

Providence Health Plan Combined 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 | 0323U | Infectious agent detection by nucleic acid (DNA and RNA), central nervous system pathogen, metagenomic next-generation sequencing, cerebrospinal fluid (CSF), identification of pathogenic bacteria, viruses, parasites, or fungi | 07/01/2022 | 12/31/2024 | | Genetic and Molecular Testing (Medicare) |
| 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 | | | Protein Biomarker and Genetic Testing for the Prostate (Medicare) |
| Medicare | 0826T | Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and | 01/01/2025 | 05/05/2025 | | Leadless Cardiac Pacemakers (Medicare) ARCHIVED 5/6/25 |

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| | | select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional, leadless pacemaker system in single-cardiac chamber | | | | |
| 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); Surgical Site of Service (Medicare) |
| 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 | 0005U | Oncology (prostate) gene expression profile by real-time RT-PCR of 3 genes (ERG, PCA3, and SPDEF), urine, algorithm reported as risk score | 05/01/2022 | 09/30/2024 | | Protein Biomarker and Genetic Testing for the Prostate (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) |

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| 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 | 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 | 12/31/2022 | | Genetic and Molecular Testing (Medicare) |
| Medicare | 0012M | Oncology (urothelial), mRNA, gene expression profiling by real-time quantitative PCR of five genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and CXCR2), utilizing urine, algorithm reported as a risk score for having urothelial carcinoma | 01/01/2022 | 02/28/2025 | | Genetic and Molecular Testing (Medicare) |
| Medicare | 0013M | Oncology (urothelial), mRNA, gene expression profiling by real-time quantitative PCR of five genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and CXCR2), utilizing urine, algorithm reported as a risk score for having recurrent urothelial carcinoma | 01/01/2022 | 02/28/2025 | | Genetic and Molecular Testing (Medicare) |
| 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 cortical carcinoma, adenoma, or other adrenal malignancy | 01/01/2022 | | | Genetic and Molecular Testing (Medicare) |
| Medicare | 0016M | Oncology (bladder), mRNA, microarray gene expression profiling of 209 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as molecular subtype | 01/01/2022 | | | Genetic and Molecular Testing (Medicare) |

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| | | (luminal, luminal infiltrated, basal, basal claudin-low, neuroendocrine-like) | | | | |
| 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 presence/absence of variants and associated therapy(ies) to consider | 08/01/2018 | | | Genetic and Molecular Testing (Medicare) |
| 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 | 11/01/2022 | | | Next Generation Sequencing for Cancer (Company) |

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| | | presence/ or absence of variants and associated therapy(ies) to consider | | | | |
| 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 | 0029U | Drug metabolism (adverse drug reactions and drug response), targeted sequence analysis (ie, CYP1A2, CYP2C19, CYP2C9, CYP2D6, CYP3A4, CYP3A5, CYP4F2, SLCO1B1, VKORC1 and rs12777823) | 01/01/2022 | | | Genetic and Molecular Testing (Medicare) |
| Medicare | 0030U | Drug metabolism (warfarin drug response), targeted sequence analysis (ie, CYP2C9, CYP4F2, VKORC1, rs12777823) | 09/01/2021 | | | Genetic and Molecular Testing (Medicare) |

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| Medicare | 0031U | CYP1A2 (cytochrome P450 family 1, subfamily A, member 2)(eg, drug metabolism) gene analysis, common variants (ie, *1F, *1K, *6, *7) | 01/01/2022 | | | Genetic and Molecular Testing (Medicare) |
| Medicare | 0032U | COMT (catechol-O-methyltransferase)(drug metabolism) gene analysis, c.472G>A (rs4680) variant | 01/01/2022 | | | Genetic and Molecular Testing (Medicare) |
| Medicare | 0033U | HTR2A (5-hydroxytryptamine receptor 2A), HTR2C (5-hydroxytryptamine receptor 2C) (eg, citalopram metabolism) gene analysis, common variants (ie, HTR2A rs7997012 [c.614-2211T>C], HTR2C rs3813929 [c.-759C>T] and rs1414334 [c.551-3008C>G]) | 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); Serologic Testing and Therapeutic Monitoring for Inflammatory Bowel Disease (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, | 11/01/2022 | | | Next Generation Sequencing for Cancer (Company) |

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| | | microsatellite instability and tumor mutational burden | | | | |
| Commercial/ASO, Medicare, OHP, PEBB | 0042T | Cerebral perfusion analysis using computed tomography with contrast administration, including post-processing of parametric maps with determination of cerebral blood flow, cerebral blood volume, and mean transit time | 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 |
| Medicare | 0045U | Oncology (breast ductal carcinoma in situ), 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 recurrence score | 10/01/2018 | 12/31/2019 | | Gene Expression Profile Testing for Breast Cancer (Medicare) |
| 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) |
| Medicare | 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 | 10/01/2018 | | | Protein Biomarker and Genetic Testing for the Prostate (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) |
| 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- | 01/01/2022 | | | Genetic and Molecular Testing (Medicare) |

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| | | embedded tumor tissue, report of clinically significant mutation(s) | | | | |
| 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 | 0049U | NPM1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, quantitative | 01/01/2022 | 12/31/2022 | | Genetic and Molecular Testing (Medicare) |
| Medicare | 0050U | Targeted genomic sequence analysis panel, acute myelogenous leukemia, DNA analysis, 194 genes, interrogation for sequence variants, copy number variants or rearrangements | 01/01/2022 | 12/31/2022 | | Genetic and Molecular Testing (Medicare); Genetic Testing for Myeloproliferative Diseases (Medicare) |
| Commercial/ASO, Medicare, OHP, PEBB | 0052T | Replacement/repair of thoracic unit of a total replacement heart system (artificial heart) | 07/01/2012 | 12/31/2016 | Medicare - In-plan only, no opt-out benefit | Cardiac: Ventricular Assist Devices (VAD/LVAD) and Artificial Heart (BIVAD) ARCHIVED 3/1/2022 |
| Commercial/ASO, Medicare, OHP, PEBB | 0053T | Replacement/repair of implantable component(s)of total replacement heart system (artificial heart) excl thoracic unit | 07/01/2012 | 12/31/2016 | Medicare - In-plan only, no opt-out benefit | Cardiac: Ventricular Assist Devices (VAD/LVAD) and Artificial Heart (BIVAD) ARCHIVED 3/1/2022 |
| 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 | 0056U | Hematology (acute myelogenous leukemia), DNA, whole genome next-generation | 01/01/2022 | 09/30/2022 | Code termed 9/30/2022 | Genetic and Molecular Testing (Medicare) |

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| | | sequencing to detect gene rearrangement(s), blood or bone marrow, report of specific gene rearrangement(s) | | | | |
| Medicare | 0057U | Oncology (solid organ neoplasia), mRNA, gene expression profiling by massively parallel sequencing for analysis of 51 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a normalized percentile rank | 01/01/2022 | 07/30/2019 | Code termed 7/30/2019 | Genetic and Molecular Testing (Medicare) |
| Commercial/ASO, Medicare, OHP, PEBB | 0058T | Cryopreservation; Reproductive Tissue, Ovarian | 01/01/2009 | 12/31/2019 | Commercial/ASO, Medicare, OHP, PEBB - Coverage is subject to plan benefits, prior authorization required | |
| 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) |
| 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) |

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| 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) |
| Medicare | 00731 | Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; not otherwise specified | 01/01/2018 | 05/31/2023 | Authorization is not required for location code 20 ,21, 22 or 23 | Anesthesia Care with Diagnostic Endoscopy |
| Commercial/ASO, OHP, PEBB | 00731 | Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; not otherwise specified | 01/01/2018 | 05/31/2023 | Authorization is not required for location code 20, 21, 22 or 23 | Anesthesia Care with Diagnostic Endoscopy |
| Medicare | 00732 | Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; endoscopic retrograde cholangiopancreatography (ERCP) | 01/01/2018 | 05/31/2023 | Authorization is not required for location code 20 ,21, 22 or 23 | Anesthesia Care with Diagnostic Endoscopy |
| Commercial/ASO, OHP, PEBB | 00732 | Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; endoscopic retrograde cholangiopancreatography (ERCP) | 01/01/2018 | 05/31/2023 | Authorization is not required for location code 20, 21, 22 or 23 | Anesthesia Care with Diagnostic Endoscopy |
| 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 | 00740 | Anes Upper Gastrointestinal Endoscopic P | 11/01/2012 | 12/31/2017 | | Anesthesia Care with Diagnostic Endoscopy |
| 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 | 09/01/2021 | | | Genetic and Molecular Testing (Medicare); Genetic Testing for Cytochrome P450 and VKORC1 Polymorphisms (Company) |

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| | | duplication/multiplication is trans) (List separately in addition to code for primary procedure) | | | | |
| 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) |
| 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) |
| Commercial/ASO, Medicare, OHP, PEBB | 00810 | Anes Intestinal Endoscopic Procedures | 11/01/2012 | 12/31/2017 | | Anesthesia Care with Diagnostic Endoscopy |
| Medicare | 00811 | Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; not otherwise specified | 01/01/2018 | 05/31/2023 | Authorization is not required for location code 20 ,21, 22 or 23 - termed 5/31/23 | Anesthesia Care with Diagnostic Endoscopy |
| Commercial/ASO, OHP, PEBB | 00811 | Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; not otherwise specified | 01/01/2018 | 05/31/2023 | Authorization is not required for location code 20, 21, 22 or 23 - termed 5/31/23 | Anesthesia Care with Diagnostic Endoscopy |

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| Commercial/ASO, Medicare, OHP, PEBB | 00813 | Anesthesia for combined upper and lower gastrointestinal endoscopic procedures, endoscope introduced both proximal to and distal to the duodenum | 01/01/2018 | 03/31/2020 | | Anesthesia Care with Diagnostic Endoscopy |
| Commercial/ASO, Medicare, OHP, PEBB | 0081U | Oncology (uveal melanoma), mRNA, gene-expression profiling by real-time RT-PCR of 15 genes (12 content and 3 housekeeping genes), utilizing fine needle aspirate or formalin-fixed paraffin-embedded tissue, algorithm reported as risk of metastasis | 06/01/2019 | 12/31/2019 | | Gene Expression Profile Testing for Melanoma (Company); Gene Expression Profile Testing for Melanoma (Medicare); Genetic and Molecular Testing (Company) |
| Medicare | 0087U | Cardiology (heart transplant), mRNA gene expression profiling by microarray of 1283 genes, transplant biopsy tissue, allograft rejection and injury algorithm reported as a probability score | 01/01/2022 | 12/31/2022 | | Genetic and Molecular Testing (Medicare) |
| Medicare | 0087U | Cardiology (heart transplant), mRNA gene expression profiling by microarray of 1283 genes, transplant biopsy tissue, allograft rejection and injury algorithm reported as a probability score | 01/01/2022 | 12/31/2022 | | Genetic and Molecular Testing (Medicare) |
| Medicare | 0088U | Transplantation medicine (kidney allograft rejection), microarray gene expression profiling of 1494 genes, utilizing transplant biopsy tissue, algorithm reported as a probability score for rejection | 01/01/2022 | 12/31/2022 | | 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) | 06/02/2019 | | | Gene Expression Profile Testing for Melanoma (Medicare) |

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| | | tissue, algorithm reported as a categorical result (ie, benign, intermediate, malignant) | | | | |
| 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) |
| 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 adenomatous 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 | 01/01/2022 | | | Genetic and Molecular Testing (Medicare) |

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|------------------|-------|---|------------------------------------|--------------------------------------|---------------------------|--|
| | | deletion/duplication], EPCAM and GREM1 [deletion/duplication only]) | | | | |
| 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 of unknown significance when indicated (17 genes [sequencing and deletion/duplication]) | 01/01/2022 | | | Genetic and Molecular Testing (Medicare) |
| 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 (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 | 0106T | Quantitative sensory testing (QST), testing and interpretation per extremity; using touch pressure stimuli to assess large diameter sensation | 12/01/2021 | 06/30/2022 | | Nerve Conduction Studies (Medicare) |

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|-------------------------------------|-------|--|------------------------------------|--------------------------------------|---------------------------|--|
| Medicare | 0107T | Quantitative sensory testing (QST), testing and interpretation per extremity; using vibration stimuli to assess large diameter fiber sensation | 12/01/2021 | 06/30/2022 | | Nerve Conduction Studies (Medicare) |
| Medicare | 0108T | Quantitative sensory testing (QST), testing and interpretation per extremity; using cooling stimuli to assess small nerve fiber sensation and hyperalgesia | 12/01/2021 | 06/30/2022 | | Nerve Conduction Studies (Medicare) |
| Medicare | 0108U | Gastroenterology (Barrett's esophagus), whole slide 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 | 0109T | Quantitative sensory testing (QST), testing and interpretation per extremity; using heat-pain stimuli to assess small nerve fiber sensation and hyperalgesia | 12/01/2021 | 06/30/2022 | | Nerve Conduction Studies (Medicare) |
| Medicare | 0110T | Quantitative sensory testing (QST), testing and interpretation per extremity; using other stimuli to assess sensation | 12/01/2021 | 06/30/2022 | | Nerve Conduction Studies (Medicare) |
| Commercial/ASO, Medicare, OHP, PEBB | 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) |
| 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) |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|---|--|
| 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 | 0124U | Fetal congenital abnormalities, biochemical assays of 3 analytes (free beta-hCG, PAPP-A, AFP), time-resolved fluorescence immunoassay, maternal dried-blood spot, algorithm reported as risk scores for fetal trisomies 13/18 and 21 | 10/01/2019 | 06/30/2020 | Commercial/ASO, Medicare, OHP, PEBB - Code no longer valid effective 7/1/2020 | Genetic and Molecular Testing (Medicare); Non-Covered Genetic Panel Tests (Company) |
| 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 deletion/duplication analysis panel (ATM, BRCA1, BRCA2, CDH1, CHEK2, PALB2, PTEN, and TP53) | 10/01/2019 | | | Genetic and Molecular Testing (Medicare); Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company) |
| Medicare | 0136U | ATM (ataxia telangiectasia mutated) (eg, ataxia telangiectasia) mRNA sequence analysis (List separately in addition to code for primary procedure) | 06/01/2021 | 12/31/2022 | | New and Emerging Technologies and Other Non-Covered Services (Medicare) |
| 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) |
| Medicare | 0137U | PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) mRNA sequence | 10/01/2019 | 12/31/2021 | | Genetic and Molecular Testing (Medicare) |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|---------------------------|--|
| | | analysis (List separately in addition to code for primary procedure) | | | | |
| 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 | 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 | 12/31/2021 | | Genetic and Molecular Testing (Medicare) |
| Medicare | 0153U | Oncology (breast), mRNA, gene expression profiling by next-generation sequencing of 101 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a triple negative breast cancer clinical subtype(s) with information on immune cell involvement | 01/01/2022 | 03/31/2023 | | Gene Expression Profile Testing for Breast Cancer (Medicare); Genetic and Molecular Testing (Medicare) |
| 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 [c.1118A>G], FGFR3-TACC3v1, and FGFR3-TACC3v3) | 01/01/2020 | | | Genetic and Molecular Testing (Medicare) |
| Commercial/ASO, OHP, PEBB | 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 [c.1118A>G], FGFR3-TACC3v1, and FGFR3-TACC3v3) | 01/01/2020 | 08/31/2021 | | |
| 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) |

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|---------------------------|-------|---|------------------------------------|--------------------------------------|---------------------------|--|
| 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: Inherited Susceptibility to Colorectal Cancer (Company) |
| Medicare | 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 | 12/31/2021 | | Genetic and Molecular Testing (Medicare) |
| 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: Inherited Susceptibility to Colorectal 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: Inherited Susceptibility to Colorectal Cancer (Company) |
| Medicare | 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 | 12/31/2021 | | Genetic and Molecular Testing (Medicare) |
| 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: Inherited Susceptibility to Colorectal Cancer (Company) |
| Medicare | 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 | 12/31/2021 | | Genetic and Molecular Testing (Medicare) |
| Commercial/ASO, OHP, PEBB | 0161U | PMS2 (PMS1 homolog 2, mismatch repair system component) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) | 01/01/2020 | | | Genetic Testing: Inherited Susceptibility to Colorectal Cancer (Company) |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|--|---|
| | | mRNA sequence analysis (List separately in addition to code for primary procedure) | | | | |
| Medicare | 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 | 12/31/2021 | | Genetic and Molecular Testing (Medicare) |
| 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: Inherited Susceptibility to Colorectal Cancer (Company) |
| Medicare | 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 | 12/31/2021 | | Genetic and Molecular Testing (Medicare) |
| 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) |
| Commercial/ASO, Medicare, OHP, PEBB | 0168U | Fetal aneuploidy (trisomy 21, 18, and 13) DNA sequence analysis of selected regions using maternal plasma without fetal fraction cutoff, algorithm reported as a risk score for each trisomy | 04/01/2020 | 09/30/2021 | This code is no longer valid effective 10/1/2021 | Genetic Testing for Reproductive Planning and Prenatal Testing (Company) |
| Commercial/ASO, Medicare, OHP, PEBB | 0169T | Stereotactic placement of infusion catheter(s) in the brain for delivery of therapeutic agent(s), including computerized stereotactic planning and burr hole(s). | 02/01/2016 | 12/31/2016 | | |

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|---------------------------|-------|---|------------------------------------|--------------------------------------|---------------------------|---|
| 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); Serologic Testing and Therapeutic Monitoring for Inflammatory Bowel Disease (Company); Serologic Testing and Therapeutic Monitoring for Inflammatory Bowel Disease (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 | 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 | 05/31/2022 | | Genetic and Molecular Testing (Medicare); Genetic Testing for Myeloproliferative Diseases (Medicare) |
| 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) |
| Commercial/ASO, OHP, PEBB | 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- | 07/01/2020 | 08/31/2021 | | Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company) |

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|-------------------------------------|-------|--|------------------------------------|--------------------------------------|---------------------------|---|
| | | embedded tissue, algorithm quantifying tumor genomic instability score | | | | |
| 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) |
| Medicare | 0175U | Psychiatry (eg, depression, anxiety), genomic analysis panel, variant analysis of 15 genes | 01/01/2022 | 12/31/2022 | | Genetic and Molecular Testing (Medicare) |
| 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) |
| Medicare | 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) | 07/01/2020 | 12/31/2022 | | Genetic and Molecular Testing (Medicare) |
| 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) |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|---|--|
| Commercial/ASO, Medicare, OHP, PEBB | 0182T | HDR Electronic Brachytherapy Per Fraction | 01/01/2007 | | | |
| Commercial/ASO, OHP, PEBB | 0195U | KLF1 (Kruppel-like factor 1), targeted sequencing (ie, exon 13) | 07/01/2020 | | | Genetic and Molecular Testing (Company) |
| Medicare | 0195U | KLF1 (Kruppel-like factor 1), targeted sequencing (ie, exon 13) | 07/01/2020 | 12/31/2022 | | Genetic and Molecular Testing (Medicare) |
| Medicare | 0203U | Autoimmune (inflammatory bowel disease), mRNA, gene expression profiling by quantitative RT-PCR, 17 genes (15 target and 2 reference genes), whole blood, reported as a continuous risk score and classification of inflammatory bowel disease aggressiveness | 01/01/2022 | 02/28/2023 | | Serologic Testing and Therapeutic Monitoring for Inflammatory Bowel Disease (Medicare) |
| Medicare | 0204U | Oncology (thyroid), mRNA, gene expression analysis of 593 genes (including BRAF, RAS, RET, PAX8, and NTRK) for sequence variants and rearrangements, utilizing fine needle aspirate, reported as detected or not detected | 10/01/2020 | 11/30/2022 | | Genetic Testing for Thyroid Nodules (Medicare) |
| Medicare | 0205U | Ophthalmology (age-related macular degeneration), analysis of 3 gene variants (2 CFH gene, 1 ARMS2 gene), using PCR and MALDI-TOF, buccal swab, reported as positive or negative for neovascular age-related macular-degeneration risk associated with zinc supplements | 01/01/2022 | 12/31/2022 | | Genetic and Molecular Testing (Medicare) |
| Commercial/ASO, Medicare, OHP, PEBB | 0208T | Pure tone audiometry (threshold), automated (includes use of computer-assisted device); air only | 01/01/2010 | 12/31/2015 | | Hearing Aids (Company) |
| Medicare | 0208U | Oncology (medullary thyroid carcinoma), mRNA, gene expression analysis of 108 genes, utilizing fine needle aspirate, algorithm reported as positive or negative for medullary thyroid carcinoma | 10/01/2020 | 12/31/2021 | Code no longer valid effective 1/1/2022 | Genetic Testing for Thyroid Nodules (Medicare) |

