHP,PEBB - Eylea® HD	Medicare Part B Step Therapy - Pharmacy Policy; Ophthalmic Vascular Endothelial Growth Factor (VEGF) Inhibitors - Pharmacy Policy
Commercial, ASO, Medicare, OHP, PEBB	J0178	J0178 Injection, aflibercept, 1 mg	08/01/2026		Commercial,ASO,Medicare,OHP,PEBB - Eylea	Ophthalmic Vascular Endothelial Growth Factor (VEGF) Inhibitors - Pharmacy Policy; Ophthalmic Vascular Endothelial Growth Factor (VEGF) Prior Authorization and Step Therapy Policy
Commercial/ASO, Medicare, OHP, PEBB	J0179	Injection, brolucizumab-dbll, 1 mg	01/01/2020		Commercial/ASO,Medicare,OHP,PEBB - Beovu®	Medicare Part B Step Therapy - Pharmacy Policy; Ophthalmic Vascular Endothelial Growth Factor (VEGF) Inhibitors - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J0180	Injection, agalsidase beta, 1 mg	02/01/2019		Commercial/ASO,Medicare,OHP,PEBB - Fabrazyme®	Enzyme Replacement Therapy - Pharmacy Policy; Infusion Therapy Site of Care - Commercial- Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J0202	Injection, alemtuzumab, 1 mg	01/01/2016		Commercial/ASO,Medicare,OHP,PEBB - Lemtrada®	Lemtrada® - Pharmacy Policy; Medicare Part B Step Therapy - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J0208	Injection, sodium thiosulfate, 100 mg	04/01/2023		Commercial/ASO,Medicare,OHP,PEBB - Pedmark®	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	J0217	Injection, velmanase alfa-tycv, 1 mg	01/01/2024		Commercial/ASO,Medicare,OHP,PEBB - Lamzede®	Enzyme Replacement Therapy - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J0218	Injection, olipudase alfa-rpcp, 1 mg	04/01/2023		Commercial/ASO,Medicare,OHP,PEBB - Xenpozyme®	Enzyme Replacement Therapy - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J0219	Injection, avalglucosidase alfa-ngpt, 4 mg	04/01/2022		Commercial/ASO,Medicare,OHP,PEBB - Nexviazyme®	Enzyme Replacement Therapy - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J0221	Injection, alglucosidase alfa, (lumizyme), 10 mg	01/01/2012		Commercial/ASO,Medicare,OHP,PEBB - Lumizyme®	Enzyme Replacement Therapy - Pharmacy Policy; Infusion Therapy Site of Care - Commercial- Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J0222	Injection, Patisiran, 0.1 mg	10/01/2019		Commercial/ASO,Medicare,OHP,PEBB - Onpattro®	Infusion Therapy Site of Care -Commercial- Pharmacy Policy; Transthyretin (TTR) Lowering Agents Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J0223	Injection, givosiran, 0.5 mg	07/01/2020			Givlaari® - Pharmacy Policy; Infusion Therapy Site of Care -Commercial- Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J0224	Injection, lumasiran, 0.5 mg	07/01/2021		Commercial/ASO,Medicare,OHP,PEBB - Oxlumo® (Lumasiran)	Hyperoxaluria Agents - Pharmacy Policy; Medicare Part B Step Therapy - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J0225	Injection, vutrisiran, 1 mg	01/01/2023		Commercial/ASO,Medicare,OHP,PEBB - Amvuttra®	Infusion Therapy Site of Care -Commercial- Pharmacy Policy; TRANSTHYRETIN (TTR) LOWERING AGENTS - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J0256	Alpha 1 Proteinase Inhibitor	01/01/2007		Commercial/ASO,Medicare,OHP,PEBB - Aralast NP®, Prolastin®-C, Zemaira®	Aralast NP®, Glassia® Prolastin®-C, Zemaira® - Pharmacy Policy; Infusion Therapy Site of Care -Commercial- Pharmacy Policy; Pharmacy Policy

*Prior authorization is not a guarantee of payment. Benefits are based on eligibility at the time of service and are subject to applicable contract terms.

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	J0257	Injection, alpha 1 proteinase inhibitor (human), (glassia), 10 mg	01/01/2012		Commercial/ASO,Medicare,OHP,PEBB - Glassia®	Aralast NP®, Glassia® Prolastin®-C, Zemaira® - Pharmacy Policy; Infusion Therapy Site of Care -Commercial- Pharmacy Policy; Pharmacy Policy
Commercial/ASO	J0485	Injection, belatacept, 1mg	01/01/2024		Commercial/ASO - Nulojix® ***Commercial and ASO members MAY require prior authorization for Site of Care location***	Infusion Therapy Site of Care -Commercial- Pharmacy Policy
Medicare, OHP	J0490	Injection, belimumab, 10 mg	01/01/2012		Medicare,OHP - Benlysta®	Benlysta® - Pharmacy Policy; Pharmacy Policy; Self-Administered Drug (SAD) Exclusion - Commercial/Medicaid - Pharmacy Policy
Commercial/ASO, PEBB	J0490	Injection, belimumab, 10 mg	01/01/2012		Commercial/ASO,PEBB - Benlysta®	Benlysta® - Pharmacy Policy; Self-Administered Drug (SAD) Exclusion - Commercial/Medicaid - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J0491	Injection, anifrolumab-fnia, 1 mg	04/01/2022		Commercial/ASO,Medicare,OHP,PEBB - Saphnelo®	Infusion Therapy Site of Care -Commercial- Pharmacy Policy; Saphnelo - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J0517	Injection, benralizumab, 1 mg	01/01/2019		Commercial/ASO,Medicare,OHP,PEBB - Fasenra®	Medically Infused Therapeutic Immunomodulators (Medicare Part B) - Pharmacy Policy; Medically Infused Therapeutic Immunomodulators(TIMs) (Commercial) - Pharmacy Policy; Medicare Part B Step Therapy - Pharmacy Policy; Self-Administered Drug (SAD) Exclusion - Commercial/Medicaid - Pharmacy Policy; Therapeutic Immunomodulators(TIMs) (Medicaid) - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J0567	Injection, cerliponase alfa, 1 mg	01/01/2019		Commercial/ASO,Medicare,OHP,PEBB - Brineura®	Brineura® - Pharmacy Policy

*Prior authorization is not a guarantee of payment. Benefits are based on eligibility at the time of service and are subject to applicable contract terms.

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	J0584	Injection, burosumab-twza 1 mg	01/01/2019		Commercial/ASO,Medicare,OHP,PEBB - Crysvita®	Crysvita® - Pharmacy Policy; Infusion Therapy Site of Care -Commercial- Pharmacy Policy; Medicare Part B Step Therapy - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J0593	Injection, lanadelumab-flyo, 1 mg (code may be used for Medicare when drug administered under direct supervision of a physician, not for use when drug is self-administered)	10/01/2019		Commercial/ASO,Medicare,OHP,PEBB - Takhzyro®	Hereditary Prophylactic Angioedema Therapy - Pharmacy Policy; Self-Administered Drug (SAD) Exclusion - Commercial/Medicaid - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J0596	Injection, c1 esterase inhibitor (recombinant), ruconest, 10 units	01/01/2016		Commercial/ASO,Medicare,OHP,PEBB - Ruconest®	Hereditary Angioedema - Pharmacy Policy; Medicare Part B Step Therapy - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J0597	C-1 esterase, berinert	01/01/2011		Commercial/ASO,Medicare,OHP,PEBB - Berinert®	Hereditary Angioedema - Pharmacy Policy; Medicare Part B Step Therapy - Pharmacy Policy; Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J0598	C1 esterase inhibitor inj	01/01/2010		Commercial/ASO,Medicare,OHP,PEBB - Cinryze®	Hereditary Prophylactic Angioedema Therapy - Medicare Part B ; Hereditary Prophylactic Angioedema Therapy - Pharmacy Policy; Medicare Part B Step Therapy - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J0599	Injection, c-1 esterase inhibitor (human), (haegarda), 10 units	01/01/2019			Self-Administered Drug (SAD) Exclusion - Commercial/Medicaid - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J0614	J0614 Injection, treosulfan, 50 mg	10/01/2025		Commercial/ASO,Medicare,OHP,PEBB - Grafapex®	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J0638	Canakinumab injection	01/01/2011		Commercial/ASO,Medicare,OHP,PEBB - Ilaris®	Infusion Therapy Site of Care -Commercial- Pharmacy Policy; Interleukin – 1 Inhibitors - Pharmacy Policy; Medicare Part B Step Therapy - Pharmacy Policy

*Prior authorization is not a guarantee of payment. Benefits are based on eligibility at the time of service and are subject to applicable contract terms.

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial, ASO, Medicare, OHP, PEBB	J0644	J0644 Injection, leucovorin calcium (avyxa), 1 mg	10/01/2026		Commercial,ASO,Medicare,OHP,PEBB - Avyxa 505(b)(2); Vykoura	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J0681	J0681 Injection, ceftobiprole medocaril sodium, 3 mg	10/01/2025		Commercial/ASO,Medicare,OHP,PEBB - Zevtera®	New Drug/Indication Awaiting P&T Review - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J0717	Injection, certolizumab pegol, 1 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administer	01/01/2014		Commercial/ASO,Medicare,OHP,PEBB - Cimzia®	Pharmacy Policy; Self-Administered Drug (SAD) Exclusion - Commercial/Medicaid - Pharmacy Policy; Therapeutic Immunomodulators(TIMs) (Commercial) - Pharmacy Policy; Therapeutic Immunomodulators(TIMs) (Medicaid) - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J0725	Chorionic Gonadotropin/1000u	09/01/2003		Commercial/ASO,Medicare,OHP,PEBB - Pregnyl® , Novarel®	Infertility and Related Medications - Pharmacy Policy; Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J0775	Injection, collagenase, clostridium histolyticum, 0.01 mg	07/01/2020		Commercial/ASO,Medicare,OHP,PEBB - Xiaflex®	Xiaflex® - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J0791	Injection, crizanlizumab-tmca, 5 mg	07/01/2020			Adakveo® - Pharmacy Policy; Infusion Therapy Site of Care -Commercial- Pharmacy Policy; Medicare Part B Step Therapy - Pharmacy Policy
Commercial/ASO, OHP, PEBB	J0800	Corticotropin Injection	11/01/2008		Commercial/ASO,OHP,PEBB - H. P. Acthar Gel®	Pharmacy Policy; Self-Administered Drug (SAD) Exclusion - Commercial/Medicaid - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J0802	J0802 - Injection, corticotropin (ani), up to 40 units	10/01/2023		Commercial/ASO,Medicare,OHP,PEBB - Ani	H. P. Acthar Gel® - Pharmacy Policy; Self-Administered Drug (SAD) Exclusion - Commercial/Medicaid - Pharmacy Policy

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	J0870	J0870 - Injection, imetelstat, 1 mg	01/01/2025		Commercial/ASO,Medicare,OHP,PEBB - Rytelo®	Medicare Part B Step Therapy - Pharmacy Policy; Reblozyl and Rytelo Policy
Commercial/ASO, Medicare, OHP, PEBB	J0881	Darbepoetin alfa, non-esrd	09/01/2003		Commercial/ASO,Medicare,OHP,PEBB - Aranesp®	Erythropoiesis Stimulating Agents- Pharmacy Policy; Infusion Therapy Site of Care - Commercial- Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J0885	Epoetin alfa, non-esrd	09/01/2003		Commercial/ASO,Medicare,OHP,PEBB - Epogen®, Procrit®	Erythropoiesis Stimulating Agents- Pharmacy Policy; Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J0888	Injection, epoetin beta, 1 microgram (for non-ESRD use)	01/01/2015		Commercial/ASO,Medicare,OHP,PEBB - Mircera®	Erythropoiesis Stimulating Agents- Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J0893	Injection, decitabine (sun pharma) not therapeutically equivalent to j0894, 1 mg	01/01/2023		Commercial/ASO,Medicare,OHP,PEBB - Decitabine manufacturer specific, use J0893 for Sun Pharma only	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J0894	Decitabine injection	01/01/2007		Commercial/ASO,Medicare,OHP,PEBB - Dacogen®	ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy; Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J0896	Injection, luspatercept-aamt, 0.25 mg	07/01/2020			Infusion Therapy Site of Care -Commercial- Pharmacy Policy; Medicare Part B Step Therapy - Pharmacy Policy; Reblozyl®_Rytelo® - Pharmacy Policy
Commercial, ASO, Commercial/ASO, Medicare, OHP, PEBB	J0897 Prolia/Xgeva - PA Add	J0897- Injection, denosumab, 1 mg	01/01/2026		Commercial,ASO,Commercial/ASO,Medicare,OHP,PEBB - PROLIA/ XGEVA	Denosumab - Pharmacy Policy
Commercial, ASO, Medicare, OHP, PEBB	J0897 Prolia; Xgeva	J0897 Injection, denosumab, 1 mg	01/01/2026		Commercial,ASO,Medicare,OHP,PEBB - Prolia; Xgeva	Denosumab - Pharmacy Policy

*Prior authorization is not a guarantee of payment. Benefits are based on eligibility at the time of service and are subject to applicable contract terms.

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	J0901	J0901 - Vadadustat, oral, 1 mg (for esrd on dialysis)	01/01/2025		Commercial/ASO,Medicare,OHP,PEBB - Vafseo®	Medicare Part B Step Therapy - Pharmacy Policy; Vafseo - Pharmacy Policy
Commercial, ASO, Commercial/ASO, Medicare, OHP, PEBB	J1073	J1073 Testosterone pellet, implant, 75 mg	01/01/2026		Commercial,ASO,Commercial/ASO,Medicare,OHP,PEBB - Testopel	Medical Hormone Therapy Policy
Commercial/ASO, Medicare, OHP, PEBB	J1203	J1203 Injection, cipaglucosidase alfa-atga, 5 mg	04/01/2024		Commercial/ASO,Medicare,OHP,PEBB - Pombiliti®	Enzyme Replacement Therapy - Pharmacy Policy; Enzyme Replacement Therapy, Medicare Part B -Pharmacy Policy
Commercial, ASO, Medicare, OHP, PEBB	J1289	J1289 Injection, narsoplimab-wuug, 1 mg	07/01/2026		Commercial,ASO,Medicare,OHP,PEBB - Yartemlea	Medications for Rare Indications - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J1290	Ecallantide injection	01/01/2011		Commercial/ASO,Medicare,OHP,PEBB - Kalbitor®	Hereditary Angioedema - Pharmacy Policy; Medicare Part B Step Therapy - Pharmacy Policy; Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J1299	Injection, eculizumab, 2 mg	04/01/2025			Complement Inhibitors - Pharmacy Policy; Infusion Therapy Site of Care -Commercial- Pharmacy Policy; Medicare Part B Step Therapy - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J1301	Injection, edaravone, 1 mg	01/01/2019		Commercial/ASO,Medicare,OHP,PEBB - Radicava®	Infusion Therapy Site of Care -Commercial- Pharmacy Policy; Radicava® - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J1302	Injection, sutimlimab-jome, 10 mg	10/01/2022		Commercial/ASO,Medicare,OHP,PEBB - Enjaymo®	Medicare Part B Step Therapy - Pharmacy Policy; Medications for Rare Indications - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J1303	Injection, ravulizumab-cwvz, 10 mg	10/01/2019		Commercial/ASO,Medicare,OHP,PEBB - Ultomiris®	Complement Inhibitors - Pharmacy Policy; Infusion Therapy Site of Care -Commercial- Pharmacy Policy; Medicare Part B Step Therapy - Pharmacy Policy

*Prior authorization is not a guarantee of payment. Benefits are based on eligibility at the time of service and are subject to applicable contract terms.

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	J1304	Injection, tofersen, 1 mg	01/01/2024		Commercial/ASO,Medicare,OHP,PEBB - Qalsody®	Medications for Rare Indications - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J1305	Injection, evinacumab-dgnb, 5mg	10/01/2021		Commercial/ASO,Medicare,OHP,PEBB - Evkeeza®	HOMOZYGOUS FAMILIAL HYPERCHOLESTEROLEMIA (FH) AGENTS - Pharmacy Policy; HOMOZYGOUS FAMILIAL HYPERCHOLESTEROLEMIA (HOFH) AGENTS - MEDICARE PART B; Infusion Therapy Site of Care -Commercial- Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J1306	Injection, inclisiran, 1 mg	07/01/2022		Commercial/ASO,Medicare,OHP,PEBB - Leqvio®	Infusion Therapy Site of Care -Commercial- Pharmacy Policy; Medicare Part B Step Therapy - Pharmacy Policy; PCSK9 Inhibitors- Commercial - Pharmacy Policy; PCSK9 Inhibitors - Medicaid - Pharmacy Policy; PCSK9 Inhibitors - Medicare Part B - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J1307	J1307 - Injection, crovalimab-akkz, 10 mg	01/01/2025		Commercial/ASO,Medicare,OHP,PEBB - PiaSky®	Complement Inhibitors - Pharmacy Policy; Medicare Part B Step Therapy - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J1322	Injection, elosulfase alfa, 1mg	01/01/2015		Commercial/ASO,Medicare,OHP,PEBB - Vimizim®	Enzyme Replacement Therapy - Pharmacy Policy; Infusion Therapy Site of Care - Commercial- Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J1323	J1323 Injection, elranatamab-bcmm, 1 mg	04/01/2024		Commercial/ASO,Medicare,OHP,PEBB - Elrexfio®	T-Cell Therapy - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J1325	Epoprostenol Injection	09/01/2003		Commercial/ASO,Medicare,OHP,PEBB - Flolan®, Veletri®	Pharmacy Policy; Pulmonary Arterial Hypertension - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J1326	J1326 Injection, zolbetuximab-clzb, 2 mg	07/01/2025		Commercial/ASO,Medicare,OHP,PEBB - Vyloy®	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy

*Prior authorization is not a guarantee of payment. Benefits are based on eligibility at the time of service and are subject to applicable contract terms.