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| Commercial/ASO, Medicare, OHP, PEBB | 0209T | Pure tone audiometry (threshold), automated (includes use of computer-assisted device); air and bone | 01/01/2010 | 12/31/2015 | | Hearing Aids (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, Medicare, OHP, PEBB | 0210T | Speech audiometry threshold, automated (includes use of computer-assisted device); | 01/01/2010 | 12/31/2015 | | Hearing Aids (Company) |
| Commercial/ASO, Medicare, OHP, PEBB | 0211T | Speech audiometry threshold, automated (includes use of computer-assisted device); with speech recognition | 01/01/2010 | 12/31/2015 | | Hearing Aids (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 number alterations, tumor mutational burden, and microsatellite instability, with therapy association | 01/01/2022 | 12/31/2022 | | Genetic and Molecular Testing (Medicare) |
| 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) |

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| Commercial/ASO, Medicare, OHP, PEBB | 0212T | Comprehensive audiometry threshold evaluation and speech recognition (0209T, 0211T combined), automated (includes use of | 01/01/2010 | 12/31/2015 | | Hearing Aids (Company) |
| Medicare | 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 | 01/01/2022 | 12/31/2022 | | Genetic and Molecular Testing (Medicare) |
| Medicare | 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) | 01/01/2022 | 12/31/2022 | | Genetic and Molecular Testing (Medicare) |
| Medicare | 0214U | Rare diseases (constitutional/heritable disorders), whole exome 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 | 01/01/2022 | 12/31/2022 | | Genetic and Molecular Testing (Medicare) |
| Medicare | 0215U | Rare diseases (constitutional/heritable disorders), whole exome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, | 01/01/2022 | 12/31/2022 | | Genetic and Molecular Testing (Medicare) |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|---------------------------|--|
| | | blood or saliva, identification and categorization of genetic variants, each comparator exome (eg, parent, sibling) | | | | |
| Medicare | 0216U | Neurology (inherited ataxias), genomic DNA sequence analysis of 12 common genes 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 | 01/01/2022 | 12/31/2022 | | Genetic and Molecular Testing (Medicare) |
| Medicare | 0217U | Neurology (inherited ataxias), genomic DNA sequence analysis of 51 genes 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 | 01/01/2022 | 12/31/2022 | | Genetic and Molecular Testing (Medicare) |
| Medicare | 0218U | Neurology (muscular dystrophy), DMD gene sequence analysis, including small sequence changes, deletions, duplications, and variants in non-uniquely mappable regions, blood or saliva, identification and characterization of genetic variants | 01/01/2022 | 12/31/2022 | | Genetic and Molecular Testing (Medicare) |
| Commercial/ASO, Medicare, OHP, PEBB | 0223T | Acoustic cardiography, including automated analysis of combined acoustic and electrical intervals; single, with interp | 07/01/2010 | 06/30/2015 | | |
| Commercial/ASO, Medicare, OHP, PEBB | 0224T | Acoustic cardiography, including automated analysis of combined acoustic and electrical intervals; multiple, AV or W del | 07/01/2010 | 06/30/2015 | | |
| Commercial/ASO, OHP, PEBB | 0228T | Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, cervical or thoracic; | 06/01/2015 | 09/30/2015 | | Spinal Epidural Steroid Injections (Company) |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|---------------------------|---|
| Medicare | 0228T | Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, cervical or thoracic; | 06/01/2015 | 09/30/2015 | | Spinal Epidural Steroid Injections (Company) |
| Medicare | 0228U | Oncology (prostate), multianalyte molecular profile by photometric detection of macromolecules adsorbed on nanosponge array slides with machine learning, utilizing first morning voided urine, algorithm reported as likelihood of prostate cancer | 01/01/2022 | 12/31/2022 | | Genetic and Molecular Testing (Medicare) |
| 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, OHP, PEBB | 0230T | Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, lumbar or sacral; sing | 06/01/2015 | 09/30/2015 | | Spinal Epidural Steroid Injections (Company) |
| Medicare | 0230T | Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, lumbar or sacral; sing | 06/01/2015 | 09/30/2015 | | Spinal Epidural Steroid Injections (Company) |
| Medicare | 0230U | AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation), full sequence 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 | 01/01/2022 | 12/31/2022 | | 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 | 01/01/2021 | | | Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company) |

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| | | insertions, and variants in non-uniquely mappable regions | | | | |
| 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) |
| Medicare | 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 | 12/31/2022 | | Genetic and Molecular Testing (Medicare) |
| 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) |
| Medicare | 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 | 01/01/2021 | 12/31/2022 | | Genetic and Molecular Testing (Medicare) |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|---------------------------|---|
| | | element insertions, and variants in non-uniquely mappable regions | | | | |
| 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 (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) |
| Medicare | 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 | 12/31/2022 | | Genetic and Molecular Testing (Medicare) |
| 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 (Medicare) |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|---------------------------|---|
| Medicare | 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 | 12/31/2022 | | Genetic and Molecular Testing (Medicare) |
| 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: Inherited Susceptibility to Colorectal Cancer (Company) |
| Medicare | 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 | 12/31/2022 | | Genetic and Molecular Testing (Medicare); Genetic Testing: Hereditary Breast and Ovarian Cancer (Medicare) |
| Commercial/ASO, Medicare, OHP, PEBB | 0239T | Bioimpedance spectroscopy (BIS), measuring 100 frequencies or greater, direct measurement of extracellular fluid differe | 01/01/2011 | | | |
| 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) |

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| 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) |
| Commercial/ASO, Medicare, OHP, PEBB | 0240T | Esophageal motility study with interpretation and report; with 3-dimensional high resolution esophageal pressure topogr | 01/01/2011 | | | |
| Commercial/ASO, Medicare, OHP, PEBB | 0241T | Esophageal motility study with interpretation and report; with stimulation or perfusion during 3-dimensional high resolu | 01/01/2011 | | | |
| 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) |
| 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 | | | |
| Medicare | 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 | 04/01/2021 | 12/31/2022 | | Genetic and Molecular Testing (Medicare) |
| Commercial/ASO, OHP, PEBB | 0244U | Oncology (solid organ), DNA, comprehensive genomic profiling, 257 genes, interrogation for single-nucleotide variants, | 11/01/2022 | | | Next Generation Sequencing for Cancer (Company) |

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| | | insertions/deletions, copy number alterations, gene rearrangements, tumor-mutational burden and microsatellite instability, utilizing formalin-fixed paraffin-embedded tumor tissue | | | | |
| 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, Medicare, OHP, PEBB | 0249T | Ligation, hemorrhoidal vascular bundle(s), including ultrasound guidance | 01/01/2011 | | | |
| Medicare | 0249U | Oncology (breast), semiquantitative analysis of 32 phosphoproteins and protein analytes, includes laser capture microdissection, with algorithmic analysis and interpretative report | 12/01/2021 | 03/31/2022 | | Gene Expression Profile Testing for Breast Cancer (Medicare) |
| Commercial/ASO, Medicare, OHP, PEBB | 0250T | Airway sizing and insertion of bronchial valve(s), each lobe (List separately in addition to code for primary procedure) | 01/01/2011 | | | |
| 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) |
| Commercial/ASO, Medicare, OHP, PEBB | 0251T | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), in | 01/01/2011 | | | |

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| Commercial/ASO, Medicare, OHP, PEBB | 0252T | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), ea | 01/01/2011 | | | |
| Medicare | 0254U | Reproductive medicine (preimplantation genetic assessment), analysis of 24 chromosomes using embryonic DNA genomic sequence analysis for aneuploidy, and a mitochondrial DNA score in euploid embryos, results reported as normal (euploidy), monosomy, trisomy, or partial deletion/duplications, mosaicism, and segmental aneuploidy, per embryo tested | 01/01/2022 | 06/30/2022 | | Genetic and Molecular Testing (Medicare) |
| Medicare | 0258U | Autoimmune (psoriasis), mRNA, next-generation sequencing, gene expression profiling of 50-100 genes, skin-surface collection using adhesive patch, algorithm reported as likelihood of response to psoriasis biologics | 10/01/2021 | 12/31/2022 | | Genetic and Molecular Testing (Medicare) |
| Medicare | 0260U | Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping | 10/01/2021 | 12/31/2022 | | Genetic and Molecular Testing (Medicare) |
| Medicare | 0264U | Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping | 10/01/2021 | 12/31/2022 | | Genetic and Molecular Testing (Medicare) |
| Medicare | 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, | 10/01/2021 | 12/31/2022 | | Genetic and Molecular Testing (Medicare); Whole Exome, Whole Genome, and Proteogenomic Sequencing and Genetic Testing for Mitochondrial Disorders (Company) |

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| | | identification of single nucleotide and copy number variants | | | | |
| Medicare | 0266U | Unexplained constitutional or other heritable disorders or syndromes, tissue-specific gene expression by whole-transcriptome and next-generation sequencing, blood, formalin-fixed paraffin-embedded (FFPE) tissue or fresh frozen tissue, reported as presence or absence of splicing or expression changes | 10/01/2021 | 12/31/2022 | | Genetic and Molecular Testing (Medicare) |
| Medicare | 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 | 10/01/2021 | 12/31/2022 | | Genetic and Molecular Testing (Medicare) |
| Medicare | 0268U | Hematology (atypical hemolytic uremic syndrome [aHUS]), genomic sequence analysis of 15 genes, blood, buccal swab, or amniotic fluid | 10/01/2021 | 12/31/2022 | | Genetic and Molecular Testing (Medicare) |
| 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) |
| 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) |
| Medicare | 0270U | Hematology (congenital coagulation disorders), genomic sequence analysis of 20 genes, blood, buccal swab, or amniotic fluid | 10/01/2021 | 12/31/2022 | | Genetic and Molecular Testing (Medicare) |

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|---------------------------|-------|---|------------------------------------|--------------------------------------|---------------------------|---|
| 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) |
| Medicare | 0271U | Hematology (congenital neutropenia), genomic sequence analysis of 23 genes, blood, buccal swab, or amniotic fluid | 10/01/2021 | 12/31/2022 | | Genetic and Molecular Testing (Medicare) |
| Medicare | 0272U | Hematology (genetic bleeding disorders), genomic sequence analysis of 51 genes, blood, buccal swab, or amniotic fluid, comprehensive | 10/01/2021 | 12/31/2022 | | Genetic and Molecular Testing (Medicare) |
| 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) |
| Medicare | 0273U | Hematology (genetic hyperfibrinolysis, delayed bleeding), genomic sequence analysis of 8 genes (F13A1, F13B, FGA, FGB, FGG, SERPINA1, SERPINE1, SERPINF2, PLAU), blood, buccal swab, or amniotic fluid | 10/01/2021 | 12/31/2022 | | Genetic and Molecular Testing (Medicare) |
| 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) |
| Medicare | 0274U | Hematology (genetic platelet disorders), genomic sequence analysis of 43 genes, blood, buccal swab, or amniotic fluid | 10/01/2021 | 12/31/2022 | | Genetic and Molecular Testing (Medicare) |
| 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) |

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| Medicare | 0276U | Hematology (inherited thrombocytopenia), genomic sequence analysis of 23 genes, blood, buccal swab, or amniotic fluid | 10/01/2021 | 12/31/2022 | | Genetic and Molecular Testing (Medicare) |
| 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) |
| Medicare | 0277U | Hematology (genetic platelet function disorder), genomic sequence analysis of 31 genes, blood, buccal swab, or amniotic fluid | 10/01/2021 | 12/31/2022 | | Genetic and Molecular Testing (Medicare) |
| 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) |
| Medicare | 0278U | Hematology (genetic thrombosis), genomic sequence analysis of 12 genes, blood, buccal swab, or amniotic fluid | 10/01/2021 | 04/30/2022 | | Genetic and Molecular Testing (Medicare) |
| 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 | 0281T | Percutaneous transcatheter closure of the left atrial appendage with implant, including fluoroscopy, transseptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, radiological supervision and interpretation | 02/08/2016 | | | Left Atrial Appendage Devices (Medicare) |
| Commercial/ASO, Medicare, OHP, PEBB | 0282T | Percutaneous Or Open Implantation Of Neurostimulator Electrode Array(s), Subcutaneous; For Trial | 01/01/2012 | 12/31/2016 | | |

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| Commercial/ASO, Medicare, OHP, PEBB | 0284T | Revision Or Removal Of Pulse Generator Or Electrodes Including Addition Of New Electrodes, When Performed | 01/01/2012 | 12/31/2016 | | Implantable Spinal Cord and Dorsal Root Ganglion Stimulation (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) | 01/01/2022 | 07/31/2023 | | 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, Medicare, OHP, PEBB | 0291T | Intravascular optical coherence tomography (coronary native vessel or graft) during diagnostic evaluation and/or therapeutic intervention, including imaging supervision, inter | 01/01/2012 | | | |
| PEBB | 0292T | Intravascular optical coherence tomography (coronary native vessel or graft) during diagnostic evaluation and/or therapeutic intervention, including imaging supervision, inter | 01/01/2010 | | | |
| Commercial/ASO, Medicare, OHP | 0292T | Intravascular optical coherence tomography (coronary native vessel or graft) during diagnostic evaluation and/or therapeutic intervention, including imaging supervision, inter | 01/01/2012 | | | |

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| Commercial/ASO, Medicare, OHP, PEBB | 0309T | Arthrodesis, Pre-Sacral Interbody Technique, W Posterior Instrumentation, Lumbar, L4-L5 Interspace | 01/01/2013 | 12/31/2017 | | |
| Commercial/ASO, Medicare, OHP, PEBB | 0310T | Motor Function Mapping Using Non-Invasive Navigated Transcranial Magnetic Stimulation (Ntms), Upper And Lower Extremity | 01/01/2013 | 02/28/2017 | | |
| Commercial/ASO, Medicare, OHP, PEBB | 0311T | Non-Invasive Calculation And Analysis Of Central Arterial Pressure Waveforms With Interpretation And Report | 01/01/2013 | 12/31/2015 | | |
| 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, Medicare, OHP, PEBB | 0318T | Implantation Of Catheter-Delivered Prosthetic Aortic Heart Valve, Open Thoracic Approach | 01/01/2013 | 12/31/2013 | | |

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| Commercial/ASO, Medicare, OHP, PEBB | 0319T | Insertion Or Replacement Of Subcutaneous Implantable Defibrillator System With Subcutaneous Electrode | 01/01/2013 | 12/31/2014 | | |
| Commercial/ASO, Medicare, OHP, PEBB | 0320T | Insertion Of Subcutaneous Defibrillator Electrode | 01/01/2013 | 12/31/2014 | | |
| Commercial/ASO, Medicare, OHP, PEBB | 0321T | Insertion Of Subcutaneous Implantable Defibrillator Pulse Generator Only With Existing Subcutaneous Electrode | 01/01/2013 | 12/31/2014 | | |
| Commercial/ASO, Medicare, OHP, PEBB | 0322T | Removal Of Subcutaneous Implantable Defibrillator Pulse Generator Only | 01/01/2013 | 12/31/2014 | | |
| Commercial/ASO, Medicare, OHP, PEBB | 0323T | Removal Of Subcutaneous Implantable Defibrillator Pulse Generator With Replacement Of Generator Only | 01/01/2013 | 12/31/2014 | | |
| Commercial/ASO, Medicare, OHP, PEBB | 0324T | Removal Of Subcutaneous Defibrillator Electrode | 01/01/2013 | 12/31/2014 | | |
| Commercial/ASO, Medicare, OHP, PEBB | 0325T | Repositioning Of Subcutaneous Implantable Defibrillator Electrode And/Or Pulse Generator | 01/01/2013 | 12/31/2014 | In-plan only, no opt-out benefit | |
| Commercial/ASO, Medicare, OHP, PEBB | 0326T | Electrophysiologic Evaluation Of Subcutaneous Implantable Defibrillator | 01/01/2013 | 12/31/2014 | | |
| Commercial/ASO, Medicare, OHP, PEBB | 0327T | Interrogation Device Eval (In Person) W Analysis, Review And Report; Implantable Subcutaneous Lead Defibrillator System | 01/01/2013 | 12/31/2014 | | |
| 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 | 07/01/2022 | | | Genetic Testing for Reproductive Planning and Prenatal Testing (Company) |

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| | | score for each trisomy, includes sex reporting, if performed | | | | |
| Commercial/ASO, Medicare, OHP, PEBB | 0328T | Programming Device Evaluation (In Person) With Iterative Adjustment; Implantable Subcutaneous Lead Defibrillator System | 01/01/2013 | 12/31/2014 | | |
| 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 | 0330T | Tear film imaging, unilateral or bilateral, with interpretation and report | 10/01/2017 | 12/31/2023 | | Eye: Automated Evacuation of Meibomian Glands (Company) |
| Commercial/ASO, OHP, PEBB | 0332T | Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment; with tomographic SPECT | 10/01/2017 | 01/01/2023 | | |
| Commercial/ASO, OHP, PEBB | 0333T | Visual evoked potential, screening of visual acuity, automated, with report | 10/01/2017 | | | |

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|---------------------------|-------|---|------------------------------------|--------------------------------------|---|--|
| Commercial/ASO, OHP, PEBB | 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 | 10/01/2022 | | | Genetic and Molecular Testing (Company); Next Generation Sequencing for Cancer (Company) |
| Medicare | 0339U | Oncology (prostate), mRNA expression profiling of HOXC6 and DLX1, reverse transcription polymerase chain reaction (RT-PCR), first-void urine following digital rectal examination, algorithm reported as probability of high-grade cancer | 01/01/2024 | | | Protein Biomarker and Genetic Testing for the Prostate (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 | | | Next Generation Sequencing for Minimal Residual Disease Detection (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 | 0355T | Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report | 04/01/2021 | 12/31/2021 | This code is no longer valid effective 1/1/2022 | Wireless Capsule Endoscopy (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 | | | Circulating Tumor Cell and DNA Assays for Cancer Management (Medicare) |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|---|--|
| Commercial/ASO, Medicare, OHP, PEBB | 0357T | Cryopreservation; immature oocyte(s) | 01/01/2015 | 12/31/2016 | Commercial/ASO - Coverage is subject to plan benefits, prior authorization required | |
| Commercial/ASO, OHP, PEBB | 0358T | Bioelectrical impedance analysis whole body composition assessment, with interpretation and report | 10/01/2017 | | | |
| Commercial/ASO, Medicare, OHP, PEBB | 0359T | Behavior identification assessment, by the physician or other qualified health care professional, face-to-face with patient and caregiver(s), includes administration of standardized and non-standardized tests, detailed behavioral history, patient observation and caregiver interview, interpretation of test results, discussion of findings and recommendations with the primary guardian(s)/caregiver(s), and preparation of report | 06/01/2016 | 03/31/2017 | | Autism Spectrum Disorders Assessment and Treatment ARCHIVED 4/1/17 |
| 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 | 0359U | Oncology (prostate cancer), analysis of all prostate-specific antigen (PSA) structural isoforms by phase separation and immunoassay, plasma, algorithm reports risk of cancer | 05/01/2024 | | | Protein Biomarker and Genetic Testing for the Prostate (Medicare) |
| Commercial/ASO, Medicare, OHP, PEBB | 0360T | Observational behavioral follow-up assessment, includes physician or other qualified health care professional direction with interpretation and report, administered by one technician; first 30 minutes of technician time, face-to-face with the patient | 06/01/2016 | 03/31/2017 | | Autism Spectrum Disorders Assessment and Treatment ARCHIVED 4/1/17 |

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|-------------------------------------|-------|--|------------------------------------|--------------------------------------|--|--|
| 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, Medicare, OHP, PEBB | 0361T | Observational behavioral follow-up assessment, includes physician or other qualified health care professional direction with interpretation and report, administered by one technician; each additional 30 minutes of technician time, face-to-face with the patient | 06/01/2016 | 03/31/2017 | | Autism Spectrum Disorders Assessment and Treatment ARCHIVED 4/1/17 |
| 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 | 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 | 02/28/2023 | Medicare was removed from this policy 3/1/2023 | Applied Behavior Analysis (Company) |
| PEBB | 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 | 04/01/2021 | 06/30/2023 | PEBB was removed from this policy 7/1/2023 | Applied Behavior Analysis (Company) |

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| | | assistance of one or more technicians; first 30 minutes of technician(s) time, face-to-face with the patient | | | | |
| Commercial/ASO, Medicare, OHP, PEBB | 0363T | 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; each additional 30 minutes of technician(s) time, face-to-face with the patient | 06/01/2016 | 03/31/2017 | | Autism Spectrum Disorders Assessment and Treatment ARCHIVED 4/1/17 |
| 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 | 04/01/2023 | 11/30/2023 | | Next Generation Sequencing for Minimal Residual Disease Detection (Medicare) |
| Commercial/ASO, Medicare, OHP, PEBB | 0365T | Adaptive behavior treatment by protocol, administered by technician, face-to-face with one patient; each additional 30 minutes of technician time | 06/01/2016 | 03/31/2017 | | Autism Spectrum Disorders Assessment and Treatment ARCHIVED 4/1/17 |
| Commercial/ASO, Medicare, OHP, PEBB | 0367T | Group adaptive behavior treatment by protocol, administered by technician, face-to-face with two or more patients; each additional 30 minutes of technician time | 06/01/2016 | 03/31/2017 | | Autism Spectrum Disorders Assessment and Treatment ARCHIVED 4/1/17 |
| Commercial/ASO, Medicare, OHP, PEBB | 0368T | Adaptive behavior treatment with protocol modification administered by physician or other qualified health care professional with one patient; first 30 minutes of patient face-to-face time | 06/01/2016 | 03/31/2017 | | Autism Spectrum Disorders Assessment and Treatment ARCHIVED 4/1/17 |

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| Commercial/ASO, Medicare, OHP, PEBB | 0369T | Adaptive behavior treatment with protocol modification administered by physician or other qualified health care professional with one patient; each additional 30 minutes of patient face-to-face time | 06/01/2016 | 03/31/2017 | | Autism Spectrum Disorders Assessment and Treatment ARCHIVED 4/1/17 |
| Commercial/ASO, Medicare, OHP, PEBB | 0371T | Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present) | 06/01/2016 | 03/31/2017 | | Autism Spectrum Disorders Assessment and Treatment ARCHIVED 4/1/17 |
| Commercial/ASO, Medicare, OHP, PEBB | 0372T | Adaptive behavior treatment social skills group, administered by physician or other qualified health care professional face-to-face with multiple patients | 06/01/2016 | 03/31/2017 | | Autism Spectrum Disorders Assessment and Treatment ARCHIVED 4/1/17 |
| 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 exhibits destructive behavior; completion in an environment that is customized to the patient's behavior. | 01/01/2021 | | PA required by PHP and PPP for commercial/ASO Prior authorization excludes Intel | Applied Behavior Analysis (Company) |
| Medicare | 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 exhibits destructive behavior; completion in an environment that is customized to the patient's behavior. | 01/01/2021 | 02/28/2023 | Medicare was removed from this policy 3/1/2023 | Applied Behavior Analysis (Company) |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|--|---|
| PEBB | 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 exhibits destructive behavior; completion in an environment that is customized to the patient's behavior. | 01/01/2021 | 06/30/2023 | PEBB was removed from this policy 7/1/2023 | Applied Behavior Analysis (Company) |
| Commercial/ASO, Medicare, OHP, PEBB | 0374T | Exposure adaptive behavior treatment with protocol modification requiring two or more technicians for severe maladaptive behavior(s); each additional 30 minutes of technicians' time face-to-face with patient (List separately in addition to code for primary procedure) | 06/01/2016 | 03/31/2017 | | Autism Spectrum Disorders Assessment and Treatment ARCHIVED 4/1/17 |
| Commercial/ASO, Medicare, OHP, PEBB | 0377T | Anoscopy with directed submucosal injection of bulking agent for fecal incontinence | 01/01/2015 | 02/28/2017 | | Drug: Solesta (Dextranomer in Stabilized Sodium Hyaluronate) for Fecal Incontinence |
| 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) |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|---------------------------|---|
| Medicare | 0380U | Drug metabolism (adverse drug reactions and drug response), targeted sequence analysis, 20 gene variants and CYP2D6 deletion or duplication analysis with reported genotype and phenotype | 01/01/2024 | 12/31/2024 | | Genetic and Molecular Testing (Medicare) |
| 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) |
| 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, Medicare, OHP, PEBB | 0395T | High dose rate electronic brachytherapy, interstitial or intracavitary treatment, per fraction, includes basic dosimetry, when performed | 01/01/2016 | 12/31/2017 | | Ablation for Liver Tumors (Company); New and Emerging Technologies and Other Non-Covered Services (Company) |

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|-------------------------------------|-------|--|------------------------------------|--------------------------------------|---------------------------|---|
| Commercial/ASO, Medicare, OHP, PEBB | 0397U | Oncology (non-small cell lung cancer), cell-free DNA from plasma, targeted sequence analysis of at least 109 genes, including sequence variants, substitutions, insertions, deletions, select rearrangements, and copy number variations | 07/01/2023 | 10/01/2023 | | Circulating Tumor Cell and DNA Assays for Cancer Management (Company); Circulating Tumor Cell and DNA Assays for Cancer Management (Medicare) |
| Medicare | 0398T | Magnetic resonance image guided high intensity focused ultrasound (MRgFUS), stereotactic ablation lesion, intracranial for movement disorder including stereotactic navigation and frame placement when performed | 11/01/2022 | 12/31/2024 | | Magnetic Resonance-Guided Focused Ultrasound Surgery (MRgFUS) (Medicare) |
| Commercial/ASO, OHP, PEBB | 0398T | Magnetic resonance image guided high intensity focused ultrasound (MRgFUS), stereotactic ablation lesion, intracranial for movement disorder including stereotactic navigation and frame placement when performed | 11/01/2022 | 12/31/2024 | | Magnetic Resonance-guided Focused Ultrasound Surgery (MRgFUS) (Company) |
| 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); New and Emerging Technologies and Other Non-Covered Services (Company) |
| Medicare | 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 | 03/01/2025 | | | Protein Biomarker and Genetic Testing for the Prostate (Medicare) |
| Commercial/ASO, OHP, PEBB | 0403U | Oncology (prostate), mRNA, gene expression profiling of 18 genes, first-catch urine, | 08/01/2024 | | | Protein Biomarker and Genetic Testing for the Prostate (Company) |

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| | | algorithm reported as percentage of likelihood of detecting clinically significant prostate cancer | | | | |
| 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) |
| 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 | 0411U | Psychiatry (eg, depression, anxiety, attention deficit hyperactivity disorder [ADHD]), genomic analysis panel, variant analysis of 15 genes, including deletion/duplication analysis of CYP2D6 | 10/01/2023 | | | Genetic and Molecular Testing (Company) |
| 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 categorization of mitochondrial disorder-associated genetic variants | 10/01/2023 | | | Whole Exome, Whole Genome, and Proteogenomic Sequencing and Genetic Testing for Mitochondrial Disorders (Company) |

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| Commercial/ASO, OHP, PEBB | 0421T | Transurethral waterjet ablation of prostate, including control of post-operative bleeding, including ultrasound guidance, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included when performed) | 11/01/2022 | | | Benign Prostatic Hyperplasia Treatments (Company) |
| Medicare | 0421T | Transurethral waterjet ablation of prostate, including control of post-operative bleeding, including ultrasound guidance, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included when performed) | 03/01/2025 | | | Benign Prostatic Hyperplasia Treatments (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 | | | Circulating Tumor Cell and DNA Assays for Cancer Management (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) |
| Medicare | 0428U | Oncology (breast), targeted hybrid-capture genomic sequence analysis panel, circulating | 01/01/2024 | 12/31/2024 | | Circulating Tumor Cell and DNA Assays for Cancer Management (Medicare) |

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| | | tumor DNA (ctDNA) analysis of 56 or more genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability, and tumor mutation burden | | | | |
| Commercial/ASO, OHP, PEBB | 0439T | Myocardial contrast perfusion echocardiography, at rest or with stress, for assessment of myocardial ischemia or viability (List separately in addition to code for primary procedure) | 01/01/2018 | | | |
| Commercial/ASO, OHP, PEBB | 0440T | Ablation, percutaneous, cryoablation, includes imaging guidance; upper extremity distal/peripheral nerve | 10/01/2017 | | | |
| 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 DNA from formalin-fixed paraffin-embedded (FFPE) tumor tissue, report of clinically significant variant(s) | 04/01/2024 | | | Genetic and Molecular Testing (Medicare); Next Generation Sequencing for Cancer (Company) |
| Medicare | 0446T | Creation of subcutaneous pocket with insertion of implantable interstitial glucose sensor, including system activation and patient training | 11/01/2020 | | | Advanced Diabetes Management Technology (Medicare) |
| Medicare | 0447T | Removal of implantable interstitial glucose sensor from subcutaneous pocket via incision | 11/01/2020 | | | Advanced Diabetes Management Technology (Medicare) |
| 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 | | | Advanced Diabetes Management Technology (Medicare) |

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| Commercial/ASO, Medicare, OHP, PEBB | 0448U | Oncology (lung and colon cancer), DNA, qualitative, next-generation sequencing detection of single-nucleotide variants and deletions in EGFR and KRAS genes, formalin-fixed paraffin-embedded (FFPE) solid tumor samples, reported as presence or absence of targeted mutation(s), with recommended therapeutic options | 04/01/2024 | 12/31/2024 | | Genetic and Molecular Testing (Medicare); Next Generation Sequencing for Cancer (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 include analysis of 5 genes (CFTR, SMN1, HBB, HBA1, HBA2) | 04/01/2024 | | | Genetic Testing for Reproductive Planning and Prenatal Testing (Company) |
| Commercial/ASO, Medicare, OHP, PEBB | 0451T | Insertion or replacement of a permanently implantable aortic counterpulsation ventricular assist system, endovascular approach, and programming of sensing and therapeutic parameters; complete system (counterpulsation device, vascular graft, implantable vascular hemostatic seal, mechano-electrical skin interface and subcutaneous electrodes) | 01/01/2017 | 04/30/2020 | | Cardiac: Ventricular Assist Devices (VAD/LVAD) and Artificial Heart (BIVAD) ARCHIVED 3/1/2022 |
| Commercial/ASO, Medicare, OHP, PEBB | 0452T | Insertion or replacement of a permanently implantable aortic counterpulsation ventricular assist system, endovascular approach, and programming of sensing and therapeutic parameters; aortic counterpulsation device and vascular hemostatic seal | 01/01/2017 | 04/30/2020 | | Cardiac: Ventricular Assist Devices (VAD/LVAD) and Artificial Heart (BIVAD) ARCHIVED 3/1/2022 |

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| Commercial/ASO, Medicare, OHP, PEBB | 0453T | Insertion or replacement of a permanently implantable aortic counterpulsation ventricular assist system, endovascular approach, and programming of sensing and therapeutic parameters; mechano-electrical skin interface | 01/01/2017 | 04/30/2020 | | Cardiac: Ventricular Assist Devices (VAD/LVAD) and Artificial Heart (BIVAD) ARCHIVED 3/1/2022 |
| Commercial/ASO, Medicare, OHP, PEBB | 0454T | Insertion or replacement of a permanently implantable aortic counterpulsation ventricular assist system, endovascular approach, and programming of sensing and therapeutic parameters; subcutaneous electrode | 01/01/2017 | 04/30/2020 | | Cardiac: Ventricular Assist Devices (VAD/LVAD) and Artificial Heart (BIVAD) ARCHIVED 3/1/2022 |
| Medicare | 0456U | Autoimmune (rheumatoid arthritis), next-generation sequencing (NGS), gene expression testing of 19 genes, whole blood, with analysis of anticyclic citrullinated peptides (CCP) levels, combined with sex, patient global assessment, and body mass index (BMI), algorithm reported as a score that predicts nonresponse to tumor necrosis factor inhibitor (TNFi) therapy | 07/01/2024 | 12/31/2024 | | Genetic and Molecular Testing (Medicare) |
| Commercial/ASO, Medicare, OHP, PEBB | 0462T | Programming device evaluation (in person) with iterative adjustment of the implantable mechano-electrical skin interface and/or external driver to test the function of the device and select optimal permanent programmed values with analysis, including review and report, implantable aortic counterpulsation ventricular assist system, per day | 01/01/2017 | 04/30/2020 | | Cardiac: Ventricular Assist Devices (VAD/LVAD) and Artificial Heart (BIVAD) ARCHIVED 3/1/2022 |
| Commercial/ASO, Medicare, OHP, PEBB | 0463T | Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter, implantable aortic | 01/01/2017 | 04/30/2020 | | Cardiac: Ventricular Assist Devices (VAD/LVAD) and Artificial Heart (BIVAD) ARCHIVED 3/1/2022 |

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| | | counterpulsation ventricular assist system, per day | | | | |
| Commercial/ASO, OHP, PEBB | 0466T | Insertion of chest wall respiratory sensor electrode or electrode array, including connection to pulse generator (List separately in addition to code for primary procedure) | 12/01/2019 | 12/31/2021 | This code is no longer valid effective 1/1/2022 | Sleep Disorder Surgery (Company); Vagus Nerve Stimulation (Company) |
| Medicare | 0466T | Insertion of chest wall respiratory sensor electrode or electrode array, including connection to pulse generator (List separately in addition to code for primary procedure) | 03/01/2020 | 12/31/2021 | This code is no longer valid effective 1/1/2022 | Sleep Disorder Surgery (Medicare) |
| Commercial/ASO, OHP, PEBB | 0467T | Revision or replacement of chest wall respiratory sensor electrode or electrode array, including connection to existing pulse generator | 12/01/2019 | 12/31/2021 | This code is no longer valid effective 1/1/2022 | Sleep Disorder Surgery (Company); Vagus Nerve Stimulation (Company) |
| Medicare | 0467T | Revision or replacement of chest wall respiratory sensor electrode or electrode array, including connection to existing pulse generator | 03/01/2020 | 12/31/2021 | This code is no longer valid effective 1/1/2022 | Sleep Disorder Surgery (Medicare) |
| Commercial/ASO, OHP, PEBB | 0468T | Removal of chest wall respiratory sensor electrode or electrode array | 12/01/2019 | 12/31/2021 | This code is no longer valid effective 1/1/2022 | Sleep Disorder Surgery (Company); Vagus Nerve Stimulation (Company) |
| Medicare | 0468T | Removal of chest wall respiratory sensor electrode or electrode array | 03/01/2020 | 12/31/2021 | This code is no longer valid effective 1/1/2022 | Sleep Disorder Surgery (Medicare) |
| 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 | 07/01/2024 | | | Genetic Testing for Reproductive Planning and Prenatal Testing (Company) |

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|-------------------------------------|-------|--|------------------------------------|--------------------------------------|---------------------------|---|
| | | 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 | | | | |
| 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), formalin-fixed 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, copy number variants, rearrangements, microsatellite instability, and tumor-mutation burden | 07/01/2024 | | | Genetic and Molecular Testing (Medicare); Next Generation Sequencing for Cancer (Company) |
| 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- | 10/01/2024 | | | Genetic and Molecular Testing (Medicare); Next Generation Sequencing for Cancer (Company) |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|---|---|
| | | nucleotide variants [SNV], deletions, and insertions) | | | | |
| 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) |
| 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 | 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) |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|---|---|
| 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) |
| 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 (FOX1, 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) | 10/01/2024 | | | Next Generation Sequencing for Cancer (Company) |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|---------------------------|--|
| | | tissue, report of variants and methylation pattern with interpretation | | | | |
| Medicare | 0499T | Cystourethroscopy, with mechanical dilation and urethral therapeutic drug delivery for urethral stricture or stenosis, including fluoroscopy, when performed | 01/01/2018 | 12/31/2022 | | |
| 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/ASO, Medicare, OHP, PEBB | 0501T | Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; data preparation and transmission, analysis of fluid dynamics and simulated maximal coronary hyperemia, generation of estimated FFR model, with anatomical data review in comparison with estimated FFR model to reconcile discordant data, interpretation and report | 09/01/2018 | 12/31/2023 | | General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology |
| Commercial/ASO, Medicare, OHP, PEBB | 0502T | Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; data preparation and transmission | 09/01/2018 | 12/31/2023 | | General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|---|--|
| Commercial/ASO, Medicare, OHP, PEBB | 0503T | Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; analysis of fluid dynamics and simulated maximal coronary hyperemia, and generation of estimated FFR model | 09/01/2018 | 12/31/2023 | | General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology |
| Commercial/ASO, Medicare, OHP, PEBB | 0504T | Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; anatomical data review in comparison with estimated FFR model to reconcile discordant data, interpretation and report | 09/01/2018 | 12/31/2023 | | General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology |
| Commercial/ASO, Medicare | 0505T | Endovenous femoral-popliteal arterial revascularization, 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 to complete the intervention, all associated radiological supervision and interpretation, when performed, with crossing of the occlusive lesion in an extraluminal fashion | 05/06/2025 | | Carelon prior authorization required. Prior authorization excludes ASO. | General Requirements - Cardiovascular Care |
| Medicare | 0508U | Transplantation medicine, quantification of donor-derived cell-free DNA using 40 single-nucleotide polymorphisms (SNPs), plasma, and urine, initial evaluation reported as | 10/01/2024 | | | Genetic and Molecular Testing (Medicare) |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|---------------------------|---|
| | | percentage of donor-derived cell-free DNA with risk for active rejection | | | | |
| Medicare | 0509U | Transplantation medicine, quantification of donor-derived cell-free DNA using up to 12 single-nucleotide polymorphisms (SNPs) previously identified, plasma, reported as percentage of donor-derived cell-free DNA with risk for active rejection | 10/01/2024 | | | Genetic and Molecular Testing (Medicare) |
| 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) |
| Medicare | 0524T | Endovenous catheter directed chemical ablation with balloon isolation of incompetent extremity vein, open or percutaneous, including all vascular access, catheter manipulation, diagnostic imaging, imaging guidance and monitoring | 01/01/2019 | 02/29/2024 | | Varicose Veins (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) |

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|---------------------------|-------|--|------------------------------------|--------------------------------------|---------------------------|---|
| 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) |
| Medicare | 0544U | Nephrology (transplant monitoring), 48 variants by digital PCR, using cell-free DNA from plasma, donor-derived cell-free DNA, percentage reported as risk for rejection | 04/01/2025 | | | Genetic and Molecular Testing (Medicare) |

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|---------------------------|-------|---|------------------------------------|--------------------------------------|---------------------------|---|
| 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, programming, and imaging guidance when performed, posterior tibial nerve | 01/01/2020 | | | Urinary Dysfunction Treatments (Company) |
| Medicare | 0587T | Percutaneous implantation or replacement 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 | 06/30/2022 | | Urinary Dysfunction Treatments (Medicare) |
| 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) |
| Medicare | 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 | 06/30/2022 | | Urinary Dysfunction Treatments (Medicare) |
| 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 | 01/01/2020 | | | Urinary Dysfunction Treatments (Company) |

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|---------------------------|-------|---|------------------------------------|--------------------------------------|---------------------------|---|
| | | professional, posterior tibial nerve, 1-3 parameters | | | | |
| Medicare | 0589T | Electronic analysis with simple programming of implanted integrated neurostimulation system (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 | 06/30/2022 | | Urinary Dysfunction Treatments (Medicare) |
| 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) |
| Medicare | 0590T | Electronic analysis with complex programming of implanted integrated neurostimulation system (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 | 01/01/2020 | 06/30/2022 | | Urinary Dysfunction Treatments (Medicare) |