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	J1411	Injection, etranacogene dezaparvovec-drlb, per therapeutic dose	04/01/2023		Commercial/ASO,Medicare,OHP,PEBB - Hemgenix®	Hemgenix - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J1412	Injection, valoctocogene roxaparvovec-rvox, per ml, containing nominal 2 x 10^13 vector genomes	01/01/2024		Commercial/ASO,Medicare,OHP,PEBB - Roctavian®	Gene Therapy for Hemophilia Policy - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J1413	Injection, delandistrogene moxeparvovec-rokl, per therapeutic dose	01/01/2024		Commercial/ASO,Medicare,OHP,PEBB - Elevidys®	Elevidys - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J1414	J1414 - Injection, fidanacogene elaparvovec-dzkt, per therapeutic dose	01/01/2025		Commercial/ASO,Medicare,OHP,PEBB - Beqvez®	Gene Therapy for Hemophilia Policy - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J1426	Injection, casimersen, 10 mg	10/01/2021		Commercial/ASO,Medicare,OHP,PEBB - Amondys® 45	Exon-Skipping Therapies for Duchenne Muscular Dystrophy Policy - Pharmacy Policy; Infusion Therapy Site of Care -Commercial-Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J1427	Injection, viltolarsen, 10 mg	04/01/2021		Commercial/ASO,Medicare,OHP,PEBB - Viltepso®	Exon-Skipping Therapies for Duchenne Muscular Dystrophy Policy - Pharmacy Policy; Infusion Therapy Site of Care -Commercial-Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J1428	Injection, eteplirsen, 10 mg	01/01/2018		Commercial/ASO,Medicare,OHP,PEBB - Exondys 51®	Exon-Skipping Therapies for Duchenne Muscular Dystrophy Policy - Pharmacy Policy; Infusion Therapy Site of Care -Commercial-Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J1429	Injection, golodirsen, 10 mg	07/01/2020		Commercial/ASO,Medicare,OHP,PEBB - Vyondys-53®	Exon-Skipping Therapies for Duchenne Muscular Dystrophy Policy - Pharmacy Policy; Infusion Therapy Site of Care -Commercial-Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J1440	Fecal microbiota, live - jslm, 1 ml	07/01/2023		Commercial/ASO,Medicare,OHP,PEBB - Rebyota®	Rebyota - Pharmacy Policy

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	J1448	Injection, trilaciclib, 1mg	10/01/2021		Commercial/ASO,Medicare,OHP,PEBB - Cosela®	ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J1458	Galsulfase injection	01/01/2007		Commercial/ASO,Medicare,OHP,PEBB - Naglazyme®	Enzyme Replacement Therapy - Pharmacy Policy; Infusion Therapy Site of Care - Commercial- Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J1459	Injection, immune globulin (Privigen), intravenous, non-lyophilized (e.g. liquid), 500 mg	01/01/2009		Commercial/ASO,Medicare,OHP,PEBB - Privigen®	IMMUNE GAMMA GLOBULIN(IgG) - Pharmacy Policy; Infusion Therapy Site of Care - Commercial- Pharmacy Policy; Medicare Part B Step Therapy - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J1551	Injection, immune globulin (cutaquig), 100 mg	07/01/2022			IMMUNE GAMMA GLOBULIN(IgG) - Pharmacy Policy; Infusion Therapy Site of Care - Commercial- Pharmacy Policy; Medicare Part B Step Therapy - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J1552	J1552 - Injection, immune globulin (alyglo), 500 mg	01/01/2025		Commercial/ASO,Medicare,OHP,PEBB - Alyglo®	IMMUNE GAMMA GLOBULIN(IgG) - Pharmacy Policy; Infusion Therapy Site of Care - Commercial- Pharmacy Policy; Medicare Part B Step Therapy - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J1553	J1553 Injection, immune globulin (yimmugo), 100 mg	04/01/2026		Commercial/ASO,Medicare,OHP,PEBB - Yimmugo	IMMUNE GAMMA GLOBULIN(IgG) - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J1554	Injection, immune globulin (asceniv), 500 mg	04/01/2021			IMMUNE GAMMA GLOBULIN(IgG) - Pharmacy Policy; Infusion Therapy Site of Care - Commercial- Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J1555	Injection, immune globulin (cuvitru), 100 mg	01/01/2018		Commercial/ASO,Medicare,OHP,PEBB - Cuvitru®	IMMUNE GAMMA GLOBULIN(IgG) - Pharmacy Policy; Infusion Therapy Site of Care - Commercial- Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J1556	Injection, immune globulin (Bivigam), 500 mg	01/01/2014		Commercial/ASO,Medicare,OHP,PEBB - Bivigam®	IMMUNE GAMMA GLOBULIN(IgG) - Pharmacy Policy; Infusion Therapy Site of Care - Commercial- Pharmacy Policy

*Prior authorization is not a guarantee of payment. Benefits are based on eligibility at the time of service and are subject to applicable contract terms.

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	J1557	Injection, immune globulin, (Gammaplex), intravenous, non-lyophilized (e.g. liquid), 500 mg	01/01/2012		Commercial/ASO,Medicare,OHP,PEBB - Gammaplex®	IMMUNE GAMMA GLOBULIN(IgG) - Pharmacy Policy; Infusion Therapy Site of Care - Commercial- Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J1558	Injection, immune globulin (xembify), 100 mg	07/01/2020			IMMUNE GAMMA GLOBULIN(IgG) - Pharmacy Policy; Infusion Therapy Site of Care - Commercial- Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J1559	Hizentra injection	01/01/2011		Commercial/ASO,Medicare,OHP,PEBB - Hizentra®, Part D vs. Part B (CMS Self-Administered Drug List)	IMMUNE GAMMA GLOBULIN(IgG) - Pharmacy Policy; Infusion Therapy Site of Care - Commercial- Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J1561	Immune Globulin 500 Mg	01/01/2008		Commercial/ASO,Medicare,OHP,PEBB - Gamunex-C®, Gammaked®	IMMUNE GAMMA GLOBULIN(IgG) - Pharmacy Policy; Infusion Therapy Site of Care - Commercial- Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J1566	Immune globulin, powder	09/01/2003		Commercial/ASO,Medicare,OHP,PEBB - Gammagard S/D®, Carimune Nanofiltered®	IMMUNE GAMMA GLOBULIN(IgG) - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J1568	Octagam injection	01/01/2008		Commercial/ASO,Medicare,OHP,PEBB - Octagam®	IMMUNE GAMMA GLOBULIN(IgG) - Pharmacy Policy; Infusion Therapy Site of Care - Commercial- Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J1569	Gammagard liquid injection	01/01/2008		Commercial/ASO,Medicare,OHP,PEBB - Gammagard Liquid®	IMMUNE GAMMA GLOBULIN(IgG) - Pharmacy Policy; Infusion Therapy Site of Care - Commercial- Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J1572	Flebogamma injection	01/01/2008		Commercial/ASO,Medicare,OHP,PEBB - Flebogamma Dif®	IMMUNE GAMMA GLOBULIN(IgG) - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J1575	Injection, immune globulin/hyaluronidase, (hyqvia), 100 mg immuneglobulin	01/01/2016		Commercial/ASO,Medicare,OHP,PEBB - Hyqvia®	IMMUNE GAMMA GLOBULIN(IgG) - Pharmacy Policy; Infusion Therapy Site of Care - Commercial- Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J1576	Injection, immune globulin (panzyga), intravenous, non-lyophilized (e.g., liquid), 500 mg	07/01/2023			IMMUNE GAMMA GLOBULIN(IgG) - Pharmacy Policy; Infusion Therapy Site of Care - Commercial- Pharmacy Policy

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial, ASO, Medicare, OHP, PEBB	J1577	J1577 Injection, immune globulin (qivigy), 100 mg	07/01/2026		Commercial,ASO,Medicare,OHP,PEBB - Qivigy	IMMUNE GAMMA GLOBULIN(IgG) - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J1599	Ivig non-lyophilized, NOS	01/01/2011		Qivigy (Immune globulin, gamma (IgG)) -kthm human	IMMUNE GAMMA GLOBULIN(IgG) - Pharmacy Policy; New Drug/Indication Awaiting P&T Review - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J1602	Injection, golimumab, 1 mg, for intravenous use	09/01/2020		Commercial/ASO,Medicare,OHP,PEBB - Simponi Aria®	Infusion Therapy Site of Care -Commercial- Pharmacy Policy; Medically Infused Therapeutic Immunomodulators (Medicare Part B) - Pharmacy Policy; Medically Infused Therapeutic Immunomodulators(TIMs) (Commercial) - Pharmacy Policy; Medicare Part B Step Therapy - Pharmacy Policy; Therapeutic Immunomodulators(TIMs) (Medicaid) - Pharmacy Policy
Commercial/ASO, OHP, PEBB	J1628	Injection, guselkumab, 1 mg	01/01/2019		Commercial/ASO,OHP,PEBB - Tremfya®	Medically Infused Therapeutic Immunomodulators (Medicare Part B) - Pharmacy Policy; Self-Administered Drug (SAD) Exclusion - Commercial/Medicaid - Pharmacy Policy; Therapeutic Immunomodulators(TIMs) (Commercial) - Pharmacy Policy; Therapeutic Immunomodulators(TIMs) (Medicaid) - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J1632	Injection, brexanolone, 1 mg	10/01/2020			Zulresso® - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J1743	Injection, idursulfase, 1 mg	10/01/2017		Commercial/ASO,Medicare,OHP,PEBB - Elaprase®	Enzyme Replacement Therapy - Pharmacy Policy; Infusion Therapy Site of Care - Commercial- Pharmacy Policy
Commercial/ASO, OHP, PEBB	J1744	Icatibant injection	01/01/2013		Commercial/ASO,OHP,PEBB - Firazyr®	Self-Administered Drug (SAD) Exclusion - Commercial/Medicaid - Pharmacy Policy

*Prior authorization is not a guarantee of payment. Benefits are based on eligibility at the time of service and are subject to applicable contract terms.

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	J1745	Injection, infliximab, excludes biosimilar, 10 mg	09/01/2020		Commercial/ASO,Medicare,OHP,PEBB - Remicade®	Infusion Therapy Site of Care -Commercial- Pharmacy Policy; Medically Infused Therapeutic Immunomodulators (Medicare Part B) - Pharmacy Policy; Medically Infused Therapeutic Immunomodulators(TIMs) (Commercial) - Pharmacy Policy; Medicare Part B Step Therapy - Pharmacy Policy; Therapeutic Immunomodulators(TIMs) (Medicaid) - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J1746	Injection, ibalizumab-uiyk, 10 mg	01/01/2019		Commercial/ASO,Medicare,OHP,PEBB - Trogarzo®	Trogarzo® - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J1747	Injection, spesolimab-sbzo, 1 mg	04/01/2023		Commercial/ASO,Medicare,OHP,PEBB - Spevigo®	Medications for Rare Indications - Pharmacy Policy; Self-Administered Drug (SAD) Exclusion - Commercial/Medicaid - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J1748	J1748 Injection, infliximab-dyyb (zymfentra), 10 mg	07/01/2024		Commercial/ASO,Medicare,OHP,PEBB - Zymfentra®	Self-Administered Drug (SAD) Exclusion - Commercial/Medicaid - Pharmacy Policy; Therapeutic Immunomodulators(TIMs) (Commercial) - Pharmacy Policy; Therapeutic Immunomodulators(TIMs) (Medicaid) - Pharmacy Policy
Commercial, ASO, Medicare, OHP, PEBB	J1757	J1757 Injection, tividenofusp alfa-eknm, 1 mg	10/01/2026		Commercial,ASO,Medicare,OHP,PEBB - Avlayah	Enzyme Replacement Therapy - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J1786	Injection, imiglucerase, 10 units	07/01/2019		Commercial/ASO,Medicare,OHP,PEBB - Cerezyme®	Enzyme Replacement Therapy - Pharmacy Policy; Infusion Therapy Site of Care - Commercial- Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J1809	J1809 Injection, fosdenopterin, 0.1 mg	10/01/2025		Commercial/ASO,Medicare,OHP,PEBB - Nulibry®	Medications for Rare Indications - Pharmacy Policy

*Prior authorization is not a guarantee of payment. Benefits are based on eligibility at the time of service and are subject to applicable contract terms.

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial, ASO, Medicare, OHP, PEBB	J1818	J1818 Injection, pegzilarginase-nbln, 0.05 mg	10/01/2026		Commercial,ASO,Medicare,OHP,PEBB - Loargys	Medications for Rare Indications - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J1823	Injection, inebilizumab-cdon, 1 mg	01/01/2021		Commercial/ASO,Medicare,OHP,PEBB - Uplinza®	Infusion Therapy Site of Care -Commercial- Pharmacy Policy; Medicare Part B Step Therapy - Pharmacy Policy; Uplinza® - Pharmacy Policy
Commercial, ASO, Commercial/ASO, Medicare, OHP, PEBB	J1837	J1837 Injection, posaconazole, 1 mg	01/01/2026		Commercial,ASO,Commercial/ASO,Medicare,OHP,PEBB - Noxafil	Antifungal Agents - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J1930	Injection, lanreotide, 1 mg	09/01/2021		Commercial/ASO,Medicare,OHP,PEBB - Somatuline® Depot	Infusion Therapy Site of Care -Commercial- Pharmacy Policy; Medicare Part B Step Therapy - Pharmacy Policy; Pituitary Disorder Therapies (Commercial/Medicaid) - Pharmacy Policy; Somatostatin Analogs Medicare Part B - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J1931	Injection, laronidase, 0.1 mg	10/01/2017		Commercial/ASO,Medicare,OHP,PEBB - Aldurazyme®	Enzyme Replacement Therapy - Pharmacy Policy; Infusion Therapy Site of Care - Commercial- Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J1932	Injection, lanreotide, (cipla), 1 mg	10/01/2022			Infusion Therapy Site of Care -Commercial- Pharmacy Policy; Pituitary Disorder Therapies (Commercial/Medicaid) - Pharmacy Policy; Somatostatin Analogs Medicare Part B - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J1950	Leuprolide Acetate /3.75 Mg	09/01/2003		Commercial/ASO,Medicare,OHP,PEBB - Eligard®, Lupron® [Prior-authorization not required for diagnosis C61-Prostate Cancer]	Gonadotropin Releasing Hormone Agonist - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J1951	Injection, leuprolide acetate for depot suspension (fensolvi), 0.25 mg	07/01/2021		Commercial/ASO,Medicare,OHP,PEBB - [Prior-authorization not required for diagnosis C61-Prostate Cancer]	Gonadotropin Releasing Hormone Agonist - Pharmacy Policy

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	J1952	Leuprolide injectable, camcevi, 1 mg	01/01/2022		Commercial,ASO,Medicare,OHP,PEBB - [Prior-authorization not required for diagnosis C61-Prostate Cancer]	Gonadotropin Releasing Hormone Agonist - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J1954	Injection, leuprolide acetate for depot suspension (lutrate), 7.5 mg	01/01/2023		Commercial/ASO,Medicare,OHP,PEBB - J1954 is specific for manufacturer, Lutrate [Prior-authorization not required for diagnosis C61-Prostate Cancer]	Gonadotropin Releasing Hormone Agonist - Pharmacy Policy
Commercial/ASO, OHP, PEBB	J2170	Injection, mecasermin, 1 mg	06/01/2018		Commercial/ASO,OHP,PEBB - Increlex®	Increlex® - Pharmacy Policy; Self-Administered Drug (SAD) Exclusion - Commercial/Medicaid - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J2182	Injection, mepolizumab, 1 mg	01/01/2017		Commercial/ASO,Medicare,OHP,PEBB - Nucala®	Medically Infused Therapeutic Immunomodulators (Medicare Part B) - Pharmacy Policy; Medically Infused Therapeutic Immunomodulators(TIMs) (Commercial) - Pharmacy Policy; Medicare Part B Step Therapy - Pharmacy Policy; Self-Administered Drug (SAD) Exclusion - Commercial/Medicaid - Pharmacy Policy; Therapeutic Immunomodulators(TIMs) (Medicaid) - Pharmacy Policy
Commercial/ASO, OHP, PEBB	J2212	Methylnaltrexone injection	01/01/2013		Commercial/ASO,OHP,PEBB - Relistor®	Relistor® - Pharmacy Policy; Self-Administered Drug (SAD) Exclusion - Commercial/Medicaid - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J2267	J2267 Injection, mirikizumab-mrkz, 1 mg	07/01/2024		Commercial/ASO,Medicare,OHP,PEBB - OMVOH	Medically Infused Therapeutic Immunomodulators (Medicare Part B) - Pharmacy Policy; Therapeutic Immunomodulators(TIMs) (Commercial) - Pharmacy Policy; Therapeutic Immunomodulators(TIMs) (Medicaid) - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J2277	J2277 Injection, motixafortide, 0.25 mg	04/01/2024		Commercial/ASO,Medicare,OHP,PEBB - Aphexda®	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy

*Prior authorization is not a guarantee of payment. Benefits are based on eligibility at the time of service and are subject to applicable contract terms.

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	J2323	Natalizumab injection	01/01/2008		Commercial/ASO,Medicare,OHP,PEBB - Tysabri®	Medicare Part B Step Therapy - Pharmacy Policy; Tysabri®, Tyruko® - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J2326	Injection, nusinersen, 0.1 mg	01/01/2018		Commercial/ASO,Medicare,OHP,PEBB - Spinraza®	Therapies for Spinal Muscular Atrophy - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J2327	Injection, risankizumab-rzaa, intravenous, 1 mg	01/01/2023		Commercial/ASO,Medicare,OHP,PEBB - Skyrizi IV only.	Medically Infused Therapeutic Immunomodulators (Medicare Part B) - Pharmacy Policy; Medically Infused Therapeutic Immunomodulators(TIMs) (Commercial) - Pharmacy Policy; Therapeutic Immunomodulators(TIMs) (Medicaid) - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J2329	Injection, ublituximab-xiiy, 1mg	11/01/2023		Commercial/ASO,Medicare,OHP,PEBB - Briumvi®	Infusion Therapy Site of Care -Commercial-Pharmacy Policy; Medically Administered Multiple Sclerosis Agents Prior Authorization - Pharmacy Policy; Medically Administered Multiple Sclerosis Agents Prior Authorization and Step Therapy Policy – Medicare Part B
Commercial/ASO, Medicare, OHP, PEBB	J2350	Injection, ocrelizumab, 1 mg	01/01/2024		Commercial/ASO,Medicare,OHP,PEBB - Ocrevus® ***Commercial and ASO members MAY require prior authorization for Site of Care location also***	Infusion Therapy Site of Care -Commercial-Pharmacy Policy; Medically Administered Multiple Sclerosis Agents Prior Authorization - Pharmacy Policy; Medically Administered Multiple Sclerosis Agents Prior Authorization and Step Therapy Policy – Medicare Part B
Commercial/ASO, Medicare, OHP, PEBB	J2351	Injection, ocrelizumab, 1 mg and hyaluronidase-ocsq	04/01/2025			Infusion Therapy Site of Care -Commercial-Pharmacy Policy; Medically Administered Multiple Sclerosis Agents Prior Authorization - Pharmacy Policy; Medically Administered Multiple Sclerosis Agents Prior Authorization and Step Therapy Policy – Medicare Part B

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	J2353	Injection, octreotide, depot form for intramuscular injection, 1 mg	11/01/2008		Commercial/ASO,Medicare,OHP,PEBB - Sandostatin® LAR Depot	Infusion Therapy Site of Care -Commercial- Pharmacy Policy; Pituitary Disorder Therapies (Commercial/Medicaid) - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J2356	Injection, tezepelumab-ekko, 1 mg	07/01/2022		Commercial/ASO,Medicare,OHP,PEBB - Tezspire®	Medically Infused Therapeutic Immunomodulators (Medicare Part B) - Pharmacy Policy; Medically Infused Therapeutic Immunomodulators(TIMs) (Commercial) - Pharmacy Policy; Medicare Part B Step Therapy - Pharmacy Policy; Therapeutic Immunomodulators(TIMs) (Medicaid) - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J2357	Omalizumab injection	09/01/2003		Commercial/ASO,Medicare,OHP,PEBB - Xolair®	Medically Infused Therapeutic Immunomodulators (Medicare Part B) - Pharmacy Policy; Medically Infused Therapeutic Immunomodulators(TIMs) (Commercial) - Pharmacy Policy; Medicare Part B Step Therapy - Pharmacy Policy; Self-Administered Drug (SAD) Exclusion - Commercial/Medicaid - Pharmacy Policy; Therapeutic Immunomodulators(TIMs) (Medicaid) - Pharmacy Policy
Commercial, ASO, Medicare, OHP, PEBB	J2361	J2361 Injection, depemokimab-ulaa, 1 mg	07/01/2026		Commercial,ASO,Medicare,OHP,PEBB - Exdensur	Medically Infused Therapeutic Immunomodulators (Medicare Part B) - Pharmacy Policy; Therapeutic Immunomodulators(TIMs) (Commercial) - Pharmacy Policy; Therapeutic Immunomodulators(TIMs) (Medicaid) - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J2502	Injection, pasireotide long acting, 1 mg	01/01/2016		Commercial/ASO,Medicare,OHP,PEBB - Signifor LAR®	Medicare Part B Step Therapy - Pharmacy Policy; Signifor LAR® - Pharmacy Policy