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|-------------------------------------|-------|--|------------------------------------|--------------------------------------|---|--|
| | | physician or other qualified health care professional, posterior tibial nerve, 4 or more parameters | | | | |
| Commercial/ASO, 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 to complete the intervention, all associated radiological supervision and interpretation, when performed | 05/06/2025 | | Carelon prior authorization required. Prior authorization excludes ASO. | General Requirements - Cardiovascular Care |
| 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, 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 |
| 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 |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|---|--|
| 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 |
| 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 | 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 |
| 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) |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|---|--|
| 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 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) | 01/01/2025 | 05/05/2025 | | Leadless Cardiac Pacemakers (Medicare) ARCHIVED 5/6/25 |
| Medicare | 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. | General Requirements - Cardiovascular Care |
| Commercial/ASO | 0795T | Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous | 05/06/2025 | | Carelon prior authorization required. Prior authorization excludes ASO. | General Requirements - Cardiovascular Care |

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|------------------|-------|---|------------------------------------|--------------------------------------|---|--|
| | | 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) | | | | |
| 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) | 01/01/2025 | 05/05/2025 | | Leadless Cardiac Pacemakers (Medicare) ARCHIVED 5/6/25 |
| 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/ASO | 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 | 05/06/2025 | | Carelon prior authorization required. Prior authorization excludes ASO. | General Requirements - Cardiovascular Care |

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|------------------|-------|---|------------------------------------|--------------------------------------|---|--|
| | | pacemaker component (when an existing right ventricular single leadless pacemaker exists to 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) | 01/01/2025 | 05/05/2025 | | Leadless Cardiac Pacemakers (Medicare) ARCHIVED 5/6/25 |
| 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/ASO | 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/ASO | 0798T | Transcatheter removal of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous | 05/06/2025 | | Carelon prior authorization required. Prior authorization excludes ASO. | General Requirements - Cardiovascular Care |

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|------------------|-------|--|------------------------------------|--------------------------------------|---|--|
| | | ultrasound, right atrial angiography, right ventriculography, femoral venography), when performed; complete system (ie, right atrial and right ventricular pacemaker components) | | | | |
| 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 |
| Commercial/ASO | 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/ASO | 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 | 05/06/2025 | | Carelon prior authorization required. | General Requirements - Cardiovascular Care |

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|------------------|-------|---|------------------------------------|--------------------------------------|---|--|
| | | ultrasound, right atrial angiography, right ventriculography, femoral venography), when performed; right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system) | | | | |
| 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 programming), when performed; dual-chamber system (ie, right atrial and right ventricular pacemaker components) | 01/01/2025 | 05/05/2025 | | Leadless Cardiac Pacemakers (Medicare) ARCHIVED 5/6/25 |
| 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 programming), when performed; dual-chamber system (ie, right atrial and right ventricular pacemaker components) | 05/06/2025 | | Carelon prior authorization required. | General Requirements - Cardiovascular Care |
| Commercial/ASO | 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, | 01/01/2025 | 05/05/2025 | | Leadless Cardiac Pacemakers (Medicare) ARCHIVED 5/6/25 |

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|------------------|-------|---|------------------------------------|--------------------------------------|---|--|
| | | 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 | | | | |
| 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/ASO | 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 programming), when performed; right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system) | 01/01/2025 | 05/05/2025 | | Leadless Cardiac Pacemakers (Medicare) ARCHIVED 5/6/25 |
| Medicare | 0803T | Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, | 05/06/2025 | | Carelon prior authorization required. | General Requirements - Cardiovascular Care |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|---|---|
| | | 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) | | | | |
| Commercial/ASO | 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 | 0804T | Programming device evaluation (in person) with iterative adjustment of implantable device to test the function of device and to select optimal permanent programmed values, with analysis, review, and report, by a physician or other qualified health care professional, leadless pacemaker system in dual cardiac chambers | 01/01/2025 | 05/05/2025 | | Leadless Cardiac Pacemakers (Medicare) ARCHIVED 5/6/25 |
| Commercial/ASO, Medicare, OHP, PEBB | 0816T | Open insertion or replacement of integrated neurostimulation system for bladder dysfunction including electrode(s) (eg, array or leadless), and pulse generator or receiver, including analysis, programming, and imaging guidance, when performed, posterior tibial nerve; subcutaneous | 01/01/2024 | | | Urinary Dysfunction Treatments (Company); Urinary Dysfunction Treatments (Medicare) |
| Commercial/ASO, Medicare, OHP, PEBB | 0817T | Open insertion or replacement of integrated neurostimulation system for bladder dysfunction including electrode(s) (eg, array or leadless), and pulse generator or receiver, | 01/01/2024 | | | Urinary Dysfunction Treatments (Company); Urinary Dysfunction Treatments (Medicare) |

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|-------------------------------------|-------|--|------------------------------------|--------------------------------------|---|--|
| | | including analysis, programming, and imaging guidance, when performed, posterior tibial nerve; subfascial | | | | |
| Commercial/ASO, Medicare, OHP, PEBB | 0818T | Revision or removal of integrated neurostimulation system for bladder dysfunction, including analysis, programming, and imaging, when performed, posterior tibial nerve; subcutaneous | 01/01/2024 | | | Urinary Dysfunction Treatments (Company); Urinary Dysfunction Treatments (Medicare) |
| Commercial/ASO, Medicare, OHP, PEBB | 0819T | Revision or removal of integrated neurostimulation system for bladder dysfunction, including analysis, programming, and imaging, when performed, posterior tibial nerve; subfascial | 01/01/2024 | | | Urinary Dysfunction Treatments (Company); Urinary Dysfunction Treatments (Medicare) |
| 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 | 01/01/2025 | 05/05/2025 | | Leadless Cardiac Pacemakers (Medicare) ARCHIVED 5/6/25 |
| 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/ASO | 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 | 05/06/2025 | | Carelon prior authorization required. Prior authorization excludes ASO. | General Requirements - Cardiovascular Care |

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|------------------|-------|--|------------------------------------|--------------------------------------|---|--|
| | | venography, cavography) and device evaluation (eg, interrogation or programming), when performed | | | | |
| 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 | 01/01/2025 | 05/05/2025 | | Leadless Cardiac Pacemakers (Medicare) ARCHIVED 5/6/25 |
| 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 |
| Commercial/ASO | 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 | 01/01/2025 | 05/05/2025 | | Leadless Cardiac Pacemakers (Medicare) ARCHIVED 5/6/25 |
| Medicare | 0825T | Transcatheter removal and replacement of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, | 05/06/2025 | | Carelon prior authorization required. | General Requirements - Cardiovascular Care |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|---|--|
| | | right atrial angiography and/or right ventriculography, femoral venography, cavography) and device evaluation (eg, interrogation or programming), when performed | | | | |
| Commercial/ASO | 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 the target, motor threshold-starting location, neuronavigation files and target report, review and interpretation | 07/01/2024 | | | Transcranial Magnetic Stimulation (Medicare) |
| 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) |

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|-------------------------------|-------|---|------------------------------------|--------------------------------------|-----------------------------|--|
| 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) |
| Commercial/ASO, Medicare, OHP | 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 | 05/05/2025 | | External Ambulatory Electrocardiography (Company) ; External Ambulatory Electrocardiography (Medicare) ARCHIVED 5/6/25 |
| Commercial/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 | | Applies to ASO groups only | External Ambulatory Electrocardiography (Company) |
| Commercial/ASO, Medicare, OHP | 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 | 05/05/2025 | | External Ambulatory Electrocardiography (Company) ; External Ambulatory Electrocardiography (Medicare) ARCHIVED 5/6/25 |
| Commercial/ASO, PEBB | 0938T | External electrocardiographic recording for greater than 15 days up to 30 days by continuous rhythm recording and storage; | 01/01/2025 | | Applies to ASO groups only. | External Ambulatory Electrocardiography (Company) |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|--|--|
| | | recording (including connection and initial recording) | | | | |
| Commercial/ASO, Medicare, OHP | 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 | 05/05/2025 | | External Ambulatory Electrocardiography (Company) ; External Ambulatory Electrocardiography (Medicare) ARCHIVED 5/6/25 |
| Commercial/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 | | Applies to ASO groups only. | External Ambulatory Electrocardiography (Company) |
| Commercial/ASO, Medicare, OHP | 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 | 05/05/2025 | | External Ambulatory Electrocardiography (Company) ; External Ambulatory Electrocardiography (Medicare) ARCHIVED 5/6/25 |
| Commercial/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 | | Applies to ASO groups only | External Ambulatory Electrocardiography (Company) |
| 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 (Medicare) |

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| 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 |
| Commercial/ASO, Medicare, OHP, PEBB | 15002 | Surgical Preparation or Creation of Recipient Site, T/A/L; 1st 100 Sq Cm or 1% of Body Area of Infants and Children | 10/01/2007 | 05/31/2018 | | Skin and Tissue Substitutes (Company) |
| Commercial/ASO, Medicare, OHP, PEBB | 15003 | Surgical Preparation or Creation of Recipient Site, T/A/L; Ea Addl 100 Sq Cm or Ea Addl 1% of Body Area Infant / Child | 10/01/2007 | 05/31/2018 | | Skin and Tissue Substitutes (Company) |
| Commercial/ASO, Medicare, OHP, PEBB | 15004 | Surgical Preparation or Creation of Recipient Site, F/S/E/M/N/E/O/G/H/F/D; 1st 100 Sq Cm or 1% of Body Area Infant/Child | 10/01/2007 | 05/31/2018 | | Skin and Tissue Substitutes (Company) |

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|-------------------------------------|-------|--|------------------------------------|--------------------------------------|--|--|
| Commercial/ASO, Medicare, OHP, PEBB | 15005 | Surg Preparation or Creation of Recipient Site, F/S/E/M/N/E/O/G/H/F/D; Ea Addl 100 Sq Cm or 1% Of Body Area Infant/Child | 10/01/2007 | 05/31/2018 | | Skin and Tissue Substitutes (Company) |
| 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) |
| 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 | 15769 | Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia) | 01/01/2020 | 05/31/2022 | | Cosmetic and Reconstructive Surgery (Company); Cosmetic and Reconstructive Surgery (Medicare); Gender Affirming Surgical Interventions (Company) |

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| Commercial/ASO, Medicare, OHP, PEBB | 15771 | Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate | 01/01/2020 | 05/31/2022 | | Gender Affirming Surgical Interventions (Company) |
| Commercial/ASO, Medicare, OHP, PEBB | 15772 | Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; each additional 50 cc injectate, or part thereof (List separately in addition to code for primary procedure) | 01/01/2020 | 05/31/2022 | | Gender Affirming Surgical Interventions (Company) |
| 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 | Eye: Blepharoplasty, Blepharoptosis Repair, and Brow Lift (Company); Gender Affirming Surgical Interventions (Company) |
| 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 | Eye: 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 | Eye: Blepharoplasty, Blepharoptosis Repair, and Brow Lift (Company); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare) |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|--|---|
| 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 | Eye: Blepharoplasty, Blepharoptosis Repair, and Brow Lift (Company); 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) |
| 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) |

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|-------------------------------------|-------|-------------------------------|------------------------------------|--------------------------------------|--|---|
| 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) |
| 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) |

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|-------------------------------------|-------|-------------------------------|------------------------------------|--------------------------------------|--|---|
| 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) |
| 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) |

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|-------------------------------------|-------|--|------------------------------------|--------------------------------------|--|--|
| 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) |
| 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) |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|--|---|
| 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) |
| 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) |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|--|---|
| 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) |
| 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 | | | 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 | | | 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 | | | Hemangioma and Vascular Malformation Laser Treatment (Company); Hemangioma and Vascular Malformation Treatment (Medicare) |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|--|---|
| Commercial/ASO, Medicare, OHP, PEBB | 17380 | Electrolysis epilation, each 30 minutes | 01/01/2018 | 07/31/2021 | Commercial/ASO, Medicare, OHP, PEBB - This code is covered when billed with one of the following diagnosis codes F64.0, F64.1, F64.8, or F64.9 | Cosmetic and Reconstructive Surgery (Company) |
| Medicare | 17380 | Electrolysis epilation, each 30 minutes | 08/01/2021 | 04/30/2022 | Medicare - This code may pay based on billed diagnosis code | Cosmetic and Reconstructive Surgery (Company); Gender Affirming Surgical Interventions (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 Surgery: Reduction Mammoplasty (All Lines of Business Except Medicare) ARCHIVE 7.1.22; 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 | 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) |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|--|---|
| Commercial/ASO, Medicare, OHP, PEBB | 19324 | Mammoplasty Augment Wo/Prosthetic Implan | 09/01/2003 | 12/31/2020 | | Breast Reconstructive Surgery, Reduction Mammoplasty, and Implant Management (Company); Cosmetic and Reconstructive Surgery (Company); Gender Affirming Surgical Interventions (Company) |
| 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) |
| 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) |

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|-------------------------------------|-------|--|------------------------------------|--------------------------------------|--|---|
| 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) |
| 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) |

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|-------------------------------------|-------|--|------------------------------------|--------------------------------------|--|--|
| 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) |
| Commercial/ASO, Medicare, OHP, PEBB | 19366 | Reconstruction Breast Other Method | 09/01/2003 | 12/31/2020 | | Breast Reconstructive Surgery, Reduction Mammoplasty, and Implant Management (Company) |
| 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) |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|--|--|
| 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, including prosthetic 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) |
| 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) |

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| 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 | 20939 | Bone marrow aspiration for bone grafting, spine surgery only, through separate skin or fascial incision (List separately in addition to code for primary procedure) | 02/01/2019 | 05/31/2025 | | Stem Cell Therapy for Orthopedic Applications (Company); Stem Cell Therapy for Orthopedic Applications (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 by tumor extension, percutaneous, including imaging guidance when performed; 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 | 21031 | Exc Torus Mandibularis | 09/01/2003 | 01/31/2016 | | |

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|-------------------------------------|-------|--|------------------------------------|--------------------------------------|---------------------------|---|
| Commercial/ASO, Medicare, OHP, PEBB | 21032 | Excision Maxillary Torus Palatinus | 09/01/2003 | 01/31/2016 | | |
| Commercial/ASO, OHP, PEBB | 21060 | Meniscectomy Temporomandibular | 01/01/2008 | 01/31/2016 | | |
| Medicare | 21060 | Meniscectomy Temporomandibular | 12/01/2015 | 01/31/2016 | | |
| Commercial/ASO, Medicare, OHP, PEBB | 21070 | Coronoidectomy Unilateral | 09/01/2003 | | | Orthognathic Surgery (Company); Orthognathic Surgery (Medicare) |
| Commercial/ASO, Medicare, OHP, PEBB | 21076 | Impression and Custom Preparation; Surgical Obturator Prosthesis | 09/01/2003 | 01/31/2016 | | |
| Commercial/ASO, Medicare, OHP, PEBB | 21077 | Impression and Custom Preparation; Orbital Prosthesis | 09/01/2003 | 02/28/2022 | | |
| Commercial/ASO, Medicare, OHP, PEBB | 21079 | Impress/Prep Interim Obturator | 09/01/2003 | 01/31/2016 | | |
| Commercial/ASO, Medicare, OHP, PEBB | 21080 | Impress Custom Prep Definitive Obturator | 09/01/2003 | 01/31/2016 | | |
| 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 | 21084 | Impress Custom Prep Speech Aid Prosth | 09/01/2003 | 01/31/2016 | | |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|--|--|
| Commercial/ASO, Medicare, OHP, PEBB | 21085 | Impress/Prep Oral Surgical Splint | 09/01/2003 | | | Oral and Sleep Position Appliances for Sleep Disorder Treatment (Company); Oral and Sleep Position Appliances for Sleep Disorder Treatment (Medicare); Orthognathic Surgery (Company); Orthognathic Surgery (Medicare) |
| Commercial/ASO, Medicare, OHP, PEBB | 21086 | Impression and custom preparation; auricular prosthesis | 09/01/2003 | 02/28/2022 | | |
| Commercial/ASO, Medicare, OHP, PEBB | 21087 | Impression and custom preparation; nasal prosthesis | 09/01/2003 | 02/28/2022 | | |
| Commercial/ASO, Medicare, OHP, PEBB | 21088 | Impression and custom preparation; facial prosthesis | 09/01/2003 | 02/28/2022 | | |
| 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 | 21116 | Inj Proc Temporomandibular Joint Arthrog | 09/01/2003 | 01/31/2016 | | Orthognathic Surgery (Company) |
| 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) |
| 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) |

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| 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 | 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) |
| 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) |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|--|--|
| 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); Sleep Disorder Surgery (Medicare) |
| 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) |
| 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) |

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|-------------------------------------|-------|-------------------------------------|------------------------------------|--------------------------------------|--|---|
| 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) |
| 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, OHP, PEBB | 21235 | Graft Cartilage Ear to Nose/Ear | 01/01/2008 | 01/31/2016 | | Orthognathic Surgery (Company) |
| Commercial/ASO, OHP, PEBB | 21240 | Arthroplasty Temporomandib Unil | 01/01/2008 | 01/31/2016 | PEBB - Contract exclusion with TMJ diagnosis | Orthognathic Surgery (Company) |
| Medicare | 21240 | Arthroplasty Temporomandib Unil | 09/01/2003 | 01/31/2016 | | Orthognathic Surgery (Company) |
| Commercial/ASO, OHP, PEBB | 21242 | Arthroplasty Tmj Alloplastic Agent | 01/01/2008 | 01/31/2016 | PEBB - Contract exclusion with TMJ diagnosis | Orthognathic Surgery (Company) |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|---|---|
| Medicare | 21242 | Arthroplasty Tmj Alloplastic Agent | 09/01/2003 | 01/31/2016 | | Orthognathic Surgery (Company) |
| 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); 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 | 21255 | Recon Zygomatic Arch/Glenoid Fossa W/Aut | 09/01/2003 | 01/31/2016 | | Orthognathic Surgery (Company) |
| Commercial/ASO, Medicare, OHP, PEBB | 21256 | Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (eg, micro-ophthalmia) | 09/01/2003 | 02/28/2022 | | |
| Commercial/ASO, Medicare, OHP, PEBB | 21260 | Periorbital osteotomies for orbital hypertelorism, with bone grafts; extracranial approach | 09/01/2003 | 02/28/2022 | | |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|--|--|
| Commercial/ASO, Medicare, OHP, PEBB | 21261 | Periorbital osteotomies for orbital hypertelorism, with bone grafts; combined intra- and extracranial approach | 09/01/2003 | 02/28/2022 | | |
| Commercial/ASO, Medicare, OHP, PEBB | 21267 | Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; extracranial approach | 09/01/2003 | 02/28/2022 | | |
| Commercial/ASO, Medicare, OHP, PEBB | 21268 | Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; combined intra- and extracranial approach | 09/01/2003 | 02/28/2022 | | |
| Commercial/ASO, Medicare, OHP, PEBB | 21275 | Secondary revision of orbitocraniofacial reconstruction | 09/01/2003 | 02/28/2022 | | |
| Commercial/ASO, Medicare, OHP, PEBB | 21685 | Hyoid Myotomy and Suspension | 04/01/2007 | | | Sleep Disorder Surgery (Company); Sleep Disorder Surgery (Medicare) |
| 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, OHP, PEBB | 22100 | Resect Vertebra Part Cervical | 07/01/2012 | 11/30/2019 | | Spinal Fusion and Decompression Procedures (Company) |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|---------------------------|---|
| Commercial/ASO, Medicare, OHP, PEBB | 22102 | Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; lumbar | 07/01/2012 | 11/30/2019 | | Back: Lumbar Spine Surgery Archived 12/1/19 |
| Commercial/ASO, Medicare, OHP, PEBB | 22103 | Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; each additional segment (List separately in addition to code for primary procedure) | 07/01/2012 | 11/30/2019 | | Back: Lumbar Spine Surgery Archived 12/1/19; Spinal Fusion and Decompression Procedures (Company) |
| Commercial/ASO, Medicare, OHP, PEBB | 22110 | Exc Vertebra Part Cervical | 12/01/2012 | 09/30/2021 | | |
| Commercial/ASO, Medicare, OHP, PEBB | 22116 | Partial Excision of Vertebral Body for each additional Vertebral Segme | 01/01/2013 | 09/30/2021 | | |
| OHP | 22510 | Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic | 01/01/2015 | 10/31/2019 | | |
| 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) |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|---------------------------|---|
| 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) |
| 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) |
| OHP | 22515 | Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 verteb | 01/01/2015 | 10/31/2019 | | |
| 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) |
| Medicare | 22526 | Percutaneous Intradiscal Electrothermal Annuloplasty, Unilateral or Bilateral including Fluoroscopic Guidance; Sgl Level | 01/01/2007 | 06/30/2016 | | Intradiscal Procedures for Low Back Pain (Company); Intradiscal Procedures for Low Back Pain (Medicare) |
| Medicare | 22527 | Percutaneous Intradiscal Electrothermal Annuloplasty, Unilateral or Bilateral; One or More Additional Levels | 09/01/2003 | 06/30/2016 | | Intradiscal Procedures for Low Back Pain (Company); Intradiscal Procedures for Low Back Pain (Medicare) |
| Commercial/ASO, Medicare, OHP, PEBB | 22532 | Arthrodesis, Lateral Extracavitary Technique, Including Minimal Discectomy To Prepare Interspace; Thoracic | 01/01/2007 | | | Inpatient Surgical Site of Service (Company); Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare) |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|---------------------------|--|
| Commercial/ASO, Medicare, OHP, PEBB | 22533 | Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar | 10/01/2009 | | | Inpatient Surgical Site of Service (Company); Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare); Spinal Stabilization Devices and Interspinous Spacers (Company) |
| Commercial/ASO, Medicare, OHP, PEBB | 22534 | Arthrodesis, Lateral Extracavitary Technique, Including Minimal Discectomy; Thoracic or Lumbar, Each Additional Segment | 04/01/2007 | | | Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare); Spinal Stabilization Devices and Interspinous Spacers (Company) |
| Commercial/ASO, Medicare, OHP, PEBB | 22548 | Arthrodes, Txs/Extraoral, Clivus-C1-2 | 01/01/2007 | | | Inpatient Surgical Site of Service (Company); 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); Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare); Surgical Site of Service (Medicare) |
| Commercial/ASO, Medicare, OHP, PEBB | 22552 | Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy 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); Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare); Surgical Site of Service (Medicare) |
| Commercial/ASO, Medicare, OHP, PEBB | 22556 | Arthrodesis Ant Interbody-Thoracic | 09/01/2003 | | | Inpatient Surgical Site of Service (Company); Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare) |

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|-------------------------------------|-------|--|------------------------------------|--------------------------------------|---------------------------|--|
| Commercial/ASO, Medicare, OHP, PEBB | 22558 | Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar | 09/01/2003 | | | Inpatient Surgical Site of Service (Company); 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 | | | Inpatient Surgical Site of Service (Company); Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare) |
| Commercial/ASO, Medicare, OHP, PEBB | 22610 | Arthrodesis Post-Thoracic | 01/01/2007 | | | Inpatient Surgical Site of Service (Company); 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 | | | Back: Lumbar Spine Surgery Archived 12/1/19; Inpatient Surgical Site of Service (Company); Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare); Spinal Stabilization Devices and Interspinous Spacers (Company); Surgical Site of Service (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) |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|---------------------------|--|
| 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 | | | Back: Lumbar Spine Surgery Archived 12/1/19; Inpatient Surgical Site of Service (Company); Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare); Spinal Stabilization Devices and Interspinous Spacers (Company); Surgical Site of Service (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 | | | Back: Lumbar Spine Surgery Archived 12/1/19; Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare); Spinal Stabilization Devices and Interspinous Spacers (Company) |
| 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 | | | Back: Lumbar Spine Surgery Archived 12/1/19; Inpatient Surgical Site of Service (Company); Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare); Spinal Stabilization Devices and Interspinous Spacers (Company); Surgical Site of Service (Medicare) |
| 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 | | | Back: Lumbar Spine Surgery Archived 12/1/19; Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare); Spinal Stabilization Devices and Interspinous Spacers (Company) |
| 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) |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|---------------------------|---|
| 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) |
| 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) |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|---------------------------|---|
| 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 | | | Back: Lumbar Spine Surgery Archived 12/1/19; Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare); Spinal Stabilization Devices and Interspinous Spacers (Company) |
| Medicare | 22841 | Internal Spinal Fixation by Wiring of Spinous Processes | 01/01/2007 | | | Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare); Spinal Stabilization Devices and Interspinous Spacers (Company) |
| Commercial/ASO, OHP, PEBB | 22841 | Internal Spinal Fixation by Wiring of Spinous Processes | 01/01/2007 | 12/31/2022 | | Spinal Fusion and Decompression Procedures (Company); Spinal Stabilization Devices and Interspinous Spacers (Company) |
| 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 | | | Back: Lumbar Spine Surgery Archived 12/1/19; Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare); Spinal Stabilization Devices and Interspinous Spacers (Company) |
| Commercial/ASO, Medicare, OHP, PEBB | 22843 | Posterior Segmental Instrumentation, 7 To 12 Vertebral Segments | 09/01/2003 | | | Back: Lumbar Spine Surgery Archived 12/1/19; Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare); Spinal Stabilization Devices and Interspinous Spacers (Company) |
| Commercial/ASO, Medicare, OHP, PEBB | 22844 | Posterior Segmental Instrumentation, 13 or More Vertebral Segments | 09/01/2003 | | | Back: Lumbar Spine Surgery Archived 12/1/19; Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare); Spinal Stabilization Devices and Interspinous Spacers (Company) |

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|-------------------------------------|-------|--|------------------------------------|--------------------------------------|---------------------------|--|
| 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); Spinal Stabilization Devices and Interspinous Spacers (Company); Spinal Stabilization Devices and Interspinous Spacers (Medicare) |
| 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); Spinal Stabilization Devices and Interspinous Spacers (Company) |
| 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); Spinal Stabilization Devices and Interspinous Spacers (Company) |
| 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 | 22851 | Application of Intervertebral Biomechanic Device | 01/01/2007 | 12/31/2016 | | |
| 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 | 01/01/2017 | | | Back: Lumbar Spine Surgery Archived 12/1/19; Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare); Spinal Stabilization Devices and Interspinous Spacers (Company) |

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|-------------------------------------|-------|--|------------------------------------|--------------------------------------|---------------------------|---|
| | | separately in addition to code for primary procedure) | | | | |
| 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 separately in addition to code for primary procedure) | 01/01/2017 | | | Back: Lumbar Spine Surgery Archived 12/1/19; Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare); Spinal Stabilization Devices and Interspinous Spacers (Company) |
| 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); 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 | | | Artificial Intervertebral Discs (Medicare) |
| Commercial/ASO, Medicare, OHP, PEBB | 22858 | Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctomy for nerve root or spinal cord decompres | 09/01/2017 | | | Artificial Intervertebral Discs (Company); Artificial Intervertebral Discs (Medicare); Inpatient Surgical Site of Service (Company); Surgical Site of Service (Medicare) |

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|-------------------------------------|-------|--|------------------------------------|--------------------------------------|---------------------------|---|
| 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 | | | Back: Lumbar Spine Surgery Archived 12/1/19; Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare); Spinal Stabilization Devices and Interspinous Spacers (Company) |
| Commercial/ASO, Medicare, OHP, PEBB | 22861 | Revision Including Replacement of Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Single Interspace; Cerv | 04/01/2009 | | | Artificial Intervertebral Discs (Company); Artificial Intervertebral Discs (Medicare); Inpatient Surgical Site of Service (Company) |
| 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 | | | Artificial Intervertebral Discs (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, PEBB | 23470 | Arthroplasty, glenohumeral joint; hemiarthroplasty | 06/10/2024 | | | Inpatient Surgical Site of Service (Company); Surgical Site of Service (Medicare); Total Shoulder Arthroplasty (Company); Total Shoulder Arthroplasty (Medicare) |
| Commercial/ASO, Medicare, PEBB | 23472 | Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder)) | 06/10/2024 | | | Inpatient Surgical Site of Service (Company); Surgical Site of Service (Medicare); Total Shoulder Arthroplasty (Company); Total Shoulder Arthroplasty (Medicare) |

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|--------------------------------|-------|---|------------------------------------|--------------------------------------|---|---|
| Commercial/ASO, Medicare, PEBB | 23473 | Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component | 06/01/2025 | | | Total Shoulder Arthroplasty (Company); Total Shoulder Arthroplasty (Medicare) |
| Commercial/ASO | 23474 | Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component | 06/01/2025 | | | Total Shoulder Arthroplasty (Company); Total Shoulder Arthroplasty (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); 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); Surgical Site of Service (Medicare) |
| | 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); 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); 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); 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 will PA when performed in an inpatient setting | Inpatient Surgical Site of Service (Company); 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); 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); Surgical Site of Service (Medicare) |

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|-------------------------------------|-------|--|------------------------------------|--------------------------------------|---|--|
| 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); 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); 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) |
| 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 (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of | 01/01/2015 | | | Sacroiliac Joint Fusion or Stabilization (Medicare) |
| Commercial/ASO, OHP, PEBB | 27279 | Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device | 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) |

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| Commercial/ASO, Medicare, OHP, PEBB | 27332 | Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial OR lateral | 01/01/2016 | 03/31/2019 | | Autologous Chondrocyte Implantation (ACI) for Cartilaginous Defects of the Knee (Company) |
| Commercial/ASO, OHP | 27333 | Exc Semilunar Cartilage Med + Lat | 01/01/2012 | 03/31/2019 | | Autologous Chondrocyte Implantation (ACI) for Cartilaginous Defects of the Knee (Company) |
| Medicare | 27333 | Exc Semilunar Cartilage Med + Lat | 01/01/2016 | 03/31/2019 | | Autologous Chondrocyte Implantation (ACI) for Cartilaginous Defects of the Knee (Company) |
| Commercial/ASO, Medicare, OHP, PEBB | 27412 | Autologous Chondrocyte Implantation, Knee | 09/01/2010 | | | Autologous Chondrocyte Implantation (ACI); Autologous Chondrocyte Implantation (ACI) for Cartilaginous Defects of the Knee (Company); Autologous Chondrocyte Implantation (ACI) for Cartilaginous Defects of the Knee (Medicare); Knee: Cartilagenous Defects of the knee |
| Commercial/ASO, Medicare, OHP, PEBB | 27415 | Rep Ligaments Knee+pes Anserin Tran | 09/01/2010 | | | Autologous Chondrocyte Implantation (ACI); Autologous Chondrocyte Implantation (ACI) for Cartilaginous Defects of the Knee (Company); Autologous Chondrocyte Implantation (ACI) for Cartilaginous Defects of the Knee (Medicare); Knee: Cartilagenous Defects of the knee; Osteochondral Allografts and Autografts for Cartilaginous Defects (Company); Osteochondral Allografts and Autografts for Cartilaginous Defects (Medicare) |

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|-------------------------------------|-------|--|------------------------------------|--------------------------------------|---|--|
| 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); Autologous Chondrocyte Implantation (ACI) for Cartilaginous Defects of the Knee (Company); Autologous Chondrocyte Implantation (ACI) for Cartilaginous Defects of the Knee (Medicare); Knee: Cartilagenous Defects of the knee; Osteochondral Allografts and Autografts for Cartilaginous Defects (Company); Osteochondral Allografts and Autografts for Cartilaginous Defects (Medicare) |
| Commercial/ASO, OHP, PEBB | 27445 | Arthroplasty, knee, hinge prosthesis (eg, Walldius type) | 01/01/2018 | | | Inpatient Surgical Site of Service (Company); Total Knee Arthroplasty (Company) |
| Medicare | 27445 | Arthroplasty, knee, hinge prosthesis (eg, Walldius type) | 01/01/2025 | | | Total Knee Arthroplasty (Medicare) |
| Commercial/ASO, Medicare, OHP, PEBB | 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 (Company); Surgical Site of Service (Medicare) |
| 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); 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, Medicare, PEBB | 27702 | Arthroplasty, ankle; with implant (total ankle) | 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); Surgical Site of Service (Medicare) |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|---|--|
| Commercial/ASO | 27703 | Arthroplasty, ankle; revision, total ankle | 06/10/2024 | 12/31/2024 | Effective 6/10/2024 this code only requires a prior authorization when done in an inpatient setting | Inpatient Surgical Site of Service (Company) |
| Commercial/ASO, Medicare, OHP, PEBB | 27704 | Removal of Ankle Implant | 04/01/2007 | 02/28/2017 | | Ankle Joint Replacement |
| Commercial/ASO, Medicare, OHP, PEBB | 28291 | Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; with implant | 01/01/2017 | 02/28/2017 | | Definition: Experimental/Investigational |
| Commercial/ASO, Medicare, OHP, PEBB | 29850 | Arthroscopically aided treatment of intercondylar spine and/or tuberosity fracture(s) of the knee, with or without manipulation; without internal or external fixation (includes arthroscopy) | 10/01/2015 | 08/31/2016 | | |
| Commercial/ASO, Medicare, OHP, PEBB | 29851 | Arthroscopically aided treatment of intercondylar spine and/or tuberosity fracture(s) of the knee, with or without manipulation; with internal or external fixation (includes arthroscopy) | 10/01/2015 | 08/31/2016 | | |
| Commercial/ASO, Medicare, OHP, PEBB | 29855 | Arthroscopically aided treatment of tibial plateau fracture | 01/01/2012 | 08/31/2016 | | |
| Commercial/ASO, Medicare, OHP, PEBB | 29856 | Arthscp Tx Tib Fx Bicondy W/Wo Fix | 01/01/2012 | 08/31/2016 | | |
| Commercial/ASO, Medicare, OHP, PEBB | 29861 | Arthroscopy, Hip, Surgical; With Removal Of Loose Body Or Foreign Body | 12/01/2012 | 05/31/2016 | | Hip Arthroscopy Policy archived 3/1/2020 |
| Commercial/ASO, Medicare, OHP, PEBB | 29862 | Arthroscopy, Hip, Surg; W Chondroplsty, Arthroplsty, &/ Labrum Resectn | 12/01/2012 | 05/31/2016 | | Hip Arthroscopy Policy archived 3/1/2020 |
| Commercial/ASO, Medicare, OHP, PEBB | 29863 | Arthroscopy, Hip, Surgical; With Synovectomy | 12/01/2012 | 05/31/2016 | | Hip Arthroscopy Policy archived 3/1/2020 |

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| 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 | 29866 | Arthroscopy, Knee, Surgical; Osteochondral Autograft(S) (Eg, Mosaicplasty) (Includes Harvesting Of The Autograft) | 09/01/2010 | | | Autologous Chondrocyte Implantation (ACI); Autologous Chondrocyte Implantation (ACI) for Cartilaginous Defects of the Knee (Company); Autologous Chondrocyte Implantation (ACI) for Cartilaginous Defects of the Knee (Medicare); Knee: Cartilagenous Defects of the knee; 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); Autologous Chondrocyte Implantation (ACI) for Cartilaginous Defects of the Knee (Company); Autologous Chondrocyte Implantation (ACI) for Cartilaginous Defects of the Knee (Medicare); Knee: Cartilagenous Defects of the knee; Osteochondral Allografts and Autografts for Cartilaginous Defects (Company); Osteochondral Allografts and Autografts for Cartilaginous Defects (Medicare) |
| Commercial/ASO, Medicare, OHP, PEBB | 29868 | Arthroscopy, Knee, Surgical; Meniscal Transplantation (Includes Arthrotomy For Meniscal Insertion), Medial Or Lateral | 07/01/2010 | 03/31/2019 | | Autologous Chondrocyte Implantation (ACI); Knee: Cartilagenous Defects of the knee; Meniscal Allograft Transplant and Other Meniscal Implants (Company); Osteochondral Allografts and Autografts for Cartilaginous Defects (Company) |
| Commercial/ASO, Medicare, OHP, PEBB | 29870 | Arthroscopy,Knee,Dx,W/Wo Syn.Bx | 01/01/2012 | 08/31/2016 | | Autologous Chondrocyte Implantation (ACI) for Cartilaginous Defects of the Knee (Company) |
| Commercial/ASO, Medicare, OHP, PEBB | 29871 | Arthroscopy,Knee,Surg;for Infection,Lava | 01/01/2012 | 08/31/2016 | | Autologous Chondrocyte Implantation (ACI) for Cartilaginous Defects of the Knee (Company) |

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| 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 | 29873 | Arthroscopy, Knee, Surgical; with Lateral Release | 01/01/2012 | 08/31/2016 | | |
| Commercial/ASO, Medicare, OHP, PEBB | 29874 | Arthroscopy, knee surgical for removal of loose body or foreign body | 01/01/2012 | 08/31/2016 | | Autologous Chondrocyte Implantation (ACI) for Cartilaginous Defects of the Knee (Company) |
| Commercial/ASO, Medicare, OHP, PEBB | 29875 | Arthroscopy, knee surgical with synovectomy, limited | 01/01/2012 | 08/31/2016 | | |
| Commercial/ASO, Medicare, OHP, PEBB | 29876 | Arthroscopy, knee surgical with synovectomy, major | 01/01/2012 | 08/31/2016 | | |
| Commercial/ASO, Medicare, OHP, PEBB | 29877 | Arthroscopy, knee surgical with debridement/shaving of articular cartilage (chondroplasty) | 01/01/2012 | 08/31/2016 | | |
| Commercial/ASO, Medicare, OHP, PEBB | 29879 | Arthroscopy Knee | 01/01/2012 | 03/31/2019 | | Autologous Chondrocyte Implantation (ACI); Osteochondral Allografts and Autografts for Cartilaginous Defects (Company) |
| Commercial/ASO, Medicare, OHP, PEBB | 29881 | Arthroscop Knee W Partial Meniscect | 01/01/2012 | 08/31/2016 | | |
| Commercial/ASO, Medicare, OHP, PEBB | 29883 | Arthroscop Knee W Tot Meniscus Rep | 01/01/2012 | 08/31/2016 | | |
| Commercial/ASO, Medicare, OHP, PEBB | 29884 | Arthroscopy, knee surgical with meniscectomy (medial AND lateral) with lysis of adhesions, with or without manipulation (separate procedure) | 10/01/2015 | 08/31/2016 | | |
| Commercial/ASO, Medicare, OHP, PEBB | 29885 | Arthroscop Knee W Drilling + Graft | 01/01/2012 | 08/31/2016 | | |
| Commercial/ASO, Medicare, OHP, PEBB | 29886 | Arthrosc,Knee,Surg;drill-Intact Ost.Diss | 01/01/2012 | 08/31/2016 | | |
| Commercial/ASO, Medicare, OHP, PEBB | 29887 | Arthroscop Knee W Drilling+int Fix | 01/01/2012 | 08/31/2016 | | |

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| 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 | 29888 | Arthroscopically Aided Anter,Cruciate Li | 01/01/2012 | 08/31/2016 | | |
| Commercial/ASO, Medicare, OHP, PEBB | 29889 | Arthroscop Knee W Post Lig Rep | 01/01/2012 | 08/31/2016 | | |
| 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) |
| 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) |

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| Combined PA List | Code | Code Description | Prior Authorization Effective Date | Prior Authorization Termination Date | Combined Additional Notes | Medical Policy Name: Policy |
|-------------------------------------|-------|---|------------------------------------|--------------------------------------|--|--|
| 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) |
| Commercial/ASO, Medicare, OHP, PEBB | 30460 | Rhinoplasty For Deform Tip Only | 09/01/2003 | 10/31/2019 | | Rhinoplasty and Other Nasal Surgeries (Company); Rhinoplasty and Other Nasal Surgeries (Medicare) |
| Medicare | 30460 | Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only | 07/01/2020 | | | Rhinoplasty and Other Nasal Surgeries (Medicare) |
| Commercial/ASO, Medicare, OHP, PEBB | 30462 | Rhinoplasty For Deform Tip/Sept/Oste | 09/01/2003 | 10/31/2019 | | Rhinoplasty and Other Nasal Surgeries (Company); Rhinoplasty and Other Nasal Surgeries (Medicare) |
| Medicare | 30462 | Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum, osteotomies | 07/01/2020 | | | Rhinoplasty and Other Nasal Surgeries (Medicare) |
| Medicare | 30801 | Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (eg, | 12/01/2020 | 11/30/2022 | | Sleep Disorder Surgery (Medicare) |

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| Combined PA List | Code | Code Description | Prior Authorization Effective Date | Prior Authorization Termination Date | Combined Additional Notes | Medical Policy Name: Policy |
|-------------------------------------|-------|--|------------------------------------|--------------------------------------|--|--|
| | | electrocautery, radiofrequency ablation, or tissue volume reduction); superficial | | | | |
| 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, PEBB | 31513 | Laryngoscopy, indirect; with vocal cord injection | 09/01/2019 | | | Neuromuscular Drugs: Botulinum Toxin |
| Commercial/ASO, Medicare, PEBB | 31570 | Laryngoscopy, direct, with injection into vocal cord(s), therapeutic | 09/01/2019 | | | Botulinum Therapies (Company); Botulinum Therapies (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 | 32664 | Thoracoscopy, Surgical; with Thoracic Sympathectomy | 09/01/2003 | 02/28/2017 | | Hyperhidrosis Surgical Treatment Iontophoresis |
| 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) |