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	J2507	Injection, pegloticase, 1 mg	01/01/2012		Commercial/ASO,Medicare,OHP,PEBB - Krystexxa®	Infusion Therapy Site of Care -Commercial-Pharmacy Policy; Krystexxa® - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J2508	Injection, pegunigalsidase alfa-iwxj, 1 mg	01/01/2024		Commercial/ASO,Medicare,OHP,PEBB - ELFABRIO	Enzyme Replacement Therapy - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J2777	Injection, faricimab-svoa, 0.1 mg	10/01/2022		Commercial/ASO,Medicare,OHP,PEBB - Vabysmo	Medicare Part B Step Therapy - Pharmacy Policy; Ophthalmic Vascular Endothelial Growth Factor (VEGF) Inhibitors - Pharmacy Policy
Commercial, ASO, Medicare, OHP, PEBB	J2778 - PA Add	J2778 Injection, ranibizumab, 0.1 mg	08/01/2026		Commercial,ASO,Medicare,OHP,PEBB - Lucentis	Ophthalmic Vascular Endothelial Growth Factor (VEGF) Inhibitors - Pharmacy Policy; Ophthalmic Vascular Endothelial Growth Factor (VEGF) Prior Authorization and Step Therapy Policy
Commercial/ASO, Medicare, OHP, PEBB	J2779	Injection, ranibizumab, via intravitreal implant (susvimo), 0.1 mg	07/01/2022			Medicare Part B Step Therapy - Pharmacy Policy; Ophthalmic Vascular Endothelial Growth Factor (VEGF) Inhibitors - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J2781	J2781 - Injection, pegcetacoplan, intravitreal, 1 mg	10/01/2023		Commercial/ASO,Medicare,OHP,PEBB - Syfovre	Geographic Atrophy Agents - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J2782	J2782 Injection, avacincaptad pegol, 0.1 mg	04/01/2024		Commercial/ASO,Medicare,OHP,PEBB - Izervay	Geographic Atrophy Agents - Pharmacy Policy

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	J2786	Injection, reslizumab, 1 mg	01/01/2017		Commercial/ASO,Medicare,OHP,PEBB - Cinqair®	Medically Infused Therapeutic Immunomodulators (Medicare Part B) - Pharmacy Policy; Medically Infused Therapeutic Immunomodulators(TIMs) (Commercial) - Pharmacy Policy; Medicare Part B Step Therapy - Pharmacy Policy; Therapeutic Immunomodulators(TIMs) (Medicaid) - Pharmacy Policy
Commercial/ASO, OHP, PEBB	J2787	Riboflavin 5'-phosphate, ophthalmic solution (photrexa viscous/photrexa), up to 3 mL	01/01/2019			Corneal Collagen Cross Linking (Company)
Commercial, ASO, OHP, PEBB	J2789	Riboflavin 5'-phosphate, ophthalmic solution (epioxahd/epioxa), up to 2 ml	08/01/2026			Corneal Collagen Cross Linking (Company)
Commercial/ASO, Medicare, OHP, PEBB	J2793	Rilonacept injection	01/01/2010		Commercial/ASO,Medicare,OHP,PEBB - Arcalyst®	Interleukin – 1 Inhibitors - Pharmacy Policy; Self-Administered Drug (SAD) Exclusion - Commercial/Medicaid - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J2802	J2802 - Injection, romiplostim, 1 microgram	01/01/2025		Commercial/ASO,Medicare,OHP,PEBB - Nplate	Infusion Therapy Site of Care -Commercial- Pharmacy Policy; Medicare Part B Step Therapy - Pharmacy Policy; Thrombocytopenia Medications - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J2840	Injection, sebelipase alfa, 1 mg	01/01/2017		Commercial/ASO,Medicare,OHP,PEBB - Kanuma®	Enzyme Replacement Therapy - Pharmacy Policy; Infusion Therapy Site of Care - Commercial- Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J2860	Injection, siltuximab, 10 mg	01/01/2016		Commercial/ASO,Medicare,OHP,PEBB - Sylvant®	Sylvant® - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J2998	Injection, plasminogen, human-tvmh, 1 mg	07/01/2022		Commercial/ASO,Medicare,OHP,PEBB - Ryplazim®	Medications for Rare Indications - Pharmacy Policy

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, OHP, PEBB	J3031	Injection, fremanezumab-vfrm, 1 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	10/01/2019		Commercial/ASO,OHP,PEBB - Ajovy®	Calcitonin Gene-Related Peptide Receptor (CGRP) Agonists Pharmacy Policy; Self-Administered Drug (SAD) Exclusion - Commercial/Medicaid - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J3032	Injection, eptinezumab-jjmr, 1 mg	10/01/2020		Commercial/ASO,Medicare,OHP,PEBB - Vyepti®	Calcitonin Gene-Related Peptide Receptor (CGRP) Agonists Pharmacy Policy; Infusion Therapy Site of Care -Commercial- Pharmacy Policy; Medicare Part B Step Therapy - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J3055	J3055 Injection, talquetamab-tgvs, 0.25 mg	04/01/2024		Commercial/ASO,Medicare,OHP,PEBB - Talvey	T-Cell Therapy - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J3060	Injection, taliglucerase alfa, 10 units (Elelyso)	07/01/2019			Enzyme Replacement Therapy - Pharmacy Policy; Infusion Therapy Site of Care - Commercial- Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J3110	Teriparatide injection	01/01/2007		Commercial/ASO,Medicare,OHP,PEBB - Forteo®	Self-Administered Drug (SAD) Exclusion - Commercial/Medicaid - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J3111	Injection, romosozumab-aqqg, 1 mg	10/01/2019		Commercial/ASO,Medicare,OHP,PEBB - Evenity®	Evenity® - Pharmacy Policy; Infusion Therapy Site of Care -Commercial- Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J3145	Injection, testosterone undecanoate, 1 mg	10/01/2015		Commercial/ASO,Medicare,OHP,PEBB - Aveed™	Hormone Replacement Therapy - Pharmacy Policy; Medicare Part B Step Therapy - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J3241	Injection, teprotumumab-trbw, 10 mg	10/01/2020		Commercial/ASO,Medicare,OHP,PEBB - Tepezza	Infusion Therapy Site of Care -Commercial- Pharmacy Policy; Tepezza® - Pharmacy Policy

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	J3245	Injection, tildrakizumab, 1 mg	01/01/2019		Commercial/ASO,Medicare,OHP,PEBB - Ilumya®	Infusion Therapy Site of Care -Commercial-Pharmacy Policy; Medically Infused Therapeutic Immunomodulators (Medicare Part B) - Pharmacy Policy; Medically Infused Therapeutic Immunomodulators(TIMs) (Commercial) - Pharmacy Policy; Medicare Part B Step Therapy - Pharmacy Policy; Therapeutic Immunomodulators(TIMs) (Medicaid) - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J3247	J3247 Injection, secukinumab, intravenous, 1 mg	07/01/2024		Commercial/ASO,Medicare,OHP,PEBB - COSENTYX IV	Medically Infused Therapeutic Immunomodulators (Medicare Part B) - Pharmacy Policy; Medicare Part B Step Therapy - Pharmacy Policy; Therapeutic Immunomodulators(TIMs) (Medicaid) - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J3262	Tocilizumab injection	01/01/2011		Commercial/ASO,Medicare,OHP,PEBB - Actemra®	Medically Infused Therapeutic Immunomodulators (Medicare Part B) - Pharmacy Policy; Medicare Part B Step Therapy - Pharmacy Policy; Self-Administered Drug (SAD) Exclusion - Commercial/Medicaid - Pharmacy Policy; Therapeutic Immunomodulators(TIMs) (Medicaid) - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J3263	J3263 Injection, toripalimab-tpzi, 1 mg	07/01/2024		Commercial/ASO,Medicare,OHP,PEBB - LOQTORZI	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J3285	Treprostinil injection	09/01/2003		Commercial/ASO,Medicare,OHP,PEBB - Remodulin®	Pulmonary Arterial Hypertension - Pharmacy Policy
Commercial/ASO, OHP, PEBB	J3315	Injection, triptorelin pamoate, 3.75 mg	05/01/2021		Commercial,ASO,Medicare,OHP,PEBB - Trelstar [Prior-authorization not required for diagnosis C61- Prostate Cancer]	Gonadotropin Releasing Hormone Agonist - Pharmacy Policy

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	J3316	Injection, triptorelin, extended-release, 3.75 mg	01/01/2019		Commercial/ASO,Medicare,OHP,PEBB - Triptodur	Gonadotropin Releasing Hormone Agonist - Pharmacy Policy
Commercial/ASO, OHP, PEBB	J3357	Ustekinumab, for subcutaneous injection, 1 mg	01/01/2018		Commercial/ASO,OHP,PEBB - Stelara®	Self-Administered Drug (SAD) Exclusion - Commercial/Medicaid - Pharmacy Policy; Therapeutic Immunomodulators(TIMs) (Commercial) - Pharmacy Policy
Commercial/ASO, OHP, PEBB	J3358	Ustekinumab, for intravenous injection, 1 mg	01/01/2018		Commercial/ASO,Medicare,OHP,PEBB - Stelara® (IV)	Medically Infused Therapeutic Immunomodulators (Medicare Part B) - Pharmacy Policy; Medically Infused Therapeutic Immunomodulators(TIMs) (Commercial) - Pharmacy Policy; Medicare Part B Step Therapy - Pharmacy Policy; Therapeutic Immunomodulators(TIMs) (Medicaid) - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J3380	Injection, vedolizumab, 1 mg	01/01/2016		Commercial/ASO,Medicare,OHP,PEBB - Entyvio®	Infusion Therapy Site of Care -Commercial- Pharmacy Policy; Medically Infused Therapeutic Immunomodulators (Medicare Part B) - Pharmacy Policy; Medically Infused Therapeutic Immunomodulators(TIMs) (Commercial) - Pharmacy Policy; Medicare Part B Step Therapy - Pharmacy Policy; Therapeutic Immunomodulators(TIMs) (Medicaid) - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J3385	Injection, velaglucerase alfa, 100 units (VPRIV)	07/01/2019			Enzyme Replacement Therapy - Pharmacy Policy; Infusion Therapy Site of Care - Commercial- Pharmacy Policy
Commercial, ASO, Medicare, OHP, PEBB	J3386	J3386 Injection, etuvetidigene autotemcel, per treatment	07/01/2026		Commercial,ASO,Medicare,OHP,PEBB - Waskyra	New Drug/Indication Awaiting P&T Review - Pharmacy Policy

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial, ASO, Commercial/ASO, Medicare, OHP, PEBB	J3387	J3387 Injection, elivaldogene autotemcel, per treatment	01/01/2026		Commercial,ASO,Commercial/ASO,Medicare,OHP,PEBB - Skysona	Medications for Rare Indications - Pharmacy Policy
Commercial, ASO, Commercial/ASO, Medicare, OHP, PEBB	J3389	J3389 Topical administration, prademagene zamikeracel, per treatment	01/01/2026		Commercial,ASO,Commercial/ASO,Medicare,OHP,PEBB - Zevaskyn	Medications for Rare Indications - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J3391	J3391 Injection, atidarsagene autotemcel, per treatment	07/01/2025		Commercial/ASO,Medicare,OHP,PEBB - LENMELDY	Lenmeldy -Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J3392	J3392 - Injection, exagamglogene autotemcel, per treatment	01/01/2025		Commercial/ASO,Medicare,OHP,PEBB - CASGEVY	Gene Therapies for Hemoglobin Disorders - Pharmacy Policy; Oregon Health Authority (Medicaid): High Cost Drug Carve-Out
Commercial/ASO, Medicare, OHP, PEBB	J3393	J3393 Injection, betibeglogene autotemcel, per treatment	07/01/2024		Commercial/ASO,Medicare,OHP,PEBB - ZYNTEGLO	Gene Therapies for Hemoglobin Disorders - Pharmacy Policy; Oregon Health Authority (Medicaid): High Cost Drug Carve-Out
Commercial/ASO, Medicare, OHP, PEBB	J3394	J3394 Injection, lovotibeglogene autotemcel, per treatment	07/01/2024		Commercial/ASO,Medicare,OHP,PEBB - LYFGENIA	Gene Therapies for Hemoglobin Disorders - Pharmacy Policy; Oregon Health Authority (Medicaid): High Cost Drug Carve-Out
Commercial/ASO, Medicare, OHP, PEBB	J3397	Injection, vestronidase alfa-vjbk, 1 mg	01/01/2019		Commercial/ASO,Medicare,OHP,PEBB - Mepsevii®	Enzyme Replacement Therapy - Pharmacy Policy; Infusion Therapy Site of Care - Commercial- Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J3398	Injection, voretigene neparvovec-rzyl, 1 billion vector genomes	01/01/2019		Commercial/ASO,Medicare,OHP,PEBB - Luxturna®	Luxturna® - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J3399	Injection, onasemnogene abeparvovec-xioi, per treatment, up to 5x10^15 vector genomes	07/01/2020		Commercial/ASO,Medicare,OHP,PEBB - Zolgensma	Therapies for Spinal Muscular Atrophy - Pharmacy Policy

*Prior authorization is not a guarantee of payment. Benefits are based on eligibility at the time of service and are subject to applicable contract terms.

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	J3401	Beremagene geperpavec-svdt for topical administration, containing nominal 5 x 10^9 pfu/ml vector genomes, per 0.1 ml	01/01/2024		Commercial/ASO,Medicare,OHP,PEBB - VYJUVEK	Medications for Rare Indications - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J3402	J3402 Injection, remestemcel-l-rknd, per therapeutic dose	10/01/2025		Commercial/ASO,Medicare,OHP,PEBB - Ryoncil	Medicare Part B Step Therapy - Pharmacy Policy; Medications for Graft Versus Host Disease Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J3403	J3403 Revakinagene taroretcel-lwey, per implant	10/01/2025		Commercial/ASO,Medicare,OHP,PEBB - Encelto	Encelto - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J3404	J3404 Injection, zopapogene imadenovec-drba suspension, per therapeutic dose	04/01/2026		Commercial/ASO,Medicare,OHP,PEBB - Papzimeos	Papzimeos
Commercial, ASO, Medicare, OHP, PEBB	J3405	J3405 Injection, onasemnogene abeparvovec-brve, per treatment	07/01/2026		Commercial,ASO,Medicare,OHP,PEBB - Itvisma	Therapies for Spinal Muscular Atrophy - Pharmacy Policy
Commercial, ASO, Medicare, OHP, PEBB	J3406	J3406 Injection, omidubicel-onlv, per therapeutic dose	10/01/2026		Commercial,ASO,Medicare,OHP,PEBB - Omisirge	Omisirge - Pharmacy Policy

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	J3490	Unclassified drugs	01/01/2018		Commercial/ASO,Medicare,OHP,PEBB - Cetrotide® (Cetrorelix acetate); Cligavyx® (Fulvestrant); Empaveli® (Pegcetacoplan); Jeuveau® (Prabotulinumtoxina-XVFS); Lupaneta® Pack (Leuprolide/Norethindrone Acetate); Navitrux® (Fosaprepitant dimeglumine); Nulibry® (Fosdenopterin hydrobromide); Prevymis® (letermovir); Revatio® IV (Sildenafil citrate); Rivfloza® (Nedosiran); Testopel® (Testosterone pellet)	Botulinum Toxin - Medicare Part B - Pharmacy Policy; Complement Inhibitors - Pharmacy Policy; Gonadotropin Releasing Hormone Agonist - Pharmacy Policy; Hemophilia Prophylactic Agents - Pharmacy Policy; Hormone Replacement Therapy - Pharmacy Policy; Hyperoxaluria Agents - Pharmacy Policy; Infertility and Related Medications - Pharmacy Policy; Medicare Part B Step Therapy - Pharmacy Policy; Medications for Rare Indications - Pharmacy Policy; New Drug/Indication Awaiting P&T Review - Pharmacy Policy; Opthalmic Prostaglandin Implants Policy ; Prevymis® - Pharmacy Policy; Pulmonary Arterial Hypertension - Pharmacy Policy

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	J3590	Unclassified biologics	01/01/2018		Commercial/ASO,Medicare,OHP,PEBB - Avlayah® (Tividenofusp alfa-eknm);Filkri® (Filgrastim-laha); Hepcludex® (bulevirtide acetate-gmod); Itvisma® (Onasemnogene abeparvovec-brve); (Kebilidi® (Eladocagene exuparvovec-tneq); Lantidra® (Donislecel-jujn); Letybo® (Letibotulinumtoxina- wlbg); Loargys® (Pegzilarginase-nbln); Lumvoa® (Veligrotug-vvze); (Omisirge® (Omidubicel-onlv); Rethymic® (Allogeneic processed thymus tissue-agdc); Revcovi® (Elapegademase-lvlr); Winrevair® (Sotatercept-csrk); Yartemlea® (Narsoplimab-wuug)	ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy; Botoxulinum therapy - Pharmacy Policy; Botulinum Toxin - Medicare Part B - Pharmacy Policy; Enzyme Replacement Therapy - Pharmacy Policy; Enzyme Replacement Therapy, Medicare Part B -Pharmacy Policy; FCRN Antagonists Policy - Pharmacy Policy ; Gene Therapies for Hemoglobin Disorders - Pharmacy Policy; Hemophilia Prophylactic Agents - Pharmacy Policy; Lantidra - Pharmacy Policy; Medically Infused Therapeutic Immunomodulators(TIMs) (Commercial) - Pharmacy Policy; Medicare Part B Step Therapy - Pharmacy Policy; Medications for Rare Indications - Pharmacy Policy; New Drug/Indication Awaiting P&T Review - Pharmacy Policy; Omisirge - Pharmacy Policy; Ophthalmic Vascular Endothelial Growth Factor (VEGF) Inhibitors - Pharmacy Policy; Rethymic - Pharmacy Policy; Therapeutic Immunomodulators(TIMs) (Commercial) - Pharmacy Policy; Therapeutic Immunomodulators(TIMs) (Medicaid) - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J7170	Injection, emicizumab-kxwh, 0.5 mg	01/01/2019		Commercial/ASO,Medicare,OHP,PEBB - Hemlibra®	Hemophilia Prophylactic Agents - Pharmacy Policy; Medicare Part B Step Therapy - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J7171	J7171 Injection, adamts13, recombinant-krhn, 10 iu	07/01/2024		Commercial/ASO,Medicare,OHP,PEBB - ADZYNMA	Enzyme Replacement Therapy - Pharmacy Policy; Enzyme Replacement Therapy, Medicare Part B -Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J7172	J7172 - Injection, marstacimab-hncq, 0.5 mg	07/01/2025		Commercial/ASO,Medicare,OHP,PEBB - HYMPAVZI	Hemophilia Prophylactic Agents - Pharmacy Policy; Medicare Part B Step Therapy - Pharmacy Policy

*Prior authorization is not a guarantee of payment. Benefits are based on eligibility at the time of service and are subject to applicable contract terms.

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	J7173	J7173 Injection, concizumab-mtci, 0.5 mg	10/01/2025		Commercial/ASO,Medicare,OHP,PEBB - Alhemo	Hemophilia Prophylactic Agents - Pharmacy Policy; Medicare Part B Step Therapy - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J7174	J7174 Injection, fitusiran, 0.04 mg	10/01/2025		Commercial/ASO,Medicare,OHP,PEBB - Qfitlia	Hemophilia Prophylactic Agents - Pharmacy Policy; Medicare Part B Step Therapy - Pharmacy Policy
Commercial, ASO, Medicare, OHP, PEBB	J7176	J7176 Injection, human fibrinogen - chmt (fesilty), 1 mg	07/01/2026		Commercial,ASO,Medicare,OHP,PEBB - Fesilty	New Drug/Indication Awaiting P&T Review - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J7330	Cultured Chondrocytes Implnt	09/01/2003			Autologous Chondrocyte Implantation (ACI) for Cartilaginous Defects of the Knee (Company); Autologous Chondrocyte Implantation (ACI) for Cartilaginous Defects of the Knee (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	J7351	Injection, bimatoprost, intracameral implant, 1 microgram	10/01/2020			Medicare Part B Step Therapy - Pharmacy Policy; Opthalmic Prostaglandin Implants Policy
Commercial/ASO, Medicare, OHP, PEBB	J7352	Afamelanotide implant, 1 mg	01/01/2021		Commercial/ASO,Medicare,OHP,PEBB - Scenesse®	Scenesse® - Pharmacy Policy
Commercial, ASO, Medicare, OHP, PEBB	J7354	Cantharidin for topical administration, 0.7%, single unit dose applicator (3.2 mg)	01/01/2026			Medications for Molluscum Contagiosum-Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J7355	J7355 Injection, travoprost, intracameral implant, 1 microgram	07/01/2024		Commercial/ASO,Medicare,OHP,PEBB - Travoprost	Medicare Part B Step Therapy - Pharmacy Policy; Opthalmic Prostaglandin Implants Policy
Medicare	J7503	Tacrolimus, extended release, (envarsus xr), oral, 0.25 mg	01/01/2016			Part D versus Part B (Medicare Only) - Pharmacy Policy
Medicare	J7508	Tacrolimus Oral Per 5 Mg	01/01/2014			Part D versus Part B (Medicare Only) - Pharmacy Policy

*Prior authorization is not a guarantee of payment. Benefits are based on eligibility at the time of service and are subject to applicable contract terms.

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	J7601	J7601 - Ensifentrine, inhalation suspension, fda approved final product, non-compounded, administered through dme, unit dose form, 3 mg	01/01/2025		Commercial/ASO,Medicare,OHP,PEBB - OHTUVAYRE	Medicare Part B Step Therapy - Pharmacy Policy; Ohtuvayre Policy
Commercial/ASO, Medicare, OHP, PEBB	J7686	Treprostinil, non-comp unit	01/01/2011		Commercial/ASO,Medicare,OHP,PEBB - Tyvaso®	Pulmonary Arterial Hypertension - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J7699	NOC drugs, inhalation solution administered through DME	01/01/2018			New Drug/Indication Awaiting P&T Review - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J7799	Noc drugs, other than inhalation drugs, administered through dme	12/01/2021		Commercial/ASO,Medicare,OHP,PEBB - Empaveli (Pegcetacoplan); Medicare prior-authorization also for Part B vs. Part D	Empaveli - Pharmacy Policy
Commercial/ASO, OHP, PEBB	J8541	Dexamethasone (hemady), oral, 0.25 mg	10/01/2024		Commercial/ASO,OHP,PEBB - HEMADY	New Medications and Formulations without Established Benefit; Self-Administered Drug (SAD) Exclusion - Commercial/Medicaid - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J8565	Gefitinib oral	01/01/2007		Commercial/ASO,Medicare,OHP,PEBB - Iressa®	Oral ANTI-Cancer Medications - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J8600	Melphalan Oral 2 Mg	11/01/2008		Commercial/ASO,Medicare,OHP,PEBB - Alkeran®	Oral ANTI-Cancer Medications - Pharmacy Policy
Commercial/ASO, OHP, PEBB	J8700	Temozolmide	11/01/2008		Commercial/ASO,OHP,PEBB - Temodar®	Oral ANTI-Cancer Medications - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9003	J9003 Leuprolide injectable (camcevi etm), 1 mg	04/01/2026		Commercial/ASO,Medicare,OHP,PEBB - Camcevi ETM	New Drug/Indication Awaiting P&T Review - Pharmacy Policy

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	J9011	J9011 Injection, datopotamab deruxtecan-dlnk, 1 mg	10/01/2025		Commercial/ASO,Medicare,OHP,PEBB - Datroway	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9021	Injection, asparaginase, recombinant, (rylaze), 0.1 mg	01/01/2022			ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9022	Injection, atezolizumab, 10 mg	01/01/2018		Commercial/ASO,Medicare,OHP,PEBB - Tecentriq®	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy; Infusion Therapy Site of Care -Commercial- Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9023	Injection, avelumab, 10 mg	01/01/2018		Commercial/ASO,Medicare,OHP,PEBB - Bavencio®	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy; Infusion Therapy Site of Care -Commercial- Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9024	Injection, atezolizumab, 5 mg and hyaluronidase-tqjs	04/01/2025			ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9025	Azacitidine injection	09/01/2003		Commercial/ASO,Medicare,OHP,PEBB - Vidaza®	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9026	J9026 - Injection, tarlatamab-dlle, 1 mg	01/01/2025		Commercial/ASO,Medicare,OHP,PEBB - IMDELLTRA	T-Cell Therapy - Pharmacy Policy

*Prior authorization is not a guarantee of payment. Benefits are based on eligibility at the time of service and are subject to applicable contract terms.

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	J9028	J9028 - Injection, nogapendekin alfa inbakicept-pmln, for intravesical use, 1 microgram	01/01/2025		Commercial/ASO,Medicare,OHP,PEBB - ANKTIVA	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9029	Injection, nadofaragene firadenovec-vncg, per therapeutic dose	07/01/2023		Commercial/ASO,Medicare,OHP,PEBB - Adstiladrin®	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9032	Injection, belinostat, 10 mg	01/01/2016		Commercial/ASO,Medicare,OHP,PEBB - Beleodaq®	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9033	Injection, bendamustine Hcl, 1 mg	01/01/2009		Commercial/ASO,Medicare,OHP,PEBB - Treanda®	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9034	Injection, bendamustine hcl (bendeka), 1 mg	01/01/2017		Commercial/ASO,Medicare,OHP,PEBB - Bendeka®	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9035	injection, bevacizumab (for Chemotherapy)	10/01/2009		Commercial/ASO,Medicare,OHP,PEBB - Avastin® *J9035 PA for Oncology use only. **Ophthalmologists: Refer to Payment Policy 97.0 Compounded Drugs Administered in Physician's Office	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy; Medicare Part B Step Therapy - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9036	Injection, bendamustine hydrochloride, (Belrapzo), 1 mg	07/01/2019			ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	J9038	Injection, axatilimab-csfr, 0.1 mg	04/01/2025			Medicare Part B Step Therapy - Pharmacy Policy; Medications For Graft-versus-Host-Disease - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9039	Injection, blinatumomab, 1 microgram	01/01/2016		Commercial/ASO,Medicare,OHP,PEBB - Blincyto®	T-Cell Therapy - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9041	Injection, bortezomib (velcade), 0.1 mg	03/01/2009		Commercial/ASO,Medicare,OHP,PEBB - Velcade®	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9042	Injection, brentuximab vedotin, 1 mg	01/01/2013		Commercial/ASO,Medicare,OHP,PEBB - Adcetris®	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9043	Injection, cabazitaxel, 1 mg	01/01/2012		Commercial/ASO,Medicare,OHP,PEBB - Jevtana®	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9046	Injection, bortezomib, (dr. reddy's), not therapeutically equivalent to j9041, 0.1 mg	01/01/2023		Commercial/ASO,Medicare,OHP,PEBB - Bortezomib J9046, specific manufacturer Dr. Reddy's only.	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9047	Injection, carfilzomib, 1 mg	01/01/2014		Commercial/ASO,Medicare,OHP,PEBB - Kyprolis®	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9048	Injection, bortezomib (fresenius kabi), not therapeutically equivalent to j9041, 0.1 mg	01/01/2023		Commercial/ASO,Medicare,OHP,PEBB - Bortezomib J9048 for specific manufacturer Fresenius Kabi only.	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	J9049	Injection, bortezomib (hospira), not therapeutically equivalent to j9041, 0.1 mg	01/01/2023		Commercial/ASO,Medicare,OHP,PEBB - Bortezomib J9049 for specific manufacturer Hospira only.	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9051	J9051 - Injection, bortezomib (maia), not therapeutically equivalent to j9041, 0.1 mg	10/01/2023			ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy; Medicare Part B Step Therapy - Pharmacy Policy
Commercial, ASO, Medicare, OHP, PEBB	J9053	J9053 Injection, belantamab mafodotin-blmf, 0.1 mg	07/01/2026		Blenrep	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9054	Injection, bortezomib (boruzu), 0.1 mg	04/01/2025			ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9055	Cetuximab injection	07/17/2007		Commercial/ASO,Medicare,OHP,PEBB - Erbitux®	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9056	Injection, bendamustine hydrochloride (vivimusta), 1 mg	07/01/2023			ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9057	Injection, copanlisib, 1 mg	01/01/2019		Commercial/ASO,Medicare,OHP,PEBB - Aliqopa®	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9061	Injection, amivantamab-vmjw, 2 mg	01/01/2022		Commercial/ASO,Medicare,OHP,PEBB - Rybrevant	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy

*Prior authorization is not a guarantee of payment. Benefits are based on eligibility at the time of service and are subject to applicable contract terms.

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial, ASO, Medicare, OHP, PEBB	J9062	J9062 Injection, amivantamab 5 mg and hyaluronidase-lpuj	07/01/2026		Commercial,ASO,Medicare,OHP,PEBB - Rybrevant Faspro	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9063	Injection, mirvetuximab soravtansine-gynx, 1 mg	07/01/2023		Commercial/ASO,Medicare,OHP,PEBB - Elahere®	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9064	J9064 - Injection, cabazitaxel (sandoz), not therapeutically equivalent to j9043, 1 mg	10/01/2023			ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy; Medicare Part B Step Therapy - Pharmacy Policy
Commercial, ASO, Medicare, OHP, PEBB	J9066	J9066 Injection, bendamustine hydrochloride (avyxa), 1 mg	10/01/2026		Commercial,ASO,Medicare,OHP,PEBB - Avyxa 505(b)(2) bendamustine hydrochloride	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9118	Injection, calaspargase pegol-mknl, 10 units	10/01/2019		Commercial/ASO,Medicare,OHP,PEBB - Asparlas®	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9119	Injection, cemiplimab-rwlc, 1 mg	10/01/2019		Commercial/ASO,Medicare,OHP,PEBB - Libtayo®	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9144	Injection, daratumumab, 10 mg and hyaluronidase-fihj	01/01/2021		Commercial/ASO,Medicare,OHP,PEBB - Darzalex Faspro®	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy; Infusion Therapy Site of Care -Commercial- Pharmacy Policy

*Prior authorization is not a guarantee of payment. Benefits are based on eligibility at the time of service and are subject to applicable contract terms.

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	J9145	Injection, daratumumab, 10 mg	01/01/2017		Commercial/ASO,Medicare,OHP,PEBB - Darzalex™	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy; Infusion Therapy Site of Care -Commercial- Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9153	Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine	01/01/2019		Commercial/ASO,Medicare,OHP,PEBB - Vyxeos®	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9161	Injection, denileukin diftitox-cxdl, 1 mcg	04/01/2025			ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9172	Injection, docetaxel (docivyx), 1 mg	01/01/2025			ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy; Medicare Part B Step Therapy - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9173	Injection, durvalumab, 10 mg	01/01/2019		Commercial/ASO,Medicare,OHP,PEBB - Imfinzi®	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy; Infusion Therapy Site of Care -Commercial- Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9174	J9174 Injection, docetaxel (beizray), 1 mg	07/01/2025		Commercial/ASO,Medicare,OHP,PEBB - BEIZRAY	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy; Medicare Part B Step Therapy - Pharmacy Policy

*Prior authorization is not a guarantee of payment. Benefits are based on eligibility at the time of service and are subject to applicable contract terms.

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	J9176	Injection, elotuzumab, 1 mg	01/01/2017		Commercial/ASO,Medicare,OHP,PEBB - Empliciti®	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9177	Injection, enfortumab vedotin-ejfv, 0.25 mg	07/01/2020		Commercial/ASO,Medicare,OHP,PEBB - Padcev®	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9179	Injection, eribulin mesylate, 0.1 mg	01/01/2012		Commercial/ASO,Medicare,OHP,PEBB - Halaven®	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9183	J9183 Gemcitabine intravesical system, 225 mg	04/01/2026		Commercial/ASO,Medicare,OHP,PEBB - Inlexzo	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy
Commercial, ASO, Commercial/ASO, Medicare, OHP, PEBB	J9184	J9184 Injection, gemcitabine hydrochloride (avyxa), 200 mg	01/01/2026		Commercial,ASO,Commercial/ASO,Medicare,OHP,PEBB - Avgemsi - Avyxa 505(b)(2)	New Drug/Indication Awaiting P&T Review - Pharmacy Policy
Commercial, ASO, Medicare, OHP, PEBB	J9186	J9186 Injection, etoposide (avyxa), 1 mg	10/01/2026		Commercial,ASO,Medicare,OHP,PEBB - Avyxa 505(b)(2); Avopef	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy
Commercial, ASO, Medicare, OHP, PEBB	J9191	J9191 Injection, fluorouracil (avyxa), 10 mg	10/01/2026		Commercial,ASO,Medicare,OHP,PEBB - Avyxa 505(b)(2); Favlyxa	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9202	Goserelin acetate implant, per 3.6 mg	01/01/2019		Commercial/ASO,Medicare,OHP,PEBB - Zoladex® [Prior-authorization not required for diagnosis C61-Prostate Cancer]	Gonadotropin Releasing Hormone Agonist - Pharmacy Policy

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	J9203	Injection, gemtuzumab ozogamicin, 0.1 mg	01/01/2023		Commercial/ASO,Medicare,OHP,PEBB - Mylotarg	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9204	Injection, mogamulizumab-kpkc, 1 mg	10/01/2019		Commercial/ASO,Medicare,OHP,PEBB - Poteligeo®	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9205	Injection, irinotecan liposome, 1 mg	01/01/2017		Commercial/ASO,Medicare,OHP,PEBB - Onivyde®	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9207	Injection, ixabepilone, 1 mg	01/01/2009		Commercial/ASO,Medicare,OHP,PEBB - Ixempra®	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9210	Injection, emapalumab-lzsg, 1 mg	10/01/2019		Commercial/ASO,Medicare,OHP,PEBB - Gamifant®	Medications for Rare Indications - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9216	Interferon Gamma 1-B Inj	09/01/2003		Commercial/ASO,Medicare,OHP,PEBB - Actimmune®	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy; Self-Administered Drug (SAD) Exclusion - Commercial/Medicaid - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9217	Leuprolide acetate (for depot suspension), 7.5 mg	10/01/2014		Commercial/ASO,Medicare,OHP,PEBB - Eligard®, Lupron® [Prior-authorization not required for diagnosis C61- Prostate Cancer]	Gonadotropin Releasing Hormone Agonist - Pharmacy Policy

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, OHP, PEBB	J9218	Leuprolide acetate, per 1 mg	10/01/2014		Commercial/ASO,OHP,PEBB - Eligard®, Lupron® [Prior-authorization not required for diagnosis C61-Prostate Cancer]	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; Gonadotropin Releasing Hormone Agonist - Pharmacy Policy; Self-Administered Drug (SAD) Exclusion - Commercial/Medicaid - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9223	Injection, lurbinectedin, 0.1 mg	01/01/2021		Commercial/ASO,Medicare,OHP,PEBB - Zepzelca®	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9225	Histrelin implant (Vantas), 50 mg	09/01/2019			Gonadotropin Releasing Hormone Agonist - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9226	Histrelin implant (Supprelin LA), 50 mg	03/01/2018		Commercial/ASO,Medicare,OHP,PEBB - Supprelin LA®	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; Gonadotropin Releasing Hormone Agonist - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9227	Injection, isatuximab-irfc, 10 mg	10/01/2020			ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9228	Injection, ipilimumab, 1 mg	01/01/2012		Commercial/ASO,Medicare,OHP,PEBB - Yervoy®	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy; Infusion Therapy Site of Care -Commercial-Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9229	Injection, inotuzumab ozogamicin, 0.1 mg	01/01/2019		Commercial/ASO,Medicare,OHP,PEBB - Besponsa®	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	J9245	Inj Melphalan Hydrochl 50 Mg	11/01/2008		Commercial/ASO,Medicare,OHP,PEBB - Alkeran®	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9246	Injection, melphalan (evomela), 1 mg	07/01/2020			ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9247	Injection, melphalan flufenamide, 1mg	10/01/2021		Commercial/ASO,Medicare,OHP,PEBB - Pepaxto	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9248	Injection, melphalan (hepzato), 1 mg	07/01/2024			ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy
Commercial, ASO, Commercial/ASO, Medicare, OHP, PEBB	J9256	J9256 Injection, nipocalimab-aahu, 3 mg	01/01/2026		Commercial,ASO,Commercial/ASO,Medicare,OHP,PEBB - Imaavy	FCRN Antagonists Policy - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9261	Nelarabine injection	01/01/2007		Commercial/ASO,Medicare,OHP,PEBB - Arranon®	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9262	Injection, omacetaxine mepesuccinate, 0.01 mg	01/01/2014		Commercial/ASO,Medicare,OHP,PEBB - Synribo®	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9264	Injection, paclitaxel protein-bound particles, 1 mg	06/01/2016		Commercial/ASO,Medicare,OHP,PEBB - Abraxane®	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy

*Prior authorization is not a guarantee of payment. Benefits are based on eligibility at the time of service and are subject to applicable contract terms.

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	J9269	Injection, tagraxofusp-erzs, 10 micrograms	10/01/2019		Commercial/ASO,Medicare,OHP,PEBB - Elzonris®	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9271	Injection, pembrolizumab, 1 mg	01/01/2016		Commercial/ASO,Medicare,OHP,PEBB - Keytruda®	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy; Infusion Therapy Site of Care -Commercial- Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9272	Injection, dostarlimab-gxly, 10 mg	01/01/2022		Commercial/ASO,Medicare,OHP,PEBB - Jemperli	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy; Infusion Therapy Site of Care -Commercial- Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9273	Injection, tisotumab vedotin-tftv, 1 mg	04/01/2022		Commercial/ASO,Medicare,OHP,PEBB - Tivdak®	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9274	Injection, tebentafusp-tebn, 1 microgram	10/01/2022		Commercial/ASO,Medicare,OHP,PEBB - Kimmtrak	T-Cell Therapy - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9275	J9275 - Injection, cosibelimab-ipdl, 2 mg	07/01/2025		Commercial/ASO,Medicare,OHP,PEBB - UNLOXCYT	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy; Medicare Part B Step Therapy - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9276	J9276 Injection, zanidatamab-hrii, 2 mg	07/01/2025		Commercial/ASO,Medicare,OHP,PEBB - ZIIHERA	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy

*Prior authorization is not a guarantee of payment. Benefits are based on eligibility at the time of service and are subject to applicable contract terms.