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| 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 | 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) |
| 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 | 04/01/2023 | | | Radiofrequency Ablation for Tumors Outside the Liver (Company); Radiofrequency Ablation of Tumors Outside the Liver (Medicare) |

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| Combined PA List | Code | Code Description | Prior Authorization Effective Date | Prior Authorization Termination Date | Combined Additional Notes | Medical Policy Name: Policy |
|--------------------------|-------|--|------------------------------------|--------------------------------------|---|--|
| | | extension, percutaneous, including imaging guidance when performed, unilateral; radiofrequency | | | | |
| 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/ASO, 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 |
| Commercial/ASO, 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/ASO, 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/ASO, 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/ASO, 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/ASO, 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/ASO, 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/ASO, 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 |

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| Combined PA List | Code | Code Description | Prior Authorization Effective Date | Prior Authorization Termination Date | Combined Additional Notes | Medical Policy Name: Policy |
|--------------------------|-------|---|------------------------------------|--------------------------------------|---|--|
| Commercial/ASO, 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/ASO, 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/ASO, 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 |
| Commercial/ASO, Medicare | 33222 | Relocation of skin pocket for pacemaker | 05/06/2025 | | Carelon prior authorization required. Prior authorization excludes ASO. | General Requirements - Cardiovascular Care |
| Commercial/ASO, Medicare | 33223 | Relocation of skin pocket ICD | 05/06/2025 | | Carelon prior authorization required. Prior authorization excludes ASO. | General Requirements - Cardiovascular Care |
| Commercial/ASO, 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/ASO, 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/ASO, 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/ASO, 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 |

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|--------------------------|-------|--|------------------------------------|--------------------------------------|---|--|
| Commercial/ASO, 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/ASO, 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/ASO, 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 |
| Commercial/ASO, 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/ASO, 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/ASO, 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/ASO, 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/ASO, 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/ASO, 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/ASO, 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/ASO, Medicare | 33264 | Removal of implantable defibrillator pulse generator with replacement of implantable | 05/06/2025 | | Carelon prior authorization required. Prior authorization excludes ASO. | General Requirements - Cardiovascular Care |

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| Combined PA List | Code | Code Description | Prior Authorization Effective Date | Prior Authorization Termination Date | Combined Additional Notes | Medical Policy Name: Policy |
|-------------------------------------|-------|---|------------------------------------|--------------------------------------|---|---|
| | | defibrillator pulse generator; multiple lead system | | | | |
| Commercial/ASO, Medicare, OHP, PEBB | 33270 | Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode, including defibrillation threshold evaluation, induction of a | 01/01/2015 | 01/01/2015 | | Automatic External Defibrillators (AED) (archived 6/1/2021) |
| Commercial/ASO, 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 |
| Commercial/ASO, Medicare, OHP, PEBB | 33271 | Insertion of subcutaneous implantable defibrillator electrode | 01/01/2015 | 01/01/2015 | | Automatic External Defibrillators (AED) (archived 6/1/2021) |
| Commercial/ASO, Medicare | 33271 | Insertion of subcutaneous implantable defibrillator electrode | 05/06/2025 | | Carelon prior authorization required. Prior authorization excludes ASO. | General Requirements - Cardiovascular Care |
| Commercial/ASO, Medicare, OHP, PEBB | 33272 | Removal of subcutaneous implantable defibrillator electrode | 01/01/2015 | 01/01/2015 | | Automatic External Defibrillators (AED) (archived 6/1/2021) |
| Commercial/ASO, Medicare | 33272 | Removal of subcutaneous implantable defibrillator electrode | 05/06/2025 | | Carelon prior authorization required. Prior authorization excludes ASO. | General Requirements - Cardiovascular Care |
| Commercial/ASO, Medicare, OHP, PEBB | 33273 | Repositioning of previously implanted subcutaneous implantable defibrillator electrode | 01/01/2015 | 01/01/2015 | | Automatic External Defibrillators (AED) (archived 6/1/2021) |
| Commercial/ASO, 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 |

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|-------------------------------|-------|---|------------------------------------|--------------------------------------|---|--|
| Commercial/ASO, Medicare, OHP | 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 | 03/01/2025 | 05/05/2025 | | Leadless Cardiac Pacemakers (Company) ; Leadless Cardiac Pacemakers (Medicare) ARCHIVED 5/6/25 |
| Commercial/ASO, 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 | | Carelon prior authorization required. Prior authorization excludes ASO. | General Requirements - Cardiovascular Care |
| Commercial/ASO, PEBB | 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 | 03/01/2025 | | Applies to ASO groups only. For commercial, refer to Carelon Cardiology | Leadless Cardiac Pacemakers (Company) |
| Commercial/ASO, OHP | 33275 | Transcatheter removal of permanent leadless pacemaker, right ventricular , including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography), when performed | 03/01/2025 | 05/05/2025 | | Leadless Cardiac Pacemakers (Company) |
| Commercial/ASO, 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 | | Carelon prior authorization required. Prior authorization excludes ASO. | General Requirements - Cardiovascular Care |
| Commercial/ASO, PEBB | 33275 | Transcatheter removal of permanent leadless pacemaker, right ventricular , including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography), when performed | 03/01/2025 | | Applies to ASO groups only. For commercial, refer to Carelon Cardiology | Leadless Cardiac Pacemakers (Company) |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|---|--|
| | | ultrasound, ventriculography, femoral venography), when performed | | | | |
| Commercial/ASO, Medicare, OHP, PEBB | 33282 | Implantation of patient-activated cardiac event recorder | 10/01/2014 | 12/31/2018 | | Implantable Loop Recorders (Company) |
| Commercial/ASO, Medicare, OHP, PEBB | 33285 | Insertion, subcutaneous cardiac rhythm monitor, including programming | 01/01/2019 | 05/05/2025 | | Implantable Loop Recorders (Company) ; Implantable Loop Recorders (Medicare) ARCHIVE 5/6/25; Outpatient Surgical Site of Service (Company) |
| Commercial/ASO, Medicare | 33285 | Insertion, subcutaneous cardiac rhythm monitor, including programming | 05/06/2025 | | Carelon prior authorization required. Prior authorization excludes ASO. | General Requirements - Cardiovascular Care |
| Commercial/ASO, PEBB | 33285 | Insertion, subcutaneous cardiac rhythm monitor, including programming | 01/01/2019 | | Applies to ASO groups only. For commercial, refer to Carelon Cardiology | Implantable Loop Recorders (Company) ; Outpatient Surgical Site of Service (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 supervision and interpretation, and pulmonary artery angiography, when performed | 11/01/2024 | | | Implantable Hemodynamic Monitoring Devices (Medicare) |
| Commercial/ASO, OHP, PEBB | 33340 | Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transeptal 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) |
| Medicare | 33340 | Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transeptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, when | 01/01/2017 | 07/31/2018 | | Left Atrial Appendage Devices (Medicare) |

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|-------------------------------------|-------|--|------------------------------------|--------------------------------------|---------------------------|--|
| | | performed, and radiological supervision and interpretation | | | | |
| Medicare | 33361 | Transcatheter Aortic Valve Replacement (TAVR/TAVI) With Prosthetic Valve; Percutaneous Femoral Artery Approach | 01/01/2013 | 11/30/2015 | | Transcatheter Aortic Valve Replacement (TAVR) (Company) |
| Commercial/ASO, Medicare, OHP, PEBB | 33362 | Transcatheter Aortic Valve Replacement (TAVR/TAVI) With Prosthetic Valve; Open Femoral Artery Approach | 01/01/2013 | 11/30/2015 | | Transcatheter Aortic Valve Replacement (TAVR) (Company) |
| Commercial/ASO, Medicare, OHP, PEBB | 33363 | Transcatheter Aortic Valve Replacement (TAVR/TAVI) With Prosthetic Valve; Open Axillary Artery Approach | 01/01/2013 | 11/30/2015 | | Transcatheter Aortic Valve Replacement (TAVR) (Company) |
| Commercial/ASO, Medicare, OHP, PEBB | 33364 | Transcatheter Aortic Valve Replacement (TAVR/TAVI) With Prosthetic Valve; Open Iliac Artery Approach | 01/01/2013 | 11/30/2015 | | Transcatheter Aortic Valve Replacement (TAVR) (Company) |
| Commercial/ASO, Medicare, OHP, PEBB | 33365 | Transcatheter Aortic Valve Replacement (TAVR/TAVI) With Prosthetic Valve; Transaortic Approach | 01/01/2013 | 11/30/2015 | | Transcatheter Aortic Valve Replacement (TAVR) (Company) |
| Commercial/ASO, Medicare, OHP, PEBB | 33366 | Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transapical exposure (eg, left thoracotomy) | 01/01/2014 | 11/30/2015 | | Transcatheter Aortic Valve Replacement (TAVR) (Company) |
| Commercial/ASO, Medicare, OHP, PEBB | 33927 | Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy | 01/01/2018 | 04/30/2022 | | Cardiac: Ventricular Assist Devices (VAD/LVAD) and Artificial Heart (BIVAD) ARCHIVED 3/1/2022 |
| Commercial/ASO, Medicare, OHP, PEBB | 33928 | Removal and replacement of total replacement heart system (artificial heart) | 01/01/2018 | 04/30/2022 | | Cardiac: Ventricular Assist Devices (VAD/LVAD) and Artificial Heart (BIVAD) ARCHIVED 3/1/2022 |
| Commercial/ASO, Medicare, OHP, PEBB | 33929 | Removal of a total replacement heart system (artificial heart) for heart transplantation (List separately in addition to code for primary procedure) | 01/01/2018 | 04/30/2022 | | Cardiac: Ventricular Assist Devices (VAD/LVAD) and Artificial Heart (BIVAD) ARCHIVED 3/1/2022; Organ Transplantation (Company); Organ Transplantation (Medicare) |

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|-------------------------------------|-------|--|------------------------------------|--------------------------------------|--|---|
| 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 42 in OHA’s prioritized list for additional billing guidelines. | Organ Transplantation (Company); Organ Transplantation (Medicare) |
| 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 | 33975 | Implantation of Ventricular Assist Device; Single Ventricle Support | 09/01/2003 | 04/30/2022 | | Cardiac: Ventricular Assist Devices (VAD/LVAD) and Artificial Heart (BIVAD) ARCHIVED 3/1/2022 |

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|-------------------------------------|-------|--|------------------------------------|--------------------------------------|---------------------------|---|
| Commercial/ASO, Medicare, OHP, PEBB | 33977 | Removal of Ventricular Assist Device; Single Ventricle Support | 09/01/2003 | 12/31/2016 | | Cardiac: Ventricular Assist Devices (VAD/LVAD) and Artificial Heart (BIVAD) ARCHIVED 3/1/2022 |
| Commercial/ASO, Medicare, OHP, PEBB | 33978 | Removal of Ventricular Assist Device; Biventricular Support | 09/01/2003 | 12/31/2016 | | Cardiac: Ventricular Assist Devices (VAD/LVAD) and Artificial Heart (BIVAD) ARCHIVED 3/1/2022 |
| Commercial/ASO, Medicare, OHP, PEBB | 33979 | Insertion Of Ventricular Assist Device, Implantable Intracorporeal, Single Ventricle | 09/01/2003 | 04/30/2022 | | Cardiac: Ventricular Assist Devices (VAD/LVAD) and Artificial Heart (BIVAD) ARCHIVED 3/1/2022 |
| Commercial/ASO, Medicare, OHP, PEBB | 33980 | Removal Of Ventricular Assist Device, Implantable Intracorporeal, Single Ventricle | 09/01/2003 | 12/31/2016 | | Cardiac: Ventricular Assist Devices (VAD/LVAD) and Artificial Heart (BIVAD) ARCHIVED 3/1/2022 |
| Commercial/ASO, Medicare, OHP, PEBB | 33982 | Replacement of Ventricular Assist Device Pump(s); Implantable Intracorporeal, Single Ventricle, w/o Cardiopulmonary Bypass | 01/01/2010 | 12/31/2016 | | Cardiac: Ventricular Assist Devices (VAD/LVAD) and Artificial Heart (BIVAD) ARCHIVED 3/1/2022 |
| Commercial/ASO, Medicare, OHP, PEBB | 33983 | Replacement of Ventricular Assist Device Pump(s); Implantable Intracorporeal, Single Ventricle, W Cardiopulmonary Bypass | 01/01/2010 | 12/31/2016 | | Cardiac: Ventricular Assist Devices (VAD/LVAD) and Artificial Heart (BIVAD) ARCHIVED 3/1/2022 |
| Commercial/ASO, Medicare, OHP, PEBB | 33990 | Insertion Of Ventricular Assist Device, Percutaneous; Arterial Access Only | 01/01/2013 | 04/30/2022 | | Cardiac: Ventricular Assist Devices (VAD/LVAD) and Artificial Heart (BIVAD) ARCHIVED 3/1/2022 |
| Commercial/ASO, Medicare, OHP, PEBB | 33991 | Insertion Of Ventricular Assist Device, Percutaneous; Both Arterial And Venous Access, With Transseptal Puncture | 01/01/2013 | 04/30/2022 | | Cardiac: Ventricular Assist Devices (VAD/LVAD) and Artificial Heart (BIVAD) ARCHIVED 3/1/2022 |
| Commercial/ASO, Medicare, OHP, PEBB | 33992 | Removal Of Percutaneous Ventricular Assist Device At Separate And Distinct Session From Insertion | 01/01/2013 | 12/31/2016 | | Cardiac: Ventricular Assist Devices (VAD/LVAD) and Artificial Heart (BIVAD) ARCHIVED 3/1/2022 |
| Commercial/ASO, Medicare, OHP, PEBB | 33993 | Repositioning Of Percutaneous Ventricular Assist Device With Imaging Guidance At Separate Session From Insertion | 01/01/2013 | 12/31/2016 | | Cardiac: Ventricular Assist Devices (VAD/LVAD) and Artificial Heart (BIVAD) ARCHIVED 3/1/2022 |

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|-------------------------------------|-------|--|------------------------------------|--------------------------------------|---------------------------|---|
| Commercial/ASO, Medicare, OHP, PEBB | 33995 | Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; right heart, venous access only | 01/01/2021 | 04/30/2022 | | Cardiac: Ventricular Assist Devices (VAD/LVAD) and Artificial Heart (BIVAD) ARCHIVED 3/1/2022 |
| Commercial/ASO, Medicare, OHP, PEBB | 33997 | Removal of percutaneous right heart ventricular assist device, venous cannula, at separate and distinct session from insertion | 01/01/2021 | 04/30/2022 | | Cardiac: Ventricular Assist Devices (VAD/LVAD) and Artificial Heart (BIVAD) ARCHIVED 3/1/2022 |
| Commercial/ASO, Medicare, OHP, PEBB | 34841 | Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrate | 10/01/2014 | 05/31/2017 | | Fenestrated Endovascular Repair |
| Commercial/ASO, Medicare, OHP, PEBB | 34842 | Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrate | 10/01/2014 | 05/31/2017 | | Fenestrated Endovascular Repair |
| Commercial/ASO, Medicare, OHP, PEBB | 34843 | Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrate | 10/01/2014 | 05/31/2017 | | Fenestrated Endovascular Repair |
| Commercial/ASO, Medicare, OHP, PEBB | 34844 | Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrate | 10/01/2014 | 05/31/2017 | | Fenestrated Endovascular Repair |
| Commercial/ASO, Medicare, OHP, PEBB | 34845 | Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) | 10/01/2014 | 05/31/2017 | | Fenestrated Endovascular Repair |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|---------------------------|---|
| Commercial/ASO, Medicare, OHP, PEBB | 34848 | Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) | 10/01/2014 | 05/31/2017 | | Fenestrated Endovascular Repair |
| Commercial/ASO, Medicare, OHP, PEBB | 36215 | Intro Cath Head/Neck Artery | 01/01/2013 | | | Blood Brain Barrier Disruption and Bypass (Company); Blood Brain Barrier Disruption and Bypass (Medicare) |
| Commercial/ASO, Medicare, OHP, PEBB | 36216 | Select Cath Plcmt Art; 2nd Order Thoraci | 01/01/2013 | | | Blood Brain Barrier Disruption and Bypass (Company); Blood Brain Barrier Disruption and Bypass (Medicare) |
| Commercial/ASO, Medicare, OHP, PEBB | 36217 | Select Cath Plcmt Art;3rd Ord Thrc | 01/01/2013 | | | Blood Brain Barrier Disruption and Bypass (Company); Blood Brain Barrier Disruption and Bypass (Medicare) |
| Commercial/ASO, Medicare, OHP, PEBB | 36218 | Select Cath Plcmt Art; Add 2nd/3rd Order | 01/01/2013 | | | Blood Brain Barrier Disruption and Bypass (Company); Blood Brain Barrier Disruption and Bypass (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) |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|---------------------------|--|
| Commercial/ASO, Medicare, OHP | 36468 | Single or multiple injections of sclerosing solutions, spider veins (telangiectasia), limb or trunk | 10/01/2014 | 12/31/2017 | | Varicose Veins (Company); Varicose Veins (PEBB Only) |
| Commercial/ASO, Medicare, OHP, PEBB | 36469 | 1+injec-Scler.Sol,Spider Veins;face | 10/01/2014 | 12/31/2015 | | Varicose Veins (Company); Varicose Veins (PEBB Only) |
| 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 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) | 01/01/2018 | | | Varicose Veins (Medicare) |
| 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) |

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|-------------------------------------|-------|--|------------------------------------|--------------------------------------|--|---|
| 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) |
| Commercial/ASO, Medicare, OHP, PEBB | 36511 | Therapeutic apheresis; for white blood cells | 11/01/2022 | | Commercial/ASO, Medicare, OHP, PEBB - This code will pay if billed with location code 21 | Apheresis (Therapeutic Pheresis) (Company); Apheresis (Therapeutic Pheresis) (Medicare) |
| Commercial/ASO, Medicare, OHP, PEBB | 36512 | Therapeutic apheresis; for red blood cells | 11/01/2022 | | Commercial/ASO, Medicare, OHP, PEBB - This code will pay if billed with location code 21 | Apheresis (Therapeutic Pheresis) (Company); Apheresis (Therapeutic Pheresis) (Medicare) |
| Commercial/ASO, Medicare, OHP, PEBB | 36513 | Therapeutic apheresis; for platelets | 11/01/2022 | | Commercial/ASO, Medicare, OHP, PEBB - This code will pay if billed with location code 21 | Apheresis (Therapeutic Pheresis) (Company); Apheresis (Therapeutic Pheresis) (Medicare) |
| Commercial/ASO, Medicare, OHP, PEBB | 36514 | Therapeutic apheresis; for plasma pheresis | 10/01/2021 | 10/31/2022 | | Apheresis (Therapeutic Pheresis) (Company); Apheresis (Therapeutic Pheresis) (Medicare) |
| Commercial/ASO, Medicare, OHP, PEBB | 36514 | Therapeutic apheresis; for plasma pheresis | 11/01/2022 | | Commercial/ASO, Medicare, OHP, PEBB - This code will pay if billed with location code 21 | Apheresis (Therapeutic Pheresis) (Company); Apheresis (Therapeutic Pheresis) (Medicare) |
| Commercial/ASO, Medicare, OHP, PEBB | 36516 | Therapeutic apheresis; with extracorporeal immunoabsorption, selective adsorption or selective filtration and plasma reinfusion | 10/01/2021 | 10/31/2022 | | Apheresis (Therapeutic Pheresis) (Company); Apheresis (Therapeutic Pheresis) (Medicare) |

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|-------------------------------------|-------|--|------------------------------------|--------------------------------------|--|---|
| Commercial/ASO, Medicare, OHP, PEBB | 36516 | Therapeutic apheresis; with extracorporeal immunoabsorption, selective adsorption or selective filtration and plasma reinfusion | 11/01/2022 | | Commercial/ASO, Medicare, OHP, PEBB - This code will pay if billed with location code 21 | Apheresis (Therapeutic Pheresis) (Company); Apheresis (Therapeutic Pheresis) (Medicare) |
| Commercial/ASO, Medicare, OHP, PEBB | 36522 | Photopheresis, extracorporeal | 11/01/2022 | | Commercial/ASO, Medicare, OHP, PEBB - This code will pay if billed with location code 21 | Apheresis (Therapeutic Pheresis) (Company); Apheresis (Therapeutic Pheresis) (Medicare) |
| Commercial/ASO, 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/ASO, 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/ASO, Medicare | 36903 | Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct | 05/06/2025 | | Carelon prior authorization required. Prior authorization excludes ASO. | General Requirements - Cardiovascular Care |

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|--------------------------|-------|--|------------------------------------|--------------------------------------|---|--|
| | | 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 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/ASO, 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/ASO, 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 |

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|-------------------------------------|-------|--|------------------------------------|--------------------------------------|---|--|
| Commercial/ASO, 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 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 | 05/06/2025 | | Carelon prior authorization required. Prior authorization excludes ASO. | General Requirements - Cardiovascular Care |
| Commercial/ASO, Medicare, OHP | 37188 | Percutaneous transluminal mechanical thrombectomy, vein(s), repeat treatment on subsequent day of thrombolytic therapy | 12/01/2012 | 10/31/2017 | | Varicose Veins (Company); Varicose Veins (PEBB Only) |
| Commercial/ASO, Medicare, OHP, PEBB | 37202 | Transcath Infusion Any Not Thromb | 01/01/2013 | 12/31/2015 | | |
| Commercial/ASO, Medicare | 37220 | Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty | 05/06/2025 | | Carelon prior authorization required. Prior authorization excludes ASO. | General Requirements - Cardiovascular Care |
| Commercial/ASO, Medicare | 37221 | Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed | 05/06/2025 | | Carelon prior authorization required. Prior authorization excludes ASO. | General Requirements - Cardiovascular Care |
| Commercial/ASO, Medicare | 37224 | Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty | 05/06/2025 | | Carelon prior authorization required. Prior authorization excludes ASO. | General Requirements - Cardiovascular Care |
| Commercial/ASO, Medicare | 37225 | Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes | 05/06/2025 | | Carelon prior authorization required. Prior authorization excludes ASO. | General Requirements - Cardiovascular Care |

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|--------------------------|-------|---|------------------------------------|--------------------------------------|---|--|
| | | angioplasty within the same vessel, when performed | | | | |
| Commercial/ASO, Medicare | 37226 | Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed | 05/06/2025 | | Carelon prior authorization required. Prior authorization excludes ASO. | General Requirements - Cardiovascular Care |
| Commercial/ASO, Medicare | 37227 | Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed | 05/06/2025 | | Carelon prior authorization required. Prior authorization excludes ASO. | General Requirements - Cardiovascular Care |
| Commercial/ASO, Medicare | 37228 | Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty | 05/06/2025 | | Carelon prior authorization required. Prior authorization excludes ASO. | General Requirements - Cardiovascular Care |
| Commercial/ASO, Medicare | 37229 | Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed | 05/06/2025 | | Carelon prior authorization required. Prior authorization excludes ASO. | General Requirements - Cardiovascular Care |
| Commercial/ASO, Medicare | 37230 | Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed | 05/06/2025 | | Carelon prior authorization required. Prior authorization excludes ASO. | General Requirements - Cardiovascular Care |
| Commercial/ASO, Medicare | 37231 | Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed | 05/06/2025 | | Carelon prior authorization required. Prior authorization excludes ASO. | General Requirements - Cardiovascular Care |

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|--------------------------|-------|---|------------------------------------|--------------------------------------|---|--|
| 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/ASO | 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/ASO, 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 interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction | 01/01/2018 | 05/05/2025 | This code requires a Prior Authorization when billed with certain diagnosis codes | Ablation for Liver Tumors (Medicare) |
| Commercial/ASO, OHP | 37243 | Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, | 01/01/2018 | 05/05/2025 | This code requires a Prior Authorization when billed with certain diagnosis codes | Ablation for Liver Tumors (Company); Benign Prostatic Hyperplasia Treatments (Company) |

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|---------------------------|-------|--|------------------------------------|--------------------------------------|--|--|
| | | and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction | | | | |
| Medicare | 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 | | Carelon prior authorization required. | General Requirements - Cardiovascular Care |
| Commercial/ASO | 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 | | Carelon prior authorization required. Prior authorization excludes ASO. | General Requirements - Cardiovascular Care |
| Commercial/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 | | Applies to ASO groups only. For commercial, refer to Carelon Cardiology. This code requires a Prior Authorization when billed with certain diagnosis codes | Ablation for Liver Tumors (Company) |
| Commercial/ASO, 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/ASO, OHP, PEBB | 37500 | Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (SEPS) | 01/01/2018 | | | Varicose Veins (Company) |
| Medicare | 37500 | Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (SEPS) | 10/01/2020 | | | Varicose Veins (Medicare) |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|---------------------------|---|
| 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) |
| 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 | 38204 | Management of Recipient Hematopoietic Progenitor Cell Donor Search and Cell Acquisition | 09/01/2003 | 04/30/2024 | | Stem Cell Transplantation (Company); Stem Cell Transplantation (Medicare) |

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|-------------------------------------|-------|--|------------------------------------|--------------------------------------|--|--|
| 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) |
| 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) |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|--|--|
| 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 lymphocytes for transportation (eg, cryopreservation, storage) | 01/01/2025 | | Commercial/ASO,Medicare,OHP,PEBB - Chimeric antigen receptor T-cell (CAR-T) therapy; preparation of 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 | |
| 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 | Stem Cell Transplantation (Company); Stem Cell Transplantation (Medicare) |

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|-------------------------------------|-------|--|------------------------------------|--------------------------------------|---|--|
| | | | | | required for OHP for contracted transplant facilities. Refer to guideline note 42 in OHA's prioritized list for additional billing guidelines | |
| 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) |
| Commercial/ASO, OHP, PEBB | 41120 | Glossectomy; less than one-half tongue | 02/01/2017 | 11/30/2019 | | Sleep Apnea: Surgical Treatments; Sleep Disorder Surgery (Company) |
| Medicare | 41120 | Glossectomy; less than one-half tongue | 02/01/2017 | 11/30/2019 | | Sleep Apnea: Surgical Treatments; Sleep Disorder Surgery (Medicare) |
| Commercial/ASO, Medicare, OHP, PEBB | 41500 | Fixation of tongue, mechanical, other than suture (eg, K-wire) | 02/01/2017 | 12/31/2018 | | Sleep Apnea: Surgical Treatments |
| Commercial/ASO, OHP, PEBB | 41530 | Submucosal Ablation of the Tongue Base, Radiofrequency, One or More Sites, Per Session | 05/01/2010 | 11/30/2019 | | Sleep Disorder Surgery (Company) |
| 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, OHP, PEBB | 42140 | Uvulectomy | 09/01/2003 | 11/30/2022 | | Sleep Disorder Surgery (Company) |
| Commercial/ASO, Medicare, OHP, PEBB | 42145 | Uvuloplastopharyngoplasty | 09/01/2003 | | Medicare - In-plan only, no opt-out benefit | Sleep Disorder Surgery (Company); Sleep Disorder Surgery (Medicare) |

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|-------------------------------------|-------|--|------------------------------------|--------------------------------------|----------------------------------|---|
| Commercial/ASO, OHP, PEBB | 42160 | Destruct Lesion Palate/Uvula | 09/01/2003 | 11/30/2019 | In-plan only, no opt-out benefit | Sleep Disorder Surgery (Company) |
| 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, OHP, PEBB | 42953 | Repair Pharyngoesophageal | 04/01/2007 | 11/30/2019 | | Sleep Disorder Surgery (Company) |
| Medicare | 42953 | Repair Pharyngoesophageal | 04/01/2007 | 11/30/2019 | | 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); Magnetic Esophageal Ring for Gastroesophageal Reflux Disease (GERD) (Medicare); Neuromuscular Drugs: Botulinum Toxin |
| OHP | 43201 | Esophagoscopy, flexible, transoral; with directed submucosal injection(s), any substance | 05/01/2018 | 12/31/2018 | | Endoscopic Treatments for Gastroesophageal Reflux Disease (GERD) (Company); Magnetic Esophageal Ring for Gastroesophageal Reflux Disease (GERD) (Medicare) |
| Commercial/ASO, Medicare, PEBB | 43201 | Esophagoscopy, flexible, transoral; with directed submucosal injection(s), any substance | 05/01/2018 | | | Botulinum Toxin - Medicare Part B - Pharmacy Policy; Endoscopic Treatments for Gastroesophageal Reflux Disease (GERD) (Company); Magnetic Esophageal Ring for Gastroesophageal Reflux Disease (GERD) (Medicare); Neuromuscular Drugs: Botulinum Toxin |
| Medicare | 43210 | Esophagogastroduodenoscopy, flexible, transoral; with esophagogastric fundoplasty, partial or complete, includes duodenoscopy when performed | 05/01/2018 | 03/31/2022 | | Magnetic Esophageal Ring for Gastroesophageal Reflux Disease (GERD) (Medicare) |

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|-------------------------------------|-------|--|------------------------------------|--------------------------------------|---------------------------|---|
| 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) |
| OHP | 43236 | Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance | 05/01/2018 | 12/31/2018 | | Endoscopic Treatments for Gastroesophageal Reflux Disease (GERD) (Company); Magnetic Esophageal Ring for Gastroesophageal Reflux Disease (GERD) (Medicare) |
| Commercial/ASO, Medicare, PEBB | 43236 | Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance | 05/01/2018 | | | Botulinum Toxin - Medicare Part B - Pharmacy Policy; Endoscopic Treatments for Gastroesophageal Reflux Disease (GERD) (Company); Magnetic Esophageal Ring for Gastroesophageal Reflux Disease (GERD) (Medicare); Neuromuscular Drugs: Botulinum Toxin |
| Commercial/ASO, Medicare, OHP, PEBB | 43327 | Esophagogastric Fundoplasty Partial Or Complete; Laparotomy | 01/01/2011 | 05/31/2018 | | Endoscopic Treatments for Gastroesophageal Reflux Disease (GERD) (Company) |
| Commercial/ASO, Medicare, OHP, PEBB | 43497 | Lower esophageal myotomy, transoral (ie, peroral endoscopic myotomy [POEM]) | 01/01/2022 | | | Peroral Endoscopic Myotomy (POEM) (Company); Peroral Endoscopic Myotomy (POEM) (Medicare) |
| 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 (Intel Connected Care Only) ARCHIVED 1/1/19; Bariatric Surgery (Medicare); Bariatric Surgery (Oregon Health Plan Only) ARCHIVED 1/1/19 |

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|-------------------------------------|-------|--|------------------------------------|--------------------------------------|---------------------------|---|
| 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); Bariatric Surgery (Oregon Health Plan Only) ARCHIVED 1/1/19 |
| 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 (Intel Connected Care Only) ARCHIVED 1/1/19; Bariatric Surgery (Medicare); Bariatric Surgery (Oregon Health Plan Only) ARCHIVED 1/1/19 |
| 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 (Intel Connected Care Only) ARCHIVED 1/1/19; Bariatric Surgery (Medicare); Bariatric Surgery (Oregon Health Plan Only) ARCHIVED 1/1/19 |
| Commercial/ASO, Medicare, OHP, PEBB | 43775 | Laparoscopy, Surgical, Gastric Restrictive Procedure; Longitudinal Gastrectomy (ie, Sleeve Gastrectomy) | 05/01/2012 | | | Bariatric Surgery (Company); Bariatric Surgery (Intel Connected Care Only) ARCHIVED 1/1/19; Bariatric Surgery (Medicare); Bariatric Surgery (Oregon Health Plan Only) ARCHIVED 1/1/19 |
| Commercial/ASO, OHP, PEBB | 43842 | Gastroplsty Vertical-Banded Obesity | 09/01/2003 | 12/31/2018 | | Bariatric Surgery (Company); Bariatric: Revision or Repeat Surgery |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|---|---|
| Medicare | 43842 | Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty | 09/01/2003 | 02/28/2017 | | 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 (Intel Connected Care Only) ARCHIVED 1/1/19; Bariatric Surgery (Medicare); Bariatric Surgery (Oregon Health Plan Only) ARCHIVED 1/1/19 |
| Commercial/ASO, Medicare, OHP, PEBB | 43847 | Gstrc Restrictve Prcd w Gstrc Byyps F Morbid Obesity; 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 | 43850 | Rev Gastroduodenostomy Wo Vagotomy | 10/01/2009 | 12/31/2021 | Code no longer valid effective 1/1/2022 | Bariatric Surgery (Medicare) |
| Commercial/ASO, OHP, PEBB | 43850 | Revision of gastroduodenal anastomosis (gastroduodenostomy) with reconstruction; without vagotomy | 09/01/2018 | 12/31/2021 | Code no longer valid effective 1/1/2022 | |
| Medicare | 43855 | Revis.Gastroduo.Anast,Recons;w/Vag | 10/01/2009 | 12/31/2021 | Code no longer valid effective 1/1/2022 | Bariatric Surgery (Medicare) |
| Commercial/ASO, OHP, PEBB | 43855 | Revision of gastroduodenal anastomosis (gastroduodenostomy) with reconstruction; with vagotomy | 09/01/2018 | 12/31/2021 | Code no longer valid effective 1/1/2022 | Bariatric Surgery (Company) |
| Medicare | 43860 | Rev Gastrojejunostomy Wo Vagotomy | 10/01/2009 | | | Bariatric Surgery (Medicare) |
| Commercial/ASO, OHP, PEBB | 43860 | Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with | 09/01/2018 | | | Bariatric Surgery (Company) |

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Providence Health Plan Combined 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 without partial gastrectomy or intestine resection; without vagotomy | | | | |
| 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) |
| Commercial/ASO, OHP, PEBB | 43888 | Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only | 01/01/2013 | | | Bariatric Surgery (Company); Bariatric Surgery (Intel Connected Care Only) ARCHIVED 1/1/19; Bariatric Surgery (Oregon Health Plan Only) ARCHIVED 1/1/19 |

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| 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 | 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, PEBB | 46505 | Chemodervation of internal anal sphincter | 09/01/2019 | | | Botulinum Therapies (Company); Botulinum Therapies (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) |
| 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 | Organ Transplantation (Company); Organ Transplantation (Medicare) |

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| Combined PA List | Code | Code Description | Prior Authorization Effective Date | Prior Authorization Termination Date | Combined Additional Notes | Medical Policy Name: Policy |
|-------------------------------------|-------|--|------------------------------------|--------------------------------------|--|---|
| | | | | | facilities. Refer to guideline note 42 in OHA's prioritized list for additional billing guidelines. | |
| 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) |
| 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) |

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| 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 | 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, 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 42 in OHA’s prioritized list for additional billing guidelines. | Organ Transplantation (Company); Organ Transplantation (Medicare) |
| 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 | Organ Transplantation (Company); Organ Transplantation (Medicare) |

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| Combined PA List | Code | Code Description | Prior Authorization Effective Date | Prior Authorization Termination Date | Combined Additional Notes | Medical Policy Name: Policy |
|-------------------------------------|-------|--|------------------------------------|--------------------------------------|--|---|
| | | | | | facilities. Refer to guideline note 42 in OHA's prioritized list for additional billing guidelines. | |
| 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) |
| 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) |

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| 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 | 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/Recipt 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 42 in OHA’s prioritized list for additional billing guidelines. | Organ Transplantation (Company); Organ Transplantation (Medicare) |
| 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) |

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| 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 | 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) |
| OHP | 52287 | Cystourethroscopy, With Injection(s) For Chemodenervation Of The Bladder | 01/01/2013 | 12/31/2018 | | Botulinum Therapies (Company) |
| Commercial/ASO, Medicare, PEBB | 52287 | Cystourethroscopy, With Injection(s) For Chemodenervation Of The Bladder | 01/01/2013 | | | Botulinum Therapies (Company); Botulinum Toxin - Medicare Part B - Pharmacy Policy |
| 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) |
| Commercial/ASO, OHP, PEBB | 52441 | Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant | 07/01/2017 | | | Benign Prostatic Hyperplasia Treatments (Company) |
| Medicare | 52441 | Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant | 07/01/2017 | 01/31/2022 | | Prostate: Prostatic Urethral Lift ARCHIVED 2/1/2022 |
| 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) |

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| Combined PA List | Code | Code Description | Prior Authorization Effective Date | Prior Authorization Termination Date | Combined Additional Notes | Medical Policy Name: Policy |
|-------------------------------------|-------|---|------------------------------------|--------------------------------------|---------------------------|---|
| Medicare | 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 | 01/31/2022 | | Prostate: Prostatic Urethral Lift ARCHIVED 2/1/2022 |
| Commercial/ASO, Medicare, OHP, PEBB | 53430 | Urethroplasty, reconstruction of female urethra | 01/01/2018 | 12/31/2022 | | Gender Affirming Surgical Interventions (Company) |
| 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) |
| 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, OHP, PEBB | 53860 | Transurethral Radiofrequency Micro-Remodeling Of The Female Bladder Neck And Proximal Urethra | 01/01/2013 | 12/31/2016 | | Urinary Dysfunction Treatments (Company) |
| Medicare | 53860 | Transurethral Radiofrequency Micro-Remodeling Of The Female Bladder Neck And Proximal Urethra | 01/01/2011 | 06/30/2019 | | Urinary Dysfunction Treatments (Medicare) |

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|-------------------------------------|-------|--|------------------------------------|--------------------------------------|--|--|
| Commercial/ASO, Medicare, OHP, PEBB | 54120 | Amputation of penis; partial | 01/01/2018 | 12/31/2022 | | Gender Affirming Surgical Interventions (Company) |
| Commercial/ASO, Medicare, OHP, PEBB | 54125 | Amputation of penis; complete | 01/01/2018 | 12/31/2022 | | Gender Affirming Surgical Interventions (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 | | | 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 | 54520 | Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach | 01/01/2018 | 12/31/2022 | | Gender Affirming Surgical Interventions (Company) |
| Commercial/ASO, Medicare, OHP, PEBB | 54660 | Insertion of testicular prosthesis (separate procedure) | 01/01/2018 | 12/31/2022 | | Gender Affirming Surgical Interventions (Company) |
| Commercial/ASO, Medicare, OHP, PEBB | 54690 | Laparoscopy, surgical; orchiectomy | 01/01/2018 | 12/31/2022 | | Gender Affirming Surgical Interventions (Company) |

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|-------------------------------------|-------|--|------------------------------------|--------------------------------------|--|---|
| Commercial/ASO, Medicare, OHP, PEBB | 55150 | Resection of scrotum | 01/01/2018 | 12/31/2022 | | Gender Affirming Surgical Interventions (Company) |
| Commercial/ASO, Medicare, OHP, PEBB | 55175 | Scrotoplasty; simple | 01/01/2018 | 12/31/2022 | | Gender Affirming Surgical Interventions (Company) |
| Commercial/ASO, Medicare, OHP, PEBB | 55180 | Scrotoplasty; complicated | 01/01/2018 | 12/31/2022 | | Gender Affirming Surgical Interventions (Company) |
| Commercial/ASO, Medicare, OHP, PEBB | 55706 | Biopsies, Prostate, Needle, Transperineal, Stereotactic Template Guided Saturation Sampling, Including Imaging Guidance | 11/01/2012 | 03/31/2016 | | |
| Commercial/ASO, Medicare, OHP, PEBB | 55873 | Cryosurgical Ablation of the Prostate (Incl Ultrasonic Probe Placemnt) | 09/01/2003 | 05/31/2017 | | Prostate: Cryosurgical Ablation For Prostate Cancer |
| 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) ; New and Emerging Technologies and Other Non-Covered Services (Company) |
| Commercial/ASO, OHP, PEBB | 55970 | Intersex Op Male to Female | 01/01/2015 | 12/31/2022 | | Gender Affirming Surgical Interventions (Company) |
| Medicare | 55970 | Intersex surgery; male to female | 01/01/2018 | 12/31/2022 | | Gender Affirming Surgical Interventions (Company) |
| Commercial/ASO, OHP, PEBB | 55980 | Intersex Surgery;female to Male | 01/01/2015 | 12/31/2022 | Commercial/ASO,PEBB - | Gender Affirming Surgical Interventions (Company) |
| Medicare | 55980 | Intersex surgery; female to male | 01/01/2018 | 12/31/2022 | | Gender Affirming Surgical Interventions (Company) |
| Commercial/ASO, Medicare, OHP, PEBB | 56625 | Vulvectomy simple; complete | 01/01/2018 | 11/30/2018 | | Gender Affirming Surgical Interventions (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) |