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	J9277	J9277 Injection, pembrolizumab, 1 mg and berahyaluronidase alfa-pmph	04/01/2026		Commercial/ASO,Medicare,OHP,PEBB - Keytruda Qlex	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9281	Mitomycin pyelocalyceal instillation, 1 mg	06/01/2021		Commercial/ASO,Medicare,OHP,PEBB - Jelmyto	ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy
Commercial, ASO, Commercial/ASO, Medicare, OHP, PEBB	J9282	J9282 Mitomycin, intravesical instillation, 1 mg	01/01/2026		Commercial,ASO,Commercial/ASO,Medicare,OHP,PEBB - Zusduri	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9285	Injection, olaratumab, 10 mg	01/01/2018		Commercial/ASO,Medicare,OHP,PEBB - Lartruvo®	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9286	Injection, glofitamab-gxbm, 2.5 mg	01/01/2024		Commercial/ASO,Medicare,OHP,PEBB - COLUMVI	T-Cell Therapy - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9289	J9289 Injection, nivolumab, 2 mg and hyaluronidase-nvhy	07/01/2025		Commercial/ASO,Medicare,OHP,PEBB - OPDIVO QVANTIG	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy; Medicare Part B Step Therapy - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9295	Injection, necitumumab, 1 mg	01/01/2017		Commercial/ASO,Medicare,OHP,PEBB - Portrazza®	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	J9298	Injection, nivolumab and relatlimab-rmbw, 3 mg/1 mg	10/01/2022		Commercial/ASO,Medicare,OHP,PEBB - Opdualag	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy; Infusion Therapy Site of Care -Commercial- Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9299	Injection, nivolumab, 1 mg	01/01/2016		Commercial/ASO,Medicare,OHP,PEBB - Opdivo®	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy; Infusion Therapy Site of Care -Commercial- Pharmacy Policy
Commercial, ASO, Medicare, OHP, PEBB	J9301	Injection, obinutuzumab, 10 mg	05/01/2026			Gazyva - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9302	Ofatumumab injection	01/01/2011		Commercial/ASO,Medicare,OHP,PEBB - Arzerra®	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9303	Panitumumab injection	01/01/2008		Commercial/ASO,Medicare,OHP,PEBB - Vectibix®	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy; Infusion Therapy Site of Care -Commercial- Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9306	Injection, pertuzumab, 1 mg	01/01/2014		Commercial/ASO,Medicare,OHP,PEBB - Perjeta®	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9307	Pralatrexate injection	01/01/2011		Commercial/ASO,Medicare,OHP,PEBB - Folotyn®	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy

*Prior authorization is not a guarantee of payment. Benefits are based on eligibility at the time of service and are subject to applicable contract terms.

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	J9308	Injection, ramucirumab, 5 mg	01/01/2016		Commercial/ASO,Medicare,OHP,PEBB - Cyramza®	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9309	Injection, polatuzumab vedotin-piiq, 1 mg	01/01/2020		Commercial/ASO,Medicare,OHP,PEBB - Polivy	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9311	Injection, rituximab 10 mg and hyaluronidase	01/01/2019		Commercial/ASO,Medicare,OHP,PEBB - Rituxan Hycela	Infusion Therapy Site of Care -Commercial-Pharmacy Policy; Medicare Part B Step Therapy - Pharmacy Policy; Rituximab - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9312	Injection, rituximab, 10 mg	01/01/2019		Commercial/ASO,Medicare,OHP,PEBB - Rituxan®	Infusion Therapy Site of Care -Commercial-Pharmacy Policy; Medicare Part B Step Therapy - Pharmacy Policy; Rituximab - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9313	Injection, moxetumomab pasudotox-tdfk, 0.01 mg	10/01/2019		Commercial/ASO,Medicare,OHP,PEBB - Lumoxiti®	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9316	Injection, pertuzumab, trastuzumab, and hyaluronidase-zzxf, per 10 mg	01/01/2021		Commercial/ASO,Medicare,OHP,PEBB - Phesgo®	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9317	Injection, sacituzumab govitecan-hziy, 2.5 mg	01/01/2021		Commercial/ASO,Medicare,OHP,PEBB - Trodelvy®	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9318	Injection, romidepsin, non-lyophilized, 0.1 mg	10/01/2021			ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy

*Prior authorization is not a guarantee of payment. Benefits are based on eligibility at the time of service and are subject to applicable contract terms.

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	J9319	Injection, romidepsin, lyophilized, 0.1 mg	10/01/2021		Commercial/ASO,Medicare,OHP,PEBB - Istodax	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9321	Injection, epcoritamab-bysp, 0.16 mg	01/01/2024		Commercial/ASO,Medicare,OHP,PEBB - EPKINLY	T-Cell Therapy - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9325	Injection, talimogene laherparepvec, per 1 million plaque forming units	01/01/2017		Commercial/ASO,Medicare,OHP,PEBB - Imlygic®	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy
Commercial, ASO, Commercial/ASO, Medicare, OHP, PEBB	J9326	J9326 Injection, telisotuzumab vedotin-tllv, 1 mg	01/01/2026		Commercial,ASO,Commercial/ASO,Medicare,OHP,PEBB - Emrelis	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9329	J9329 - Injection, tislelizumab-jsgr, 1mg (TEVIMBRA)	10/01/2024		Commercial/ASO,Medicare,OHP,PEBB - TEVIMBRA	New Drug/Indication Awaiting P&T Review - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9330	Injection, temsirolimus, 1 mg	01/01/2009		Commercial/ASO,Medicare,OHP,PEBB - Torisel®	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9331	Injection, sirolimus protein-bound particles, 1 mg	07/01/2022		Commercial/ASO,Medicare,OHP,PEBB - Fyarro®	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9332	Injection, efgartigimod alfa-fcab, 2mg	07/01/2022		Commercial/ASO,Medicare,OHP,PEBB - Vyvgart®	Infusion Therapy Site of Care -Commercial-Pharmacy Policy; Medicare Part B Step Therapy - Pharmacy Policy; Vyvgart - Pharmacy Policy

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	J9333	Injection, rozanolixizumab-noli, 1 mg	01/01/2024		Commercial/ASO,Medicare,OHP,PEBB - RYSTIGGO	FCRN Antagonists Policy - Pharmacy Policy ; Infusion Therapy Site of Care -Commercial- Pharmacy Policy; Medicare Part B Step Therapy - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9334	Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc	01/01/2024		Commercial/ASO,Medicare,OHP,PEBB - VYVGART HYTRULO	FCRN Antagonists Policy - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9345	J9345 - Injection, retifanlimab-dlwr, 1 mg	10/01/2023		Commercial/ASO,Medicare,OHP,PEBB - ZYNYZ	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy; Medicare Part B Step Therapy - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9347	Injection, tremelimumab-actl, 1 mg	07/01/2023		Commercial/ASO,Medicare,OHP,PEBB - Imjudo®	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9348	Injection, naxitamab-gqgk, 1 mg	07/01/2021		Commercial/ASO,Medicare,OHP,PEBB - Danyelza® (Naxitamab-gqgk)	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9349	Injection, tafasitamab-cxix, 2 mg	04/01/2021		Commercial/ASO,Medicare,OHP,PEBB - Monjuvi	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9350	Injection, mosunetuzumab-axgb, 1 mg	07/01/2023		Commercial/ASO,Medicare,OHP,PEBB - Lunsumio®	T-Cell Therapy - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9352	Injection, trabectedin, 0.1 mg	01/01/2017		Commercial/ASO,Medicare,OHP,PEBB - Yondelis®	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy

*Prior authorization is not a guarantee of payment. Benefits are based on eligibility at the time of service and are subject to applicable contract terms.

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	J9353	Injection, margetuximab-cmkb, 5 mg	07/01/2021		Commercial/ASO,Medicare,OHP,PEBB - Margenza® (Margetuximab-cmkb)	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9354	Injection, ado-trastuzumab emtansine, 1 mg	01/01/2014		Commercial/ASO,Medicare,OHP,PEBB - Kadcyla®	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9355	Injection, trastuzumab, excludes biosimilar, 10 mg	09/01/2003		Commercial/ASO,Medicare,OHP,PEBB - Herceptin®	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy; Medicare Part B Step Therapy - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9356	Injection, trastuzumab, 10 mg and Hyaluronidase-oysk	07/01/2019		Commercial/ASO,Medicare,OHP,PEBB - Herceptin Hylecta® (Trastuzumab-hyaluronidase-oysk)	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy; Infusion Therapy Site of Care -Commercial- Pharmacy Policy; Medicare Part B Step Therapy - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9358	Injection, fam-trastuzumab deruxtecan-nxki, 1 mg	07/01/2020		Commercial/ASO,Medicare,OHP,PEBB - Enhertu®	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9359	Injection, loncastuximab tesirine-lpyl, 0.075 mg	04/01/2022		Commercial/ASO,Medicare,OHP,PEBB - Zynlonta®	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9361	J9361 Injection, efbemalenograstim alfa-vuxw, 0.5 mg	07/01/2024		Commercial/ASO,Medicare,OHP,PEBB - RYZNEUTA	Granulocyte-Colony Stimulating Factors (G-CSF's) - Pharmacy Policy; Medicare Part B Step Therapy - Pharmacy Policy

*Prior authorization is not a guarantee of payment. Benefits are based on eligibility at the time of service and are subject to applicable contract terms.

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial, ASO, Medicare, OHP, PEBB	J9362	J9362 Injection, trabectedin, 0.01 mg	10/01/2026		Commercial,ASO,Medicare,OHP,PEBB - Yondelis	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9376	J9376 Injection, pozelimab-bbfg, 1 mg	04/01/2024		Commercial/ASO,Medicare,OHP,PEBB - Veopoz	Medications for Rare Indications - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9380	Injection, teclistamab-cqyv, 0.5 mg	07/01/2023		Commercial/ASO,Medicare,OHP,PEBB - Tecvayli®	T-Cell Therapy - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9381	Injection, teplizumab-mzwv, 5 mcg	07/01/2023		Commercial/ASO,Medicare,OHP,PEBB - Tzield®	Tzield - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9382	J9382 Injection, zenocutuzumab-zbco, 1 mg	07/01/2025		Commercial/ASO,Medicare,OHP,PEBB - BIZENGRI	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9393	Injection, fulvestrant (teva) not therapeutically equivalent to j9395, 25 mg	01/01/2023		Commercial/ASO,Medicare,OHP,PEBB - Fulvestrant J9393 for specific manufacturer Teva only.	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9394	Injection, fulvestrant (fresenius kabi) not therapeutically equivalent to j9395, 25 mg	01/01/2023		Commercial/ASO,Medicare,OHP,PEBB - Fulvestrant J9394 for specific manufacturer Fresenius Kabi only.	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9395	Injection, fulvestrant, 25 mg	09/01/2003		Commercial/ASO,Medicare,OHP,PEBB - Faslodex®	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy; Infusion Therapy Site of Care -Commercial- Pharmacy Policy

*Prior authorization is not a guarantee of payment. Benefits are based on eligibility at the time of service and are subject to applicable contract terms.

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	J9400	Injection, ziv-aflibercept, 1 mg	01/01/2014		Commercial/ASO,Medicare,OHP,PEBB - Zaltrap®	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9601	J9601 Injection, linvoseltamab-gcpt, 1 mg	04/01/2026		Commercial/ASO,Medicare,OHP,PEBB - Lynozyfic	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	J9999	Not otherwise classified, antineoplastic drugs	01/01/2018		Commercial/ASO,Medicare,OHP,PEBB - Avopef (etoposide); Amtagvi® (Lifileucel); Besremi® (Ropeginterferon alfa-2b-njft); Decnupaz® (pivekimab sunirine-pvzy); Evdi (trabectedin); Favlyxa (fluoracil); Rybrevant Faspro (Amivantamab-hyaluronidase -lpuj)	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy; Medicare Part B Step Therapy - Pharmacy Policy; New Drug/Indication Awaiting P&T Review - Pharmacy Policy; T-Cell Therapy - Pharmacy Policy
Commercial, ASO, Medicare, OHP, PEBB	K0005	Ultralightweight wheelchair	11/01/2025		Effective 1/1/2026 for OHP only: This code does not require prior authorization for complex rehab DME repairs	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	K0010	Stnd Wt Frame Power Whlchr	11/01/2013		Effective 1/1/2026 for OHP only: This code does not require prior authorization for complex rehab DME repairs	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	K0011	Stnd Wt Pwr Whlchr W Control	11/01/2013		Effective 1/1/2026 for OHP only: This code does not require prior authorization for complex rehab DME repairs	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	K0012	Ltwt Portbl Power Whlchr	11/01/2013		Effective 1/1/2026 for OHP only: This code does not require prior authorization for complex rehab DME repairs	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	K0013	Custom Power Whlchr Base	11/01/2013		Effective 1/1/2026 for OHP only: This code does not require prior authorization for complex rehab DME repairs	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)

*Prior authorization is not a guarantee of payment. Benefits are based on eligibility at the time of service and are subject to applicable contract terms.

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	K0014	Other Power Whlchr Base	11/01/2013		Effective 1/1/2026 for OHP only: This code does not require prior authorization for complex rehab DME repairs	Wheelchair and Power Vehicles (Company)
Commercial/ASO	K0606	Automatic external defibrillator, with integrated electrocardiogram analysis, garment type	05/06/2025		Carelon prior authorization required. Prior authorization excludes ASO.	General Requirements - Cardiovascular Care
Commercial/ASO, Medicare, OHP, PEBB	K0800	Power operated vehicle,grp 1 standard,patient weight cap up to and incl 300 lbs	01/01/2007		Effective 1/1/2026 for OHP only: This code does not require prior authorization for complex rehab DME repairs	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	K0801	Power operated vehicle,grp 1 heavy duty,patient weight cap 301-450 lbs	01/01/2007		Effective 1/1/2026 for OHP only: This code does not require prior authorization for complex rehab DME repairs	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	K0802	Power operated vehicle, grp 1 very heavy duty,patient weight cap 451-600 lbs	01/01/2007		Effective 1/1/2026 for OHP only: This code does not require prior authorization for complex rehab DME repairs	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	K0812	Power operated vehicle,not otherwise classified	01/01/2007		Effective 1/1/2026 for OHP only: This code does not require prior authorization for complex rehab DME repairs	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	K0813	Power wheelchair,grp 1 standard,portable,sling/solid seat/back,patient weight cap up to and incl 300 lbs	01/01/2007		Effective 1/1/2026 for OHP only: This code does not require prior authorization for complex rehab DME repairs	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	K0814	Power wheelchair,grp 1 standard,portable,captains chair,patient weight cap up to and incl 300 lbs	01/01/2007		Effective 1/1/2026 for OHP only: This code does not require prior authorization for complex rehab DME repairs	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	K0815	Power wheelchair,grp 1 standard,sling/solid seat/back,patient weight cap up to and incl 300 lbs	01/01/2007		Effective 1/1/2026 for OHP only: This code does not require prior authorization for complex rehab DME repairs	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	K0816	Power wheelchair,grp 1 standard,captains chair,patient weight cap up to and incl 300 lbs	01/01/2007		Effective 1/1/2026 for OHP only: This code does not require prior authorization for complex rehab DME repairs	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)

*Prior authorization is not a guarantee of payment. Benefits are based on eligibility at the time of service and are subject to applicable contract terms.

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	K0820	Power wheelchair,grp 2 standard,portable,sling/solid seat/back,patient weight cap up to and incl 300 lbs	01/01/2007		Effective 1/1/2026 for OHP only: This code does not require prior authorization for complex rehab DME repairsEffective 1/1/2026 for OHP only: This code does not require prior authorization for complex rehab DME repairs	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	K0821	Power wheelchair,grp 2 standard,portable,captains chair,patient weight cap up to and incl 300 lbs	01/01/2007		Effective 1/1/2026 for OHP only: This code does not require prior authorization for complex rehab DME repairs	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	K0822	Power wheelchair,grp 2 standard,sling/solid seat/back,patient weight cap up to and incl 300 lbs	01/01/2007		Effective 1/1/2026 for OHP only: This code does not require prior authorization for complex rehab DME repairs	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	K0823	Power wheelchair,grp 2 stnd,captains chair,patient weight cap up to and incl 300 lbs	01/01/2007		Effective 1/1/2026 for OHP only: This code does not require prior authorization for complex rehab DME repairs	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	K0824	Power wheelchair,grp 2 heavy duty,sling/solid seat/back,patient weight cap 301-450 lbs	01/01/2007		Effective 1/1/2026 for OHP only: This code does not require prior authorization for complex rehab DME repairs	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	K0825	Power wheelchair,grp 2 heavy duty,captains chair,patient weight cap 301-450 lbs	01/01/2007		Effective 1/1/2026 for OHP only: This code does not require prior authorization for complex rehab DME repairs	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	K0826	Power wheelchair,grp 2 very heavy duty,sling/solid seat/back,patient weight cap 451-600 lbs	01/01/2007		Effective 1/1/2026 for OHP only: This code does not require prior authorization for complex rehab DME repairs	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	K0827	Power wheelchair,grp 2 very heavy duty,captains chair,patient weight cap 451-600 lbs	01/01/2007		Effective 1/1/2026 for OHP only: This code does not require prior authorization for complex rehab DME repairs	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	K0828	Power wheelchair,grp 2 extra heavy duty,sling/solid seat/back,patient weight cap 601 lbs or more	01/01/2007		Effective 1/1/2026 for OHP only: This code does not require prior authorization for complex rehab DME repairs	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	K0829	Power wheelchair,grp 2 extra heavy duty,captains chair,patient weight cap 601 lbs or more	01/01/2007		Effective 1/1/2026 for OHP only: This code does not require prior authorization for complex rehab DME repairs	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	K0835	Power wheelchair,grp 2 stnd,single power option,sling/solid seat/back,patient weight cap up to and incl 300 lbs	01/01/2007		Effective 1/1/2026 for OHP only: This code does not require prior authorization for complex rehab DME repairs	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	K0836	Power wheelchair,grp 2 stnd,single power option,captains chair,patient weight cap up to and incl 300 lbs	01/01/2007		Effective 1/1/2026 for OHP only: This code does not require prior authorization for complex rehab DME repairs	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	K0837	Power wheelchair,grp 2 heavy duty,single power option,sling/solid seat/back,patient weight cap 301-450 lbs	01/01/2007		Effective 1/1/2026 for OHP only: This code does not require prior authorization for complex rehab DME repairs	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	K0838	Power wheelchair,grp 2 heavy duty,single power option,captains chair,patient weight cap 301-450 lbs	01/01/2007		Effective 1/1/2026 for OHP only: This code does not require prior authorization for complex rehab DME repairs	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	K0839	Power wheelchair,grp 2 very heavy duty,single power option,sling/solid seat/back,patient weight cap 451-600 lbs	01/01/2007		Effective 1/1/2026 for OHP only: This code does not require prior authorization for complex rehab DME repairs	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	K0840	Power wheelchair,grp 2 extra heavy duty,single power option,sling/solid seat/back,patient weight cap up to and incl 300	01/01/2007		Effective 1/1/2026 for OHP only: This code does not require prior authorization for complex rehab DME repairs	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	K0841	Power wheelchair,grp 2 stnd,mult power option,sling/solid seat/back,patient weight cap up to and incl 300 lbs	01/01/2007		Effective 1/1/2026 for OHP only: This code does not require prior authorization for complex rehab DME repairs	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	K0842	Power wheelchair,grp 2 stnd,mult power option,captains chair,patient weight cap up to and incl 300 lbs	01/01/2007		Effective 1/1/2026 for OHP only: This code does not require prior authorization for complex rehab DME repairs	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	K0843	Power wheelchair,grp 2 heavy duty,mult power option,sling/solid seat/back,patient weight cap 301-450 lbs	01/01/2007		Effective 1/1/2026 for OHP only: This code does not require prior authorization for complex rehab DME repairs	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)

*Prior authorization is not a guarantee of payment. Benefits are based on eligibility at the time of service and are subject to applicable contract terms.

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	K0848	Power wheelchair,grp 3 stnd,sling/solid seat/back,patient weight cap up to and incl 300 lbs	01/01/2007		Effective 1/1/2026 for OHP only: This code does not require prior authorization for complex rehab DME repairs	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	K0849	Power wheelchair,grp 3 stnd,captains chair,patient weight cap up to and incl 300 lbs	01/01/2007		Effective 1/1/2026 for OHP only: This code does not require prior authorization for complex rehab DME repairs	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	K0850	Power wheelchair,grp 3 heavy duty,sling/solid seat/back,patient weight cap 301-450 lbs	01/01/2007		Effective 1/1/2026 for OHP only: This code does not require prior authorization for complex rehab DME repairs	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	K0851	Power wheelchair,grp 3 heavy duty,captains chair,patient weight cap 301-450 lbs	01/01/2007		Effective 1/1/2026 for OHP only: This code does not require prior authorization for complex rehab DME repairs	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	K0852	Power wheelchair,grp 3 very heavy duty,sling/solid seat/back,patient weight cap 451-600 lbs	01/01/2007		Effective 1/1/2026 for OHP only: This code does not require prior authorization for complex rehab DME repairs	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	K0853	Power wheelchair,grp 3 very heavy duty,captains chair,patient weight cap 451-600 lbs	01/01/2007		Effective 1/1/2026 for OHP only: This code does not require prior authorization for complex rehab DME repairs	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	K0854	Power wheelchair,grp 3 extra heavy duty,sling/solid seat/back,patient weight cap 601 lbs or more	01/01/2007		Effective 1/1/2026 for OHP only: This code does not require prior authorization for complex rehab DME repairs	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	K0855	Power wheelchair,grp 3 extra heavy duty,captains chair,patient weight cap 601 lbs or more	01/01/2007		Effective 1/1/2026 for OHP only: This code does not require prior authorization for complex rehab DME repairs	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	K0856	Power wheelchair,grp 3 stnd,single power option,sling/solid seat/back,patient weight cap up to and incl 300 lbs	01/01/2007		Effective 1/1/2026 for OHP only: This code does not require prior authorization for complex rehab DME repairs	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	K0857	Power wheelchair,grp 3 stnd,single power option,captains chair,patient weight cap up to and incl 300 lbs	01/01/2007		Effective 1/1/2026 for OHP only: This code does not require prior authorization for complex rehab DME repairs	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	K0858	Power wheelchair,grp 3 heavy duty,single power option,sling/solid seat/back,patient weight cap 301-450 lbs	01/01/2007		Effective 1/1/2026 for OHP only: This code does not require prior authorization for complex rehab DME repairs	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	K0859	Power wheelchair,grp 3 heavy duty,single power option,captains chair,patient weight cap 301-450 lbs	01/01/2007		Effective 1/1/2026 for OHP only: This code does not require prior authorization for complex rehab DME repairs	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	K0860	Power wheelchair,grp 3 very heavy duty,single power option,sling/solid seat/back,patient weight cap 451-600 lbs	01/01/2007		Effective 1/1/2026 for OHP only: This code does not require prior authorization for complex rehab DME repairs	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	K0861	Power wheelchair,grp 3 stnd,mult power option,sling/solid seat/back,patient weight cap up to and incl 300 lbs	01/01/2007		Effective 1/1/2026 for OHP only: This code does not require prior authorization for complex rehab DME repairs	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	K0862	Power wheelchair,grp 3 heavy duty,mult power option,sling/solid seat/back,patient weight cap 301-450 lbs	01/01/2007		Effective 1/1/2026 for OHP only: This code does not require prior authorization for complex rehab DME repairs	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	K0863	Power wheelchair,grp 3 very heavy duty,mult power option,sling/solid seat/back,patient weight cap 451-600 lbs	01/01/2007		Effective 1/1/2026 for OHP only: This code does not require prior authorization for complex rehab DME repairs	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	K0864	Power wheelchair,grp 3 extra heavy duty,mult power option,sling/solid seat/back,patient weight cap 601 lbs or more	01/01/2007		Effective 1/1/2026 for OHP only: This code does not require prior authorization for complex rehab DME repairs	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	K0890	Power wheelchair,grp 5 ped,single power option,sling/solid seat/back,patient weight cap up to and incl 125 lbs	01/01/2007		Effective 1/1/2026 for OHP only: This code does not require prior authorization for complex rehab DME repairs	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	K0891	Power wheelchair,grp 5 pediatric,mult power option,sling/solid seat/back,patient weight cap up to and incl 125 lbs	01/01/2007		Effective 1/1/2026 for OHP only: This code does not require prior authorization for complex rehab DME repairs	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	K0898	Power wheelchair,not otherwise classified	01/01/2007		Effective 1/1/2026 for OHP only: This code does not require prior authorization for complex rehab DME repairs	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Medicare	K1030	External recharging system for battery (internal) for use with implanted cardiac contractility modulation generator, replacement only	10/28/2025			Cardiac Contractility Modulation for Heart Failure (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	L5610	Addition to lower extremity, endoskeletal system, above knee, hydracadence system	02/01/2014			Lower Limb Prosthesis (Company); Lower Limb Prosthesis (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	L5613	Addition to lower extremity, endoskeletal system, above knee - knee disarticulation, 4 bar linkage, with hydraulic swing	02/01/2014			Lower Limb Prosthesis (Company); Lower Limb Prosthesis (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	L5614	Addition to lower extremity, endoskeletal system, above knee - knee disarticulation, 4 bar linkage, with pneumatic swing	02/01/2014			Lower Limb Prosthesis (Company); Lower Limb Prosthesis (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	L5615	Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control	01/01/2024			Lower Limb Prosthesis (Company); Lower Limb Prosthesis (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	L5722	Addition, exoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control	02/01/2014			Lower Limb Prosthesis (Company); Lower Limb Prosthesis (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	L5724	Addition, exoskeletal knee-shin system, single axis, fluid swing phase control	02/01/2014			Lower Limb Prosthesis (Company); Lower Limb Prosthesis (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	L5726	Addition, exoskeletal knee-shin system, single axis, external joints, fluid swing phase control	02/01/2014			Lower Limb Prosthesis (Company); Lower Limb Prosthesis (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	L5728	Addition, exoskeletal knee-shin system, single axis, fluid swing and stance phase control	02/01/2014			Lower Limb Prosthesis (Company); Lower Limb Prosthesis (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	L5780	Addition, exoskeletal knee-shin system, single axis, pneumatic/hydra pneumatic swing phase control	02/01/2014			Lower Limb Prosthesis (Company); Lower Limb Prosthesis (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	L5814	Addition, endoskeletal knee-shin system, polycentric, hydraulic swing phase control, mechanical stance phase lock	02/01/2014			Lower Limb Prosthesis (Company); Lower Limb Prosthesis (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	L5816	Addition, endoskeletal knee-shin system, polycentric, mechanical stance phase lock	03/01/2017			Lower Limb Prosthesis (Company); Lower Limb Prosthesis (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	L5822	Addition, endoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control	02/01/2014			Lower Limb Prosthesis (Company); Lower Limb Prosthesis (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	L5824	Addition, endoskeletal knee-shin system, single axis, fluid swing phase control	02/01/2014			Lower Limb Prosthesis (Company); Lower Limb Prosthesis (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	L5826	Addition, endoskeletal knee-shin system, single axis, hydraulic swing phase control, with miniature high activity frame	02/01/2014			Lower Limb Prosthesis (Company); Lower Limb Prosthesis (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	L5827	Endoskeletal knee-shin system, single axis, electromechanical swing and stance phase control, with or without shock absorption and stance extension damping	04/01/2025			Lower Limb Prosthesis (Company); Lower Limb Prosthesis (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	L5828	Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control	02/01/2014			Lower Limb Prosthesis (Company); Lower Limb Prosthesis (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	L5830	Addition, endoskeletal knee-shin system, single axis, pneumatic/swing phase control	02/01/2014			Lower Limb Prosthesis (Company); Lower Limb Prosthesis (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	L5840	Addition, endoskeletal knee/shin system, 4-bar linkage or multiaxial, pneumatic swing phase control	02/01/2014			Lower Limb Prosthesis (Company); Lower Limb Prosthesis (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	L5841	Addition, endoskeletal knee-shin system, polycentric, pneumatic swing, and stance phase control	04/01/2024			Lower Limb Prosthesis (Company); Lower Limb Prosthesis (Medicare)

*Prior authorization is not a guarantee of payment. Benefits are based on eligibility at the time of service and are subject to applicable contract terms.

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	L5848	Addition to endoskeletal knee-shin system, fluid stance extension, dampening feature, with or without adjustability	02/01/2014			Lower Limb Prosthesis (Company); Lower Limb Prosthesis (Medicare)
Commercial/ASO, OHP, PEBB	L5856	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing and stance	02/01/2014			Lower Limb Prosthesis (Company)
Medicare	L5856	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing and stance	05/01/2011			Lower Limb Prosthesis (Medicare)
Commercial/ASO, OHP, PEBB	L5857	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only,	02/01/2014			Lower Limb Prosthesis (Company)
Medicare	L5857	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only,	05/01/2011			Lower Limb Prosthesis (Medicare)
Commercial/ASO, OHP, PEBB	L5858	Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control feature, stance phase only	02/01/2014			Lower Limb Prosthesis (Company)
Medicare	L5858	Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control feature, stance phase only	05/01/2011			Lower Limb Prosthesis (Medicare)
Medicare	L5859	Knee-shin pro flex/ext cont	01/01/2013			Lower Limb Prosthesis (Medicare)
Commercial/ASO, OHP, PEBB	L5859	Knee-shin pro flex/ext cont	02/01/2014			Lower Limb Prosthesis (Company)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	L5926	Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type	01/01/2024			Lower Limb Prosthesis (Company); Lower Limb Prosthesis (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	L5961	Endo poly hip, pneu/hyd/rot	03/01/2011			Lower Limb Prosthesis (Company); Lower Limb Prosthesis (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	L5973	Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control, includes power source	03/01/2017			Lower Limb Prosthesis (Company); Lower Limb Prosthesis (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	L5980	All lower extremity prostheses, flex foot system	10/01/2020			Lower Limb Prosthesis (Company); Lower Limb Prosthesis (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	L5987	All lower extremity prosthesis, shank foot system with vertical loading pylon	10/01/2020			Lower Limb Prosthesis (Company); Lower Limb Prosthesis (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	L6029	Upper extremity addition, test socket/interface, partial hand including fingers	04/01/2025			Myoelectric Upper Limb Prosthesis (Company); Myoelectric Upper Limb Prosthesis (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	L6030	Upper extremity addition, external frame, partial hand including fingers	04/01/2025			Myoelectric Upper Limb Prosthesis (Company); Myoelectric Upper Limb Prosthesis (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	L6032	Addition to upper extremity prosthesis, partial hand including fingers, ultralight material (titanium, carbon fiber or equal)	04/01/2025			Myoelectric Upper Limb Prosthesis (Company); Myoelectric Upper Limb Prosthesis (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	L6033	Addition to upper extremity prosthesis, partial hand including fingers, acrylic material	04/01/2025			Myoelectric Upper Limb Prosthesis (Company); Myoelectric Upper Limb Prosthesis (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial, ASO, Medicare, OHP, PEBB	L6611	Addition to upper extremity prosthesis, external powered, additional switch, any type	04/01/2026			Myoelectric Upper Limb Prosthesis (Company); Myoelectric Upper Limb Prosthesis (Medicare)
Commercial, ASO, Medicare, OHP, PEBB	L6621	Upper extremity prosthesis addition, flexion/extension wrist with or without friction, for use with external powered terminal device	04/01/2026			Myoelectric Upper Limb Prosthesis (Company); Myoelectric Upper Limb Prosthesis (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	L6628	Upper extremity addition, quick disconnect hook adapter, otto bock or equal	01/01/2015			Myoelectric Upper Limb Prosthesis (Company); Myoelectric Upper Limb Prosthesis (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	L6629	Upper extremity addition, quick disconnect lamination collar with coupling piece, otto bock or equal	01/01/2015			Myoelectric Upper Limb Prosthesis (Company); Myoelectric Upper Limb Prosthesis (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	L6632	Upper extremity addition, latex suspension sleeve, each	01/01/2015			Myoelectric Upper Limb Prosthesis (Company); Myoelectric Upper Limb Prosthesis (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	L6680	Upper extremity addition, test socket, wrist disarticulation or below elbow	01/01/2015			Myoelectric Upper Limb Prosthesis (Company); Myoelectric Upper Limb Prosthesis (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	L6687	Upper extremity addition, frame type socket, below elbow or wrist disarticulation	01/01/2015			Myoelectric Upper Limb Prosthesis (Company); Myoelectric Upper Limb Prosthesis (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	L6700	Terminal device, hook, Dorrance, or equal, model #3	04/01/2025			Myoelectric Upper Limb Prosthesis (Company); Myoelectric Upper Limb Prosthesis (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	L6715	Terminal device, multiple articulating digit, includes motor(s), initial issue or replacement	01/01/2015			Myoelectric Upper Limb Prosthesis (Company); Myoelectric Upper Limb Prosthesis (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	L6810	Addition to terminal device, precision pinch device	01/01/2015			Myoelectric Upper Limb Prosthesis (Company); Myoelectric Upper Limb Prosthesis (Medicare)

*Prior authorization is not a guarantee of payment. Benefits are based on eligibility at the time of service and are subject to applicable contract terms.

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	L6880	Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s)	01/01/2015			Myoelectric Upper Limb Prosthesis (Company); Myoelectric Upper Limb Prosthesis (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	L6881	Automatic grasp feature, addition to upper limb electric prosthetic terminal device	01/01/2015			Myoelectric Upper Limb Prosthesis (Company); Myoelectric Upper Limb Prosthesis (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	L6882	Microprocessor control feature, addition to upper limb prosthetic terminal device	01/01/2015			Myoelectric Upper Limb Prosthesis (Company); Myoelectric Upper Limb Prosthesis (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	L6890	Addition to upper extremity prosthesis, glove for terminal device, any material, prefabricated, includes fitting and adjustment	01/01/2015			Myoelectric Upper Limb Prosthesis (Company); Myoelectric Upper Limb Prosthesis (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	L6925	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	01/01/2015			Myoelectric Upper Limb Prosthesis (Company); Myoelectric Upper Limb Prosthesis (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	L6935	Below elbow, external power, self-suspended inner socket, removable forearm shell, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	01/01/2015			Myoelectric Upper Limb Prosthesis (Company); Myoelectric Upper Limb Prosthesis (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	L6945	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	01/01/2015			Myoelectric Upper Limb Prosthesis (Company); Myoelectric Upper Limb Prosthesis (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	L6955	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, otto bock or equal	01/01/2015			Myoelectric Upper Limb Prosthesis (Company); Myoelectric Upper Limb Prosthesis (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
		electrodes, cables, two batteries and one charger, myoelectronic control of terminal device				
Commercial/ASO, Medicare, OHP, PEBB	L6965	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	01/01/2015			Myoelectric Upper Limb Prosthesis (Company); Myoelectric Upper Limb Prosthesis (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	L6975	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	01/01/2015			Myoelectric Upper Limb Prosthesis (Company); Myoelectric Upper Limb Prosthesis (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	L7007	Electric hand, switch or myoelectric controlled, adult	01/01/2015			Myoelectric Upper Limb Prosthesis (Company); Myoelectric Upper Limb Prosthesis (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	L7008	Electric hand, switch or myoelectric, controlled, pediatric	01/01/2015			Myoelectric Upper Limb Prosthesis (Company); Myoelectric Upper Limb Prosthesis (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	L7009	Electric hand, switch or myoelectric, controlled, pediatric	01/01/2015			Myoelectric Upper Limb Prosthesis (Company); Myoelectric Upper Limb Prosthesis (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	L7045	Electric hook, switch or myoelectric controlled, pediatric	01/01/2015			Myoelectric Upper Limb Prosthesis (Company); Myoelectric Upper Limb Prosthesis (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	L7180	Electronic elbow, microprocessor sequential control of elbow and terminal device	01/01/2015			Myoelectric Upper Limb Prosthesis (Company); Myoelectric Upper Limb Prosthesis (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	L7181	Electronic elbow, microprocessor simultaneous control of elbow and terminal device	01/01/2015			Myoelectric Upper Limb Prosthesis (Company); Myoelectric Upper Limb Prosthesis (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	L7190	Electronic elbow, adolescent, variety village or equal, myoelectronically controlled	01/01/2015			Myoelectric Upper Limb Prosthesis (Company); Myoelectric Upper Limb Prosthesis (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	L7191	Electronic elbow, child, variety village or equal, myoelectronically controlled	01/01/2015			Myoelectric Upper Limb Prosthesis (Company); Myoelectric Upper Limb Prosthesis (Medicare)
Commercial, ASO, Medicare, OHP, PEBB	L7259	Electronic wrist rotator, any type	04/01/2026			Myoelectric Upper Limb Prosthesis (Company); Myoelectric Upper Limb Prosthesis (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	L7400	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, ultralight material (titanium, carbon fiber or equal)	01/01/2015			Myoelectric Upper Limb Prosthesis (Company); Myoelectric Upper Limb Prosthesis (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	L7403	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, acrylic material	01/01/2015			Myoelectric Upper Limb Prosthesis (Company); Myoelectric Upper Limb Prosthesis (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	L8465	Prosthetic shrinker, upper limb, each	01/01/2015			Myoelectric Upper Limb Prosthesis (Company); Myoelectric Upper Limb Prosthesis (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	L8603	Injectable bulking agent, collagen implant, urinary tract, 2.5 ml syringe, includes shipping and necessary supplies	07/01/2019			Urinary Dysfunction Treatments (Company); Urinary Dysfunction Treatments (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	L8604	Injectable bulking agent, dextranomer/hyaluronic acid copolymer implant, urinary tract, 1 ml, includes shipping and necessary supplies	07/01/2019			Urinary Dysfunction Treatments (Company); Urinary Dysfunction Treatments (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	L8606	Injectable bulking agent, synthetic implant, urinary tract, 1 ml syringe, includes shipping and necessary supplies	07/01/2019			Urinary Dysfunction Treatments (Company); Urinary Dysfunction Treatments (Medicare)

*Prior authorization is not a guarantee of payment. Benefits are based on eligibility at the time of service and are subject to applicable contract terms.

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	L8614	Cochlear device, includes all internal and external components	05/01/2010			Cochlear Implants and Auditory Brainstem Implants (Company); Cochlear Implants and Auditory Brainstem Implants (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	L8615	Headset/headpiece for use with cochlear implant device, replacement	05/01/2010			Cochlear Implants and Auditory Brainstem Implants (Company); Cochlear Implants and Auditory Brainstem Implants (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	L8616	Microphone for use with cochlear implant device, replacement	05/01/2010			Cochlear Implants and Auditory Brainstem Implants (Company); Cochlear Implants and Auditory Brainstem Implants (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	L8617	Transmitting coil for use with cochlear implant device, replacement	05/01/2010			Cochlear Implants and Auditory Brainstem Implants (Company); Cochlear Implants and Auditory Brainstem Implants (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	L8618	Transmitter cable for use with cochlear implant device, replacement	05/01/2010			Bone-Anchored Hearing Aids (Medicare); Cochlear Implants and Auditory Brainstem Implants (Company); Cochlear Implants and Auditory Brainstem Implants (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	L8619	Cochlear implant, external speech processor and controller, integrated system, replacement	05/01/2010			Cochlear Implants and Auditory Brainstem Implants (Company); Cochlear Implants and Auditory Brainstem Implants (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	L8627	Cochlear implant, external speech processor, component, replacement	01/01/2010			Cochlear Implants and Auditory Brainstem Implants (Company); Cochlear Implants and Auditory Brainstem Implants (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	L8628	Cochlear implant, external controller component, replacement	05/01/2010			Cochlear Implants and Auditory Brainstem Implants (Company); Cochlear Implants and Auditory Brainstem Implants (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	L8629	Transmitting coil and cable, integrated, for use with cochlear implant device, replacement	01/01/2010			Cochlear Implants and Auditory Brainstem Implants (Company); Cochlear Implants and Auditory Brainstem Implants (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	L8678	Electrical stimulator supplies (external) for use with implantable neurostimulator, per month	04/01/2023			Electrical Stimulation and Electromagnetic Therapies (Medicare); Implantable Spinal Cord and Dorsal Root Ganglion Stimulation (Company)
Commercial/ASO, Medicare, OHP, PEBB	L8679	Implantable neurostimulator, pulse generator, any type	01/01/2014			Deep Brain and Responsive Cortical Stimulation (Company); Electrical Stimulation and Electromagnetic Therapies (Medicare); Electrical Stimulation Non-Covered Therapies (Company); Fecal Incontinence Treatments (Company); Fecal Incontinence Treatments (Medicare); Gastric Electrical Stimulation (Company); Implantable Spinal Cord and Dorsal Root Ganglion Stimulation (Company); Urinary Dysfunction Treatments (Company); Urinary Dysfunction Treatments (Medicare); Vagus Nerve Stimulation (Company)
Commercial/ASO, OHP, PEBB	L8680	Implantable neurostimulator electrode, each	07/01/2010			Electrical Stimulation Non-Covered Therapies (Company); Fecal Incontinence Treatments (Company); Gastric Electrical Stimulation (Company); Implantable Spinal Cord and Dorsal Root Ganglion Stimulation (Company); Urinary Dysfunction Treatments (Company); Vagus Nerve Stimulation (Company)
Commercial/ASO, Medicare, OHP, PEBB	L8681	Pt prgrm for implt neurostim	07/01/2010			Deep Brain and Responsive Cortical Stimulation (Company); Electrical Stimulation and Electromagnetic Therapies (Medicare); Electrical Stimulation Non-Covered Therapies (Company); Implantable Spinal Cord and Dorsal Root Ganglion Stimulation (Company); Vagus Nerve Stimulation (Company)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	L8682	Implt neurostim radiofq rec	07/01/2010			Deep Brain and Responsive Cortical Stimulation (Company); Electrical Stimulation and Electromagnetic Therapies (Medicare); Electrical Stimulation Non-Covered Therapies (Company); Implantable Spinal Cord and Dorsal Root Ganglion Stimulation (Company); Urinary Dysfunction Treatments (Company); Urinary Dysfunction Treatments (Medicare); Vagus Nerve Stimulation (Company)
Commercial/ASO, Medicare, OHP, PEBB	L8683	Radiofq trsmtr for implt neu	07/01/2010			Deep Brain and Responsive Cortical Stimulation (Company); Electrical Stimulation and Electromagnetic Therapies (Medicare); Electrical Stimulation Non-Covered Therapies (Company); Implantable Spinal Cord and Dorsal Root Ganglion Stimulation (Company); Urinary Dysfunction Treatments (Company); Urinary Dysfunction Treatments (Medicare); Vagus Nerve Stimulation (Company)
Commercial/ASO, Medicare, OHP, PEBB	L8684	Radiofrequency transmitter (external) for use with implantable sacral root neurostimulator receiver for bowel and bladder management, replacement	03/01/2016			Urinary Dysfunction Treatments (Company); Urinary Dysfunction Treatments (Medicare)
Commercial/ASO, OHP, PEBB	L8685	Implt nrostm pls gen sng rec	07/01/2010			Deep Brain and Responsive Cortical Stimulation (Company); Electrical Stimulation Non-Covered Therapies (Company); Fecal Incontinence Treatments (Company); Gastric Electrical Stimulation (Company); Implantable Spinal Cord and Dorsal Root Ganglion Stimulation (Company); Urinary Dysfunction Treatments (Company); Vagus Nerve Stimulation (Company)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, OHP, PEBB	L8686	Implt nrostm pls gen sng non	07/01/2010			Deep Brain and Responsive Cortical Stimulation (Company); Electrical Stimulation Non-Covered Therapies (Company); Fecal Incontinence Treatments (Company); Gastric Electrical Stimulation (Company); Implantable Spinal Cord and Dorsal Root Ganglion Stimulation (Company); Urinary Dysfunction Treatments (Company); Vagus Nerve Stimulation (Company)
Commercial/ASO, OHP, PEBB	L8687	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension	07/01/2010			Deep Brain and Responsive Cortical Stimulation (Company); Electrical Stimulation Non-Covered Therapies (Company); Fecal Incontinence Treatments (Company); Gastric Electrical Stimulation (Company); Implantable Spinal Cord and Dorsal Root Ganglion Stimulation (Company); Urinary Dysfunction Treatments (Company); Vagus Nerve Stimulation (Company)
Commercial/ASO, OHP, PEBB	L8688	Implantable neurostimulator pulse generator, dual array, non-rechargeable, includes extension	07/01/2010			Deep Brain and Responsive Cortical Stimulation (Company); Electrical Stimulation Non-Covered Therapies (Company); Fecal Incontinence Treatments (Company); Gastric Electrical Stimulation (Company); Implantable Spinal Cord and Dorsal Root Ganglion Stimulation (Company); Urinary Dysfunction Treatments (Company); Vagus Nerve Stimulation (Company)
Commercial/ASO, OHP, PEBB	L8689	External recharging system	07/01/2010			Electrical Stimulation Non-Covered Therapies (Company); Implantable Spinal Cord and Dorsal Root Ganglion Stimulation (Company); Urinary Dysfunction Treatments (Company); Vagus Nerve Stimulation (Company)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Medicare	L8689	External recharging system	01/01/2020			Electrical Stimulation and Electromagnetic Therapies (Medicare); Urinary Dysfunction Treatments (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	L8690	Auditory osseointegrated device, includes all internal and external components	11/01/2023			Bone-Anchored Hearing Aids (Company); Bone-Anchored Hearing Aids (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	L8695	External recharg sys extern	07/01/2010			Electrical Stimulation and Electromagnetic Therapies (Medicare); Implantable Spinal Cord and Dorsal Root Ganglion Stimulation (Company); Urinary Dysfunction Treatments (Company); Urinary Dysfunction Treatments (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	M0224	M0224 Intravenous infusion, pemivibart, for the pre-exposure prophylaxis only, for certain adults and adolescents (12 years of age and older weighing at least 40 kg) with no known SARS-CoV-2 exposure, who either have moderate-to-severe immune compromise due to a medical condition or receipt of immunosuppressive medications or treatments, includes infusion and post administration monitoring	03/22/2024		Commercial/ASO,Medicare,OHP,PEBB - Pemivibart	New Drug/Indication Awaiting P&T Review - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	Q0224	Q0224 Injection, pemivibart, for the pre-exposure prophylaxis only, for certain adults and adolescents (12 years of age and older weighing at least 40 kg) with no known SARS-CoV-2 exposure, and who either have moderate-to-severe immune compromise due to a medical condition or receipt of immunosuppressive medications or treatments, and are unlikely to mount an adequate immune response to COVID-19 vaccination, 4500 mg	03/22/2024		Commercial/ASO,Medicare,OHP,PEBB - PEMIVIBART	New Drug/Indication Awaiting P&T Review - Pharmacy Policy

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Medicare	Q2026	Radiesse Injection	06/01/2015			Cosmetic and Reconstructive Surgery (Medicare)
Commercial/ASO, OHP, PEBB	Q2026	Injection, radiesse, 0.1 ml	07/01/2023			Cosmetic and Reconstructive Surgery (Company)
Medicare	Q2028	Sculptra Injection	06/01/2015			Cosmetic and Reconstructive Surgery (Medicare)
Commercial/ASO, OHP, PEBB	Q2028	Injection, sculptra, 0.5 mg	07/01/2023			Cosmetic and Reconstructive Surgery (Company)
Commercial/ASO, Medicare, OHP, PEBB	Q2041	Axicabtagene Ciloleucel, up to 200 million autologous Anti-CD19 CAR T Cells, Including leukapheresis and dose preparation procedures, per infusion	04/01/2018		Commercial/ASO,Medicare,OHP,PEBB - Yescarta®	T-Cell Therapy - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	Q2042	Tisagenlecleucel, up to 600 million car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	01/01/2019		Commercial/ASO,Medicare,OHP,PEBB - Kymriah®	T-Cell Therapy - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	Q2043	Sipuleucel-T, minimum of 50 million autologous CD54+ cells activated with PAP-GM-CSF, including leukapheresis and all other preparatory procedures, per infusion	07/01/2011		Commercial/ASO,Medicare,OHP,PEBB - Provenge®	Provenge® - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	Q2053	Brexucabtagene autoleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	04/01/2021		Commercial/ASO,Medicare,OHP,PEBB - Tecartus	T-Cell Therapy - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	Q2054	Lisocabtagene maraleucel, up to 110 million autologous anti-cd19 car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	10/01/2021		Commercial/ASO,Medicare,OHP,PEBB - Breyanzi	T-Cell Therapy - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	Q2055	Idecabtagene vicleucel, up to 460 million autologous b-cell maturation antigen (bcma) directed car-positive t cells, including	01/01/2022		Commercial/ASO,Medicare,OHP,PEBB - Abecma®	T-Cell Therapy - Pharmacy Policy

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
		leukapheresis and dose preparation procedures, per therapeutic dose				
Commercial/ASO, Medicare, OHP, PEBB	Q2056	Ciltacabtagene autoleucel, up to 100 million autologous b-cell maturation antigen (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	10/01/2022		Commercial/ASO,Medicare,OHP,PEBB - Carvykti	T-Cell Therapy - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	Q2057	Afamitresgene autoleucel, including leukapheresis and dose preparation procedures, per therapeutic dose	04/01/2025			T-Cell Therapy - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	Q2058	Q2058 Obecabtagene autoleucel, 10 up to 400 million cd19 car-positive viable t cells, including leukapheresis and dose preparation procedures, per infusion	07/01/2025		Commercial/ASO,Medicare,OHP,PEBB - AUCATZYL	T-Cell Therapy - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	Q4074	Iloprost non-comp unit dose	01/01/2010		Commercial/ASO,Medicare,OHP,PEBB - Ventavis®	Pulmonary Arterial Hypertension - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	Q4101	Skin substitute, Apligraf, per square centimeter	04/01/2009		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Skin and Tissue Substitutes (Company); Skin and Tissue Substitutes (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	Q4102	Skin substitute, Oasis Wound Matrix, per square centimeter	04/01/2009		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Skin and Tissue Substitutes (Company)
Commercial/ASO, OHP, PEBB	Q4104	Skin substitute, Integra Bilayer Matrix Wound Dressing (BMWD), per square centimeter	07/01/2009		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Skin and Tissue Substitutes (Company)
Medicare	Q4104	Skin substitute, Integra Bilayer Matrix Wound Dressing (BMWD), per square centimeter	06/01/2018		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Skin and Tissue Substitutes (Company); Skin and Tissue Substitutes (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	Q4105	Skin substitute, Integra Dermal Regeneration Template (DRT), per square centimeter	07/01/2009		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Skin and Tissue Substitutes (Company); Skin and Tissue Substitutes (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	Q4107	Skin substitute, Graftjacket, per square centimeter	09/01/2011		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Skin and Tissue Substitutes (Company)
Commercial/ASO, OHP, PEBB	Q4108	Skin substitute, Integra Matrix, per square centimeter	07/01/2009		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Skin and Tissue Substitutes (Company)
Medicare	Q4108	Skin substitute, Integra Matrix, per square centimeter	06/01/2018		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Skin and Tissue Substitutes (Company); Skin and Tissue Substitutes (Medicare)
Commercial/ASO, OHP, PEBB	Q4116	Alloderm skin sub	10/01/2018		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Skin and Tissue Substitutes (Company)
Medicare	Q4116	Alloderm skin sub	10/01/2018		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Skin and Tissue Substitutes (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	Q4121	Theraskin	03/01/2011		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Skin and Tissue Substitutes (Company)
Commercial/ASO, OHP, PEBB	Q4122	Dermacell, per square centimeter	10/01/2018		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Skin and Tissue Substitutes (Company)
Medicare	Q4122	Dermacell, per square centimeter	10/01/2018		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Skin and Tissue Substitutes (Company); Skin and Tissue Substitutes (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	Q4124	Oasis ultra tri-layer wound matrix, per square centimeter	01/01/2012		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Skin and Tissue Substitutes (Company); Skin and Tissue Substitutes (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	Q4128	Flex hd, or allopatch hd, per square centimeter	01/01/2016		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Breast Reconstructive Surgery, Reduction Mammoplasty, and Implant Management (Company); Skin and Tissue Substitutes (Company)
Commercial/ASO, Medicare, OHP, PEBB	Q4131	Epifix	01/01/2013			Skin and Tissue Substitutes (Company)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, OHP, PEBB	Q4132	Grafix core	01/01/2013		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Skin and Tissue Substitutes (Company)
Medicare	Q4132	Graix core	06/01/2018		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Skin and Tissue Substitutes (Company); Skin and Tissue Substitutes (Medicare)
Commercial/ASO, OHP, PEBB	Q4133	Grafix prime	01/01/2013		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Skin and Tissue Substitutes (Company)
Medicare	Q4133	Grafix prime	06/01/2018		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Skin and Tissue Substitutes (Company); Skin and Tissue Substitutes (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	Q4151	Amnioband or guardian, per square centimeter	03/01/2022		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Skin and Tissue Substitutes (Company)
Commercial/ASO, Medicare, OHP, PEBB	Q4182	Transcyte, per square centimeter	06/01/2018		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Skin and Tissue Substitutes (Company); Skin and Tissue Substitutes (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	Q4186	Epifix, per square centimeter	01/01/2019		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Skin and Tissue Substitutes (Company)
Commercial/ASO, Medicare, OHP, PEBB	Q4205	Membrane graft or membrane wrap, per square centimeter	10/01/2019		This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	Skin and Tissue Substitutes (Company); Skin and Tissue Substitutes (Medicare)
Commercial/ASO, Medicare, OHP, PEBB	Q4304	Grafix plus, per square centimeter	01/01/2024			Skin and Tissue Substitutes (Company); Skin and Tissue Substitutes (Medicare)

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	Q5099	Q5099 Injection, ustekinumab-stba (steqeyma), biosimilar, 1 mg	07/01/2025		Commercial/ASO,Medicare,OHP,PEBB - STEQEYMA	Medically Infused Therapeutic Immunomodulators (Medicare Part B) - Pharmacy Policy; Medically Infused Therapeutic Immunomodulators(TIMs) (Commercial) - Pharmacy Policy; Medicare Part B Step Therapy - Pharmacy Policy; Therapeutic Immunomodulators(TIMs) (Medicaid) - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	Q5100	Q5100 - Injection, ustekinumab-kfce (yesintek), biosimilar, 1 mg	07/01/2025		Commercial/ASO,Medicare,OHP,PEBB - YESINTEK	Medically Infused Therapeutic Immunomodulators (Medicare Part B) - Pharmacy Policy; Medically Infused Therapeutic Immunomodulators(TIMs) (Commercial) - Pharmacy Policy; Medicare Part B Step Therapy - Pharmacy Policy; Therapeutic Immunomodulators(TIMs) (Medicaid) - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	Q5103	Injection, infliximab-dyyb, biosimilar, (inflectra), 10 mg	04/01/2018		Commercial/ASO,Medicare,OHP,PEBB - Inflectra®	Infusion Therapy Site of Care -Commercial-Pharmacy Policy; Medically Infused Therapeutic Immunomodulators (Medicare Part B) - Pharmacy Policy; Medically Infused Therapeutic Immunomodulators(TIMs) (Commercial) - Pharmacy Policy; Therapeutic Immunomodulators(TIMs) (Medicaid) - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	Q5104	Injection, infliximab-abda, biosimilar, (renflexis), 10 mg	04/01/2018		Commercial/ASO,Medicare,OHP,PEBB - Renflexis®	Infusion Therapy Site of Care -Commercial-Pharmacy Policy; Medically Infused Therapeutic Immunomodulators (Medicare Part B) - Pharmacy Policy; Medically Infused Therapeutic Immunomodulators(TIMs) (Commercial) - Pharmacy Policy; Therapeutic Immunomodulators(TIMs) (Medicaid) - Pharmacy Policy

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	Q5106	Injection, epoetin alfa, biosimilar, (Retacrit) (for non-esrd use), 1000 units	07/01/2018		Commercial/ASO,Medicare,OHP,PEBB - Retacrit®	Erythropoiesis Stimulating Agents- Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	Q5107	Injection, bevacizumab-awwb, biosimilar, (mvasi), 10 mg	01/01/2019			ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy; Infusion Therapy Site of Care -Commercial- Pharmacy Policy; Medicare Part B Step Therapy - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	Q5109	Injection, infliximab-qbtx, biosimilar, (ixifi), 10 mg	01/01/2019			New Drug/Indication Awaiting P&T Review - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	Q5111	Injection, pegfilgrastim-cbqv (udenyca), biosimilar, 0.5 mg	09/01/2024		Commercial/ASO,Medicare,OHP,PEBB - Udenyca	Granulocyte-Colony Stimulating Factors (G-CSF's) - Pharmacy Policy; Medicare Part B Step Therapy - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	Q5112	Injection, trastuzumab-dttb, biosimilar, (Ontruzant), 10 mg	07/01/2019			ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy; Medicare Part B Step Therapy - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	Q5113	Injection, trastuzumab-pkrb, biosimilar, (Herzuma), 10 mg	07/01/2019			ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy; Medicare Part B Step Therapy - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	Q5114	Injection, Trastuzumab-dkst, biosimilar, (Ogivri), 10 mg	07/01/2019			ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy; Infusion Therapy Site of Care -Commercial- Pharmacy Policy; Medicare Part B Step Therapy - Pharmacy Policy

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	Q5115	Injection, rituximab-abbs, biosimilar, 10 mg	07/01/2019		Commercial/ASO,Medicare,OHP,PEBB - Truxima®	Infusion Therapy Site of Care -Commercial-Pharmacy Policy; Medicare Part B Step Therapy - Pharmacy Policy; Rituximab - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	Q5116	Injection, trastuzumab-qyyp, biosimilar, (trazimera), 10 mg	07/01/2020			ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy; Infusion Therapy Site of Care -Commercial-Pharmacy Policy; Medicare Part B Step Therapy - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	Q5117	Injection, trastuzumab-anns, biosimilar, (kanjinti), 10 mg	10/01/2019			ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy; Medicare Part B Step Therapy - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	Q5118	Injection, bevacizumab-bvzr, biosimilar, (Zirabev), 10 mg	07/01/2020			ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy; Infusion Therapy Site of Care -Commercial-Pharmacy Policy; Medicare Part B Step Therapy - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	Q5119	Injection, rituximab-pvvr, biosimilar, (ruxience), 10 mg	07/01/2020			Infusion Therapy Site of Care -Commercial-Pharmacy Policy; Medicare Part B Step Therapy - Pharmacy Policy; Rituximab - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	Q5120	Injection, pegfilgrastim-bmez (ziextenzo), biosimilar, 0.5 mg	09/01/2024		Commercial/ASO,Medicare,OHP,PEBB - Ziextenzo	Granulocyte-Colony Stimulating Factors (G-CSF's) - Pharmacy Policy; Medicare Part B Step Therapy - Pharmacy Policy

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	Q5121	Injection, infliximab-axxq, biosimilar, (avsola), 10 mg	07/01/2020			Infusion Therapy Site of Care -Commercial-Pharmacy Policy; Medically Infused Therapeutic Immunomodulators (Medicare Part B) - Pharmacy Policy; Medically Infused Therapeutic Immunomodulators(TIMs) (Commercial) - Pharmacy Policy; Therapeutic Immunomodulators(TIMs) (Medicaid) - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	Q5122	Injection, pegfilgrastim-apgf (nyvepria), biosimilar, 0.5 mg	09/01/2024		Commercial/ASO,Medicare,OHP,PEBB - Nyvepria	Granulocyte-Colony Stimulating Factors (G-CSF's) - Pharmacy Policy; Medicare Part B Step Therapy - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	Q5123	Injection, rituximab-arrx, biosimilar, (riabni), 10 mg	07/01/2021			Medicare Part B Step Therapy - Pharmacy Policy; Rituximab - Pharmacy Policy
Commercial, ASO, Medicare, OHP, PEBB	Q5124 - PA Add	Q5124 Injection, ranibizumab-nuna, biosimilar, (byooviz), 0.1 mg	08/01/2026		Commercial,ASO,Medicare,OHP,PEBB - Byooviz	Ophthalmic Vascular Endothelial Growth Factor (VEGF) Inhibitors - Pharmacy Policy; Ophthalmic Vascular Endothelial Growth Factor (VEGF) Prior Authorization and Step Therapy Policy
Commercial/ASO, Medicare, OHP, PEBB	Q5126	Injection, bevacizumab-maly, biosimilar, (alymsys), 10 mg	01/01/2023			ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy; Medicare Part B Step Therapy - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	Q5127	Injection, pegfilgrastim-fpgk (stimufend), biosimilar, 0.5 mg	09/01/2024		Commercial/ASO,Medicare,OHP,PEBB - Stimufend	Granulocyte-Colony Stimulating Factors (G-CSF's) - Pharmacy Policy; Medicare Part B Step Therapy - Pharmacy Policy
Commercial, ASO, Medicare, OHP, PEBB	Q5128 - PA Add	Q5128 Injection, ranibizumab-eqrn (cimerli), biosimilar, 0.1 mg	08/01/2026		Commercial,ASO,Medicare,OHP,PEBB - Cimerli	Ophthalmic Vascular Endothelial Growth Factor (VEGF) Inhibitors - Pharmacy Policy; Ophthalmic Vascular Endothelial Growth Factor (VEGF) Prior Authorization and Step Therapy Policy

*Prior authorization is not a guarantee of payment. Benefits are based on eligibility at the time of service and are subject to applicable contract terms.

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	Q5129	Injection, bevacizumab-adcd (vegzelma), biosimilar, 10 mg	04/01/2023			ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	Q5130	Injection, pegfilgrastim-pbbk (fylnetra), biosimilar, 0.5 mg	09/01/2024		Commercial/ASO,Medicare,OHP,PEBB - Fylnetra®	Granulocyte-Colony Stimulating Factors (G-CSF's) - Pharmacy Policy; Medicare Part B Step Therapy - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	Q5133	Injection, tocilizumab-bavi (tofidence), biosimilar, 1 mg	07/01/2024			Medically Infused Therapeutic Immunomodulators (Medicare Part B) - Pharmacy Policy; Medically Infused Therapeutic Immunomodulators(TIMs) (Commercial) - Pharmacy Policy; Medicare Part B Step Therapy - Pharmacy Policy; Therapeutic Immunomodulators(TIMs) (Medicaid) - Pharmacy Policy
Commercial, ASO, Medicare, OHP, PEBB	Q5134	Injection, natalizumab-sztn (tyruko), biosimilar, 1 mg	02/01/2026			Infusion Therapy Site of Care -Commercial- Pharmacy Policy; Tysabri®, Tyruko® - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	Q5135	Q5135 - Injection, tocilizumab-aazg (tyenne), biosimilar, 1 mg	10/01/2024		Commercial/ASO,Medicare,OHP,PEBB - TYENNE	Medically Infused Therapeutic Immunomodulators (Medicare Part B) - Pharmacy Policy; Medically Infused Therapeutic Immunomodulators(TIMs) (Commercial) - Pharmacy Policy; Medicare Part B Step Therapy - Pharmacy Policy; Therapeutic Immunomodulators(TIMs) (Medicaid) - Pharmacy Policy
Commercial, ASO, Commercial/ASO, OHP, PEBB	Q5136 Jubbonti/Wyost - PA Add	Q5136 Injection, denosumab-bbdz (jubbonti/wyost), biosimilar, 1 mg	01/01/2026		Commercial,ASO,Commercial/ASO,OHP,PEBB - Jubbonti; Wyost	Denosumab - Pharmacy Policy

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	Q5138	Injection, ustekinumab-auub (wezlana), biosimilar, intravenous, 1 mg	07/01/2025			Medically Infused Therapeutic Immunomodulators (Medicare Part B) - Pharmacy Policy; Medically Infused Therapeutic Immunomodulators(TIMs) (Commercial) - Pharmacy Policy; Therapeutic Immunomodulators(TIMs) (Medicaid) - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	Q5140	Q5140 - Injection, adalimumab-fkjp, biosimilar, 1 mg	01/01/2025		Commercial/ASO,Medicare,OHP,PEBB - HULIO	Self-Administered Drug (SAD) Exclusion - Commercial/Medicaid - Pharmacy Policy; Therapeutic Immunomodulators(TIMs) (Commercial) - Pharmacy Policy; Therapeutic Immunomodulators(TIMs) (Medicaid) - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	Q5141	Q5141 - Injection, adalimumab-aaty, biosimilar, 1 mg	01/01/2025		Commercial/ASO,Medicare,OHP,PEBB - YUFLYMA	Self-Administered Drug (SAD) Exclusion - Commercial/Medicaid - Pharmacy Policy; Therapeutic Immunomodulators(TIMs) (Commercial) - Pharmacy Policy; Therapeutic Immunomodulators(TIMs) (Medicaid) - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	Q5142	Q5142 - Injection, adalimumab-ryvk biosimilar, 1 mg	01/01/2025		Commercial/ASO,Medicare,OHP,PEBB - SIMLANDI	Self-Administered Drug (SAD) Exclusion - Commercial/Medicaid - Pharmacy Policy; Therapeutic Immunomodulators(TIMs) (Commercial) - Pharmacy Policy; Therapeutic Immunomodulators(TIMs) (Medicaid) - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	Q5143	Q5143 - Injection, adalimumab-adbm, biosimilar, 1 mg	01/01/2025		Commercial/ASO,Medicare,OHP,PEBB - CYLTEZO	Self-Administered Drug (SAD) Exclusion - Commercial/Medicaid - Pharmacy Policy; Therapeutic Immunomodulators(TIMs) (Commercial) - Pharmacy Policy; Therapeutic Immunomodulators(TIMs) (Medicaid) - Pharmacy Policy

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	Q5144	Q5144 - Injection, adalimumab-aacf (idacio), biosimilar, 1 mg	01/01/2025		Commercial/ASO,Medicare,OHP,PEBB - IDACIO	Self-Administered Drug (SAD) Exclusion - Commercial/Medicaid - Pharmacy Policy; Therapeutic Immunomodulators(TIMs) (Commercial) - Pharmacy Policy; Therapeutic Immunomodulators(TIMs) (Medicaid) - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	Q5145	Q5145 - Injection, adalimumab-afzb (abrilada), biosimilar, 1 mg	01/01/2025		Commercial/ASO,Medicare,OHP,PEBB - ABRILADA	Self-Administered Drug (SAD) Exclusion - Commercial/Medicaid - Pharmacy Policy; Therapeutic Immunomodulators(TIMs) (Commercial) - Pharmacy Policy; Therapeutic Immunomodulators(TIMs) (Medicaid) - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	Q5146	Injection, trastuzumab-strf (hercessi), biosimilar, 10 mg	01/01/2025			ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy; Medicare Part B Step Therapy - Pharmacy Policy
Commercial, ASO, Medicare, OHP, PEBB	Q5147 - PA Add	Q5147 Injection, aflibercept-ayyh (pavblu), biosimilar, 1 mg	08/01/2026		Commercial,ASO,Medicare,OHP,PEBB - Pavblu	Ophthalmic Vascular Endothelial Growth Factor (VEGF) Inhibitors - Pharmacy Policy; Ophthalmic Vascular Endothelial Growth Factor (VEGF) Prior Authorization and Step Therapy Policy
Commercial/ASO, Medicare, OHP, PEBB	Q5151	Injection, eculizumab-aagh (epysqli), biosimilar, 2 mg	04/01/2025			Complement Inhibitors - Pharmacy Policy; Medicare Part B Step Therapy - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	Q5152	Injection, eculizumab-aeeb (bkemv), biosimilar, 2 mg	04/01/2025			Complement Inhibitors - Pharmacy Policy; Medicare Part B Step Therapy - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	Q5153	Q5153 Injection, aflibercept-yszy (opuviz), biosimilar, 1 mg	07/01/2025		Commercial/ASO,Medicare,OHP,PEBB - OPUVIZ	New Drug/Indication Awaiting P&T Review - Pharmacy Policy

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	Q5156	Injection, tocilizumab-anoh (avtozma), biosimilar, 1 mg	10/01/2025			IMMUNE GAMMA GLOBULIN(IgG) - Pharmacy Policy; Medicare Part B Step Therapy - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	Q5158	Q5158 Injection, denosumab-bnht (bomyntra/conexxence), biosimilar, 1 mg	10/01/2025		Commercial/ASO,Medicare,OHP,PEBB - Bomyntra/Conexxence	Denosumab - Pharmacy Policy ; Medicare Part B Step Therapy - Pharmacy Policy
Commercial, ASO, Medicare, OHP, PEBB	Q5159	Injection, denosumab-dssb (ospomyv/xbryk), biosimilar, 1 mg	01/01/2026			Denosumab - Pharmacy Policy ; Medicare Part B Step Therapy - Pharmacy Policy
Commercial, ASO, Commercial/ASO, Medicare, OHP, PEBB	Q5160	Q5160 Injection, bevacizumab-nwgd (jobevne), biosimilar, 10 mg	01/01/2026		Commercial,ASO,Commercial/ASO,Medicare,OHP,PEBB - Jobevne	ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy; Medicare Part B Step Therapy - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	Q5161	Q5161 Injection, denosumab-kyqq (aukelso/bosaya), biosimilar, 1 mg	04/01/2026		Commercial/ASO,Medicare,OHP,PEBB - Aukelso; Bosaya	New Drug/Indication Awaiting P&T Review - Pharmacy Policy
Commercial, ASO, Medicare, OHP, PEBB	Q5164	Q5164 Injection, ustekinumab-hmny (starjemza), biosimilar, 1 mg	07/01/2026		Starjemza (SC), (IV)	Medically Infused Therapeutic Immunomodulators(TIMs) (Commercial) - Pharmacy Policy; Self-Administered Drug (SAD) Exclusion - Commercial/Medicaid - Pharmacy Policy; Therapeutic Immunomodulators(TIMs) (Commercial) - Pharmacy Policy; Therapeutic Immunomodulators(TIMs) (Medicaid) - Pharmacy Policy
Commercial, ASO, Medicare, OHP, PEBB	Q5165	Q5165 Injection, denosumab-mobz (oziltus), biosimilar, 1 mg	07/01/2026		Commercial,ASO,Medicare,OHP,PEBB - Oziltus	New Drug/Indication Awaiting P&T Review - Pharmacy Policy
Commercial, ASO, Medicare, OHP, PEBB	Q5166	Q5166 Injection, denosumab-desu (osvyrti/jubereq), biosimilar, 1 mg	07/01/2026		Commercial,ASO,Medicare,OHP,PEBB - Osvyrti; Jubereq	New Drug/Indication Awaiting P&T Review - Pharmacy Policy

*Prior authorization is not a guarantee of payment. Benefits are based on eligibility at the time of service and are subject to applicable contract terms.

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial, ASO, Medicare, OHP, PEBB	Q5167	Q5167 Injection, denosumab-qbde (enoby/xtrenbo), biosimilar, 1 mg	07/01/2026		Commercial,ASO,Medicare,OHP,PEBB - Enoby; Xtrenbo	Denosumab - Pharmacy Policy
Commercial, ASO, Medicare, OHP, PEBB	Q5168	Q5168 Injection, ranibizumab-leyk (nufymco), biosimilar, 0.1 mg	07/01/2026		Commercial,ASO,Medicare,OHP,PEBB - Nufymco	New Drug/Indication Awaiting P&T Review - Pharmacy Policy
Commercial, ASO, Medicare, OHP, PEBB	Q5169	Q5169 Injection, pegfilgrastim-unne (armlupeg), biosimilar, 0.5 mg	07/01/2026		Commercial,ASO,Medicare,OHP,PEBB - Armlupeg	New Drug/Indication Awaiting P&T Review - Pharmacy Policy
Commercial, ASO, Medicare, OHP, PEBB	Q5170	Q5170 Injection, aflibercept-boav (eydenzelt), biosimilar, 1 mg	07/01/2026		Commercial,ASO,Medicare,OHP,PEBB - Eydenzelt	New Drug/Indication Awaiting P&T Review - Pharmacy Policy
Commercial, ASO, Medicare, OHP, PEBB	Q5171	Q5171 Injection, denosumab-mobz (boncresa), biosimilar, 1 mg	07/01/2026		Commercial,ASO,Medicare,OHP,PEBB - Boncresa	New Drug/Indication Awaiting P&T Review - Pharmacy Policy
Commercial, ASO, Medicare, OHP, PEBB	Q5173	Q5173 Injection, denosumab-adet (ponlimsi), biosimilar, 1 mg	10/01/2026		Commercial,ASO,Medicare,OHP,PEBB - Ponlimsi	New Drug/Indication Awaiting P&T Review - Pharmacy Policy
Commercial, ASO, Medicare, OHP, PEBB	Q9982	Flutemetamol f18, diagnostic, per study dose, up to 5 millicuries	04/01/2026		For Commercial, ASO, Medicare, OHP, PEBB - Carelon Prior Authorization Required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial, ASO, Medicare, OHP, PEBB	Q9983	Florbetaben f18, diagnostic, per study dose, up to 8.1 millicuries	04/01/2026		For Commercial, ASO, Medicare, OHP, PEBB - Carelon Prior Authorization Required	General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
Commercial/ASO, Medicare, OHP, PEBB	Q9997	Injection, ustekinumab-ttwe (pyzchiva), intravenous, 1 mg	07/01/2025			Medically Infused Therapeutic Immunomodulators (Medicare Part B) - Pharmacy Policy; Medically Infused Therapeutic Immunomodulators(TIMs) (Commercial) - Pharmacy Policy; Therapeutic Immunomodulators(TIMs) (Medicaid) - Pharmacy Policy

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	Q9998	Injection, ustekinumab-aekn (selarsdi), 1 mg	01/01/2025			Medically Infused Therapeutic Immunomodulators (Medicare Part B) - Pharmacy Policy; Medicare Part B Step Therapy - Pharmacy Policy; Self-Administered Drug (SAD) Exclusion - Commercial/Medicaid - Pharmacy Policy; Therapeutic Immunomodulators(TIMs) (Commercial) - Pharmacy Policy; Therapeutic Immunomodulators(TIMs) (Medicaid) - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	Q9999	Injection, ustekinumab-aauz (otulfi), biosimilar, 1 mg	04/01/2025			Medically Infused Therapeutic Immunomodulators (Medicare Part B) - Pharmacy Policy; Medically Infused Therapeutic Immunomodulators(TIMs) (Commercial) - Pharmacy Policy; Medicare Part B Step Therapy - Pharmacy Policy; Therapeutic Immunomodulators(TIMs) (Commercial) - Pharmacy Policy; Therapeutic Immunomodulators(TIMs) (Medicaid) - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	S0013	Esketamine, nasal spray, 1 mg	01/01/2021		Commercial/ASO,Medicare,OHP,PEBB - Spravato®	SPRAVATO® - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	S0122	Injection, Menotropins, 75 Iu	09/01/2003		Commercial/ASO,Medicare,OHP,PEBB - Menopur®	Infertility and Related Medications - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	S0126	Injection, Follitropin Alfa, 75 Iu	09/01/2003			Infertility and Related Medications - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	S0128	Injection, Follitropin Beta, 75 Iu	09/01/2003			

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, Medicare, OHP, PEBB	S0132	Injection, Ganirelix Acetate, 250 Mcg	09/01/2003			
Commercial/ASO, OHP, PEBB	S0189	Testosterone pellet. 75 mg	10/01/2015		Commercial/ASO,OHP,PEBB - See J3490 for Medicare	Hormone Replacement Therapy - Pharmacy Policy
Commercial/ASO, OHP	S0190	Mifepristone, oral, 200 mg	08/01/2023			
Commercial/ASO, Medicare, OHP, PEBB	S2112	Arthroscopy, knee, surgical for harvesting of cartilage (chondrocyte cells)	04/01/2019			Autologous Chondrocyte Implantation (ACI) for Cartilaginous Defects of the Knee (Company); Autologous Chondrocyte Implantation (ACI) for Cartilaginous Defects of the Knee (Medicare)
Commercial/ASO, OHP, PEBB	S3870	Comparative genomic hybridization (cgh) microarray testing for developmental delay, autism spectrum disorder and/or intellectual disability	07/01/2018			Genetic and Molecular Testing (Company); Non-Covered Genetic Panel Tests (Company)
Commercial/ASO, Medicare, OHP, PEBB	S9341	Home therapy; enteral nutrition via gravity; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem	01/01/2025			Medical Nutrition (Commercial) - Pharmacy Policy; Medical Nutrition (Medicaid) - Pharmacy Policy ; Medical Nutrition (Medicare Part B) - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	S9342	Home therapy; enteral nutrition via pump; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem	01/01/2025			Medical Nutrition (Commercial) - Pharmacy Policy; Medical Nutrition (Medicaid) - Pharmacy Policy ; Medical Nutrition (Medicare Part B) - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	S9343	Home therapy; enteral nutrition via bolus; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem	01/01/2025			Medical Nutrition (Commercial) - Pharmacy Policy; Medical Nutrition (Medicaid) - Pharmacy Policy ; Medical Nutrition (Medicare Part B) - Pharmacy Policy

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, OHP, PEBB	S9364	Home infusion therapy, total parenteral nutrition (TPN); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem	01/01/2013			Total Parenteral Nutrition (TPN) (Commercial) (Medicaid) - Pharmacy Policy; Total Parenteral Nutrition (TPN) (Medicare Part B) - Pharmacy Policy
Commercial/ASO, OHP, PEBB	S9365	Home infusion therapy, total parenteral nutrition (TPN); 1 liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem	01/01/2013			Total Parenteral Nutrition (TPN) (Commercial) (Medicaid) - Pharmacy Policy; Total Parenteral Nutrition (TPN) (Medicare Part B) - Pharmacy Policy
Commercial/ASO, OHP, PEBB	S9366	Home infusion therapy, total parenteral nutrition (TPN); more than 1 liter but no more than 2 liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem	01/01/2013			Total Parenteral Nutrition (TPN) (Commercial) (Medicaid) - Pharmacy Policy; Total Parenteral Nutrition (TPN) (Medicare Part B) - Pharmacy Policy
Commercial/ASO, OHP, PEBB	S9368	Home infusion therapy, total parenteral nutrition (TPN); more than 3 liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem	01/01/2013			Total Parenteral Nutrition (TPN) (Commercial) (Medicaid) - Pharmacy Policy; Total Parenteral Nutrition (TPN) (Medicare Part B) - Pharmacy Policy

Providence Health Plan Combined Prior Authorization List

Combined PA List	Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Combined Additional Notes	Medical Policy Name: Policy
Commercial/ASO, PEBB	S9432	Medical foods for non-inborn errors of metabolism	10/01/2021			Medical Nutrition (Commercial) - Pharmacy Policy; Medical Nutrition (Medicaid) - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	S9433	Medical food nutritionally complete, administered orally, providing 100% of nutritional intake	11/01/2019			Medical Nutrition (Commercial) - Pharmacy Policy; Medical Nutrition (Medicaid) - Pharmacy Policy ; Medical Nutrition (Medicare Part B) - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	S9434	Modified solid food supplements for inborn errors of metabolism	11/01/2019			Medical Nutrition (Commercial) - Pharmacy Policy; Medical Nutrition (Medicaid) - Pharmacy Policy ; Medical Nutrition (Medicare Part B) - Pharmacy Policy
Commercial/ASO, Medicare, OHP, PEBB	S9435	Medical foods for inborn errors of metabolism	01/01/2013			Medical Nutrition (Commercial) - Pharmacy Policy; Medical Nutrition (Medicaid) - Pharmacy Policy ; Medical Nutrition (Medicare Part B) - Pharmacy Policy