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|-------------------------------------|-------|--|------------------------------------|--------------------------------------|--|--|
| Commercial/ASO, Medicare, OHP, PEBB | 56805 | Clitoroplasty for intersex state | 01/01/2018 | 12/31/2022 | | Gender Affirming Surgical Interventions (Company) |
| Commercial/ASO, Medicare, OHP, PEBB | 57106 | Vaginectomy, partial removal of vaginal wall | 01/01/2018 | 12/31/2022 | | Gender Affirming Surgical Interventions (Company) |
| Commercial/ASO, Medicare, OHP, PEBB | 57110 | Vaginectomy, complete removal of vaginal wall | 01/01/2018 | 12/31/2022 | | Gender Affirming Surgical Interventions (Company) |
| 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, Medicare, OHP, PEBB | 57295 | Revision (including removal) of prosthetic vaginal graft; vaginal approach | 01/01/2018 | 12/31/2019 | | |
| Commercial/ASO, Medicare, OHP, PEBB | 57335 | Vaginoplasty for intersex state | 01/01/2018 | 12/31/2022 | | Gender Affirming Surgical Interventions (Company) |
| Commercial/ASO, Medicare, OHP, PEBB | 57426 | Revision (including removal) of prosthetic vaginal graft, laparoscopic approach | 01/01/2018 | 12/31/2019 | | |
| 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 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-urethrocytopexy (eg, Marshall-Marchetti-Krantz, Burch) | 02/01/2022 | | This code may require PA depending on diagnosis code. This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9 | Hysterectomy for Benign Conditions (Company) |

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|---------------------------|-------|---|------------------------------------|--------------------------------------|---|--|
| 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 | 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 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 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 | Hysterectomy for Benign Conditions (Company) |
| 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 | 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 | 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 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 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 | Hysterectomy for Benign Conditions (Company) |

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|---------------------------|-------|---|------------------------------------|--------------------------------------|--|--|
| | | | | | for the following diagnoses: F64.0, F64.1, F64.8 and F64.9 | |
| 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 | 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 for the following diagnoses: F64.0, F64.1, F64.8 and F64.9 | Hysterectomy for Benign Conditions (Company) |
| 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 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 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 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 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 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 | Hysterectomy for Benign Conditions (Company) |

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| | | | | | for the following diagnoses: F64.0, F64.1, F64.8 and F64.9 | |
| 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 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 for the following diagnoses: F64.0, F64.1, F64.8 and F64.9 | Hysterectomy for Benign Conditions (Company) |
| 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 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 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 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) |

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|-------------------------------------|-------|--|------------------------------------|--------------------------------------|---------------------------|--|
| Commercial/ASO, Medicare, OHP, PEBB | 59015 | Chorionic Villus Sampling, Any Method | 01/01/2012 | 01/31/2018 | | Genetic Testing for Reproductive Planning and Prenatal Testing (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, Medicare, OHP, PEBB | 61650 | Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombolysis, arterial, including catheter placement, diagnostic angiography, and imaging guidance; initial vascular territory | 01/01/2016 | 06/30/2017 | | |
| Commercial/ASO, Medicare, OHP, PEBB | 61651 | Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombolysis, arterial, including catheter placement, diagnostic angiography, and imaging guidance; each additional vascular territory (List separately in addition to code for primary procedure) | 01/01/2016 | 06/30/2017 | | |
| Commercial/ASO, OHP, PEBB | 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) (Company) |
| 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) |

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|-------------------------------------|-------|--|------------------------------------|--------------------------------------|---------------------------|---|
| 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) |
| 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) |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|---------------------------|---|
| 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) |
| Medicare | 62287 | Asp Percutaneous Discectomy One/Mult Lev | 01/01/2022 | 12/31/2022 | | Spinal Fusion and Decompression Procedures (Company) |
| Commercial/ASO, OHP, PEBB | 62310 | Injection, single, with or w/o contrast of diag or therapeutic substance, epidural or subarachnoid; cervical or thoracic | 06/01/2015 | 12/31/2016 | | Spinal Epidural Steroid Injections (Company) |
| Medicare | 62310 | Injection, single, with or w/o contrast of diag or therapeutic substance, epidural or subarachnoid; cervical or thoracic | 06/01/2015 | 09/30/2015 | | Spinal Epidural Steroid Injections (Company) |

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| Commercial/ASO, OHP, PEBB | 62311 | Injection, single, with or w/o contrast of diag or therapeutic substance, epidural or subarachnoid; lumbar, sacral | 06/01/2015 | 12/31/2016 | | Spinal Epidural Steroid Injections (Company) |
| Medicare | 62311 | Injection, single, with or w/o contrast of diag or therapeutic substance, epidural or subarachnoid; lumbar, sacral | 06/01/2015 | 09/30/2015 | | Spinal Epidural Steroid Injections (Company) |
| Medicare | 62320 | Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance | 02/01/2017 | 07/31/2017 | | Spinal Epidural Steroid Injections (Medicare) |
| Commercial/ASO, OHP, PEBB | 62320 | Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance | 01/01/2017 | 12/31/2020 | | Spinal Epidural Steroid Injections (Company) |
| Medicare | 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 | 02/01/2017 | 07/31/2017 | | Spinal Epidural Steroid Injections (Medicare) |
| 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 | 01/01/2017 | | | Spinal Epidural Steroid Injections (Company) |

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| | | subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT) | | | | |
| Commercial/ASO, OHP, PEBB | 62322 | Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance | 01/01/2017 | 12/31/2020 | | 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, OHP, PEBB | 62324 | Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance | 01/01/2017 | 07/31/2017 | | Spinal Epidural Steroid Injections (Company) |
| Medicare | 62324 | Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance | 02/01/2017 | 07/31/2017 | | Spinal Epidural Steroid Injections (Company) |

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| Medicare | 62380 | Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc, 1 interspace, lumbar | 01/01/2022 | 12/31/2022 | | Spinal Fusion and Decompression Procedures (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 or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; sacral | 09/01/2003 | | | Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare) |
| 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 | | | Back: Lumbar Spine Surgery Archived 12/1/19; Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare) |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|---------------------------|---|
| 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) |
| 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) |

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|-------------------------------------|-------|--|------------------------------------|--------------------------------------|---------------------------|---|
| 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) |
| 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 | 09/01/2003 | | | Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare) |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|---------------------------|---|
| | | root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar | | | | |
| 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) |
| 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, | 01/01/2007 | | | Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare) |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|---------------------------|---|
| | | herniated intervertebral disc), single segment; thoracic | | | | |
| 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) |
| 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) |

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|-------------------------------------|-------|--|------------------------------------|--------------------------------------|---------------------------|--|
| Commercial/ASO, Medicare, OHP, PEBB | 63077 | Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctectomy; 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 osteophyctectomy; 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) |
| 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 | | | Back: Lumbar Spine Surgery Archived 12/1/19; Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare) |

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|-------------------------------------|-------|--|------------------------------------|--------------------------------------|---------------------------|--|
| 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 | | | Back: Lumbar Spine Surgery Archived 12/1/19; 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) |
| 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) |

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|-------------------------------------|-------|--|------------------------------------|--------------------------------------|---------------------------|---|
| 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 retracted 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 | 63180 | Laminectomy and section of dentate ligaments, with or without dural graft, cervical; 1 or 2 segments | 04/01/2007 | 11/30/2019 | | Spinal Fusion and Decompression Procedures (Company) |
| Commercial/ASO, Medicare, OHP, PEBB | 63190 | Laminectomy with rhizotomy; more than 2 segments | 04/01/2007 | 11/30/2019 | | Spinal Fusion and Decompression Procedures (Company) |
| Commercial/ASO, Medicare, OHP, PEBB | 63191 | Laminectomy with section of spinal accessory nerve | 04/01/2007 | 11/30/2019 | | Spinal Fusion and Decompression Procedures (Company) |
| Commercial/ASO, Medicare, OHP, PEBB | 63194 | Laminectomy with cordotomy, with section of 1 spinothalamic tract, 1 stage; cervical | 04/01/2007 | 11/30/2019 | | Spinal Fusion and Decompression Procedures (Company) |
| Commercial/ASO, Medicare, OHP, PEBB | 63195 | Laminectomy with cordotomy, with section of 1 spinothalamic tract, 1 stage; thoracic | 04/01/2007 | 11/30/2019 | | Spinal Fusion and Decompression Procedures (Company) |
| Commercial/ASO, Medicare, OHP, PEBB | 63196 | Laminectomy with cordotomy, with section of both spinothalamic tracts, 1 stage; cervical | 04/01/2007 | 11/30/2019 | | Spinal Fusion and Decompression Procedures (Company) |
| Commercial/ASO, Medicare, OHP, PEBB | 63197 | Laminectomy with cordotomy, with section of both spinothalamic tracts, 1 stage; thoracic | 04/01/2007 | 11/30/2019 | | Spinal Fusion and Decompression Procedures (Company) |
| Commercial/ASO, Medicare, OHP, PEBB | 63198 | Laminectomy with cordotomy with section of both spinothalamic tracts, 2 stages within 14 days; cervical | 04/01/2007 | 11/30/2019 | | Spinal Fusion and Decompression Procedures (Company) |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|---------------------------|---|
| Commercial/ASO, Medicare, OHP, PEBB | 63199 | Laminectomy with cordotomy with section of both spinothalamic tracts, 2 stages within 14 days; thoracic | 04/01/2007 | 11/30/2019 | | Spinal Fusion and Decompression Procedures (Company) |
| Commercial/ASO, Medicare, OHP, PEBB | 63200 | Laminectomy, with release of tethered spinal cord, lumbar | 04/01/2009 | 11/30/2019 | | Back: Lumbar Spine Surgery Archived 12/1/19; Spinal Fusion and Decompression Procedures (Company) |
| 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) |
| Commercial/ASO, Medicare, OHP, PEBB | 63270 | Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; cervical | 04/01/2007 | 11/30/2019 | | Spinal Fusion and Decompression Procedures (Company) |
| Commercial/ASO, Medicare, OHP, PEBB | 63271 | Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; thoracic | 04/01/2007 | 11/30/2019 | | Spinal Fusion and Decompression Procedures (Company) |
| Commercial/ASO, Medicare, OHP, PEBB | 63272 | Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; lumbar | 09/01/2003 | 11/30/2019 | | Back: Lumbar Spine Surgery Archived 12/1/19 |
| Commercial/ASO, Medicare, OHP, PEBB | 63275 | Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, cervical | 04/01/2007 | 11/30/2019 | | Spinal Fusion and Decompression Procedures (Company) |
| Commercial/ASO, Medicare, OHP, PEBB | 63276 | Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, thoracic | 04/01/2007 | 11/30/2019 | | Spinal Fusion and Decompression Procedures (Company) |
| Commercial/ASO, Medicare, OHP, PEBB | 63285 | Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, cervical | 04/01/2007 | 11/30/2019 | | Spinal Fusion and Decompression Procedures (Company) |
| Commercial/ASO, Medicare, OHP, PEBB | 63286 | Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracic | 04/01/2007 | 11/30/2019 | | Spinal Fusion and Decompression Procedures (Company) |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|---------------------------|--|
| Commercial/ASO, Medicare, OHP, PEBB | 63295 | Osteoplastic Reconstruction Of Dorsal Spinal Elements, Following Primary Intraspinial Procedure (List Sep) | 09/01/2003 | 08/31/2020 | | |
| Commercial/ASO, Medicare, OHP, PEBB | 63300 | Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, cervical | 04/01/2007 | 11/30/2019 | | Spinal Fusion and Decompression Procedures (Company) |
| Commercial/ASO, Medicare, OHP, PEBB | 63302 | Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by thoracolumbar approach | 04/01/2007 | 11/30/2019 | | Spinal Fusion and Decompression Procedures (Company) |
| Commercial/ASO, Medicare, OHP, PEBB | 63304 | Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, cervical | 04/01/2007 | 11/30/2019 | | Spinal Fusion and Decompression Procedures (Company) |
| Commercial/ASO, Medicare, OHP, PEBB | 63305 | Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by transthoracic approach | 04/01/2007 | 11/30/2019 | | Spinal Fusion and Decompression Procedures (Company) |
| Commercial/ASO, Medicare, OHP, PEBB | 63306 | Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by thoracolumbar approach | 04/01/2007 | 11/30/2019 | | Spinal Fusion and Decompression Procedures (Company) |
| Commercial/ASO, Medicare, OHP, PEBB | 63307 | Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, lumbar or sacral by transperitoneal or retroperitoneal approach | 09/01/2003 | 11/30/2019 | | Back: Lumbar Spine Surgery Archived 12/1/19 |
| Commercial/ASO, Medicare, OHP, PEBB | 63308 | Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; each | 04/01/2007 | 11/30/2019 | | Spinal Fusion and Decompression Procedures (Company) |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|---------------------------|--|
| | | additional segment (List separately in addition to codes for single segment) | | | | |
| 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) |

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|-------------------------------------|-------|--|------------------------------------|--------------------------------------|---------------------------|--|
| 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) |
| Medicare | 64479 | Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level | 02/01/2017 | 07/31/2017 | | Spinal Epidural Steroid Injections (Medicare) |
| 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) |
| Medicare | 64480 | Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level (List separately in addition to code for primary procedure) | 02/01/2017 | 07/31/2017 | | Spinal Epidural Steroid Injections (Medicare) |
| 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) |

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|-------------------------------------|-------|--|------------------------------------|--------------------------------------|---------------------------|--|
| Commercial/ASO, OHP, PEBB | 64553 | Percutaneous implantation of neurostimulator electrode array; cranial nerve | 10/01/2016 | 01/31/2020 | | Electrical Stimulation: Non-Covered Therapies (Company); Vagus Nerve Stimulation (Company) |
| Medicare | 64553 | Percutaneous implantation of neurostimulator electrode array; cranial nerve | 10/01/2016 | 01/31/2020 | | Electrical Stimulation: Non-Covered Therapies (Company); Vagus Nerve Stimulation (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, OHP, PEBB | 64555 | Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve) | 05/01/2018 | 12/31/2023 | | Electrical Stimulation and Electromagnetic Therapies (Medicare); Electrical Stimulation: Non-Covered Therapies (Company); Implantable Spinal Cord and Dorsal Root Ganglion Stimulation (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) |
| 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); 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) |

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| 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 | 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) |
| 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) |

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| 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 | 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) |
| 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, Medicare, PEBB | 64611 | Chemodenevation of parotid and submandibular salivary glands, bilateral | 09/01/2019 | | | Botulinum Therapies (Company); Botulinum Therapies (Medicare) |
| OHP | 64612 | Dest Neurolytic Agent; Muscle Enervated | 02/01/2014 | 12/31/2018 | | Botulinum Therapies (Company) |
| Commercial/ASO, Medicare, PEBB | 64612 | Dest Neurolytic Agent; Muscle Enervated | 02/01/2014 | | | Botulinum Therapies (Company); Botulinum Toxin - Medicare Part B - Pharmacy Policy |
| Commercial/ASO, Medicare, PEBB | 64615 | Chemodenevation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine) | 09/01/2019 | | | Botulinum Therapies (Company); Botulinum Therapies (Medicare) |

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| Combined PA List | Code | Code Description | Prior Authorization Effective Date | Prior Authorization Termination Date | Combined Additional Notes | Medical Policy Name: Policy |
|--------------------------------|-------|---|------------------------------------|--------------------------------------|---------------------------|--|
| OHP | 64616 | Chemodeneration of muscle(s); neck muscle(s), excluding muscles of the larynx, unilateral (eg, for cervical dystonia, spasmodic torticollis) | 02/01/2014 | 12/31/2018 | | Botulinum Therapies (Company) |
| Commercial/ASO, Medicare, PEBB | 64616 | Chemodeneration of muscle(s); neck muscle(s), excluding muscles of the larynx, unilateral (eg, for cervical dystonia, spasmodic torticollis) | 02/01/2014 | | | Botulinum Therapies (Company); Botulinum Toxin - Medicare Part B - Pharmacy Policy |
| OHP | 64617 | Chemodeneration of muscle(s); larynx, unilateral, percutaneous (eg, for spasmodic dysphonia), includes guidance by needle electromyography, when performed | 02/01/2014 | 12/31/2018 | | Botulinum Therapies (Company) |
| Commercial/ASO, Medicare, PEBB | 64617 | Chemodeneration of muscle(s); larynx, unilateral, percutaneous (eg, for spasmodic dysphonia), includes guidance by needle electromyography, when performed | 02/01/2014 | | | Botulinum Therapies (Company); Botulinum Toxin - Medicare Part B - Pharmacy Policy |
| 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, | 01/01/2024 | | | Ablative Procedures to Treat Back and Neck Pain (Medicare) |

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| Combined PA List | Code | Code Description | Prior Authorization Effective Date | Prior Authorization Termination Date | Combined Additional Notes | Medical Policy Name: Policy |
|---------------------------|-------|--|------------------------------------|--------------------------------------|---------------------------|---|
| | | lumbar or sacral (List separately in addition to code for primary procedure) | | | | |
| 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) |
| 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) |
| Medicare | 64640 | Destruction by neurolytic agent; other peripheral nerve or branch | 11/01/2024 | | Medicare - | |
| OHP | 64642 | Chemodenervation of one extremity; 1-4 muscle(s) | 02/01/2014 | 12/31/2018 | | Botulinum Therapies (Company) |

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| 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 | 64642 | Chemodeneration of one extremity; 1-4 muscle(s) | 02/01/2014 | | | Botulinum Therapies (Company); Botulinum Toxin - Medicare Part B - Pharmacy Policy |
| OHP | 64643 | Chemodeneration of one extremity; each additional extremity, 1-4 muscle(s) (List separately in addition to code for primary procedure) | 02/01/2014 | 12/31/2018 | | Botulinum Therapies (Company) |
| Commercial/ASO, Medicare, PEBB | 64643 | Chemodeneration of one extremity; each additional extremity, 1-4 muscle(s) (List separately in addition to code for primary procedure) | 02/01/2014 | | | Botulinum Therapies (Company); Botulinum Therapies (Medicare) |
| OHP | 64644 | Chemodeneration of one extremity; 5 or more muscle(s) | 02/01/2014 | 12/31/2018 | | Botulinum Therapies (Company) |
| Commercial/ASO, Medicare, PEBB | 64644 | Chemodeneration of one extremity; 5 or more muscle(s) | 02/01/2014 | | | Botulinum Therapies (Company); Botulinum Toxin - Medicare Part B - Pharmacy Policy |
| OHP | 64645 | Chemodeneration of one extremity; each additional extremity, 5 or more muscle(s) (List separately in addition to code for primary procedure) | 02/01/2014 | 12/31/2018 | | Botulinum Therapies (Company) |
| Commercial/ASO, Medicare, PEBB | 64645 | Chemodeneration of one extremity; each additional extremity, 5 or more muscle(s) (List separately in addition to code for primary procedure) | 02/01/2014 | | | Botulinum Therapies (Company); Botulinum Toxin - Medicare Part B - Pharmacy Policy |
| OHP | 64646 | Chemodeneration of trunk muscle(s); 1-5 muscle(s) | 02/01/2014 | 12/31/2018 | | Botulinum Therapies (Company) |
| Commercial/ASO, Medicare, PEBB | 64646 | Chemodeneration of trunk muscle(s); 1-5 muscle(s) | 02/01/2014 | | | Botulinum Therapies (Company); Botulinum Toxin - Medicare Part B - Pharmacy Policy |
| OHP | 64647 | Chemodeneration of trunk muscle(s); 6 or more muscle(s) | 02/01/2014 | 12/31/2018 | | Botulinum Therapies (Company) |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|--|---|
| Commercial/ASO, Medicare, PEBB | 64647 | Chemodeneration of trunk muscle(s); 6 or more muscle(s) | 02/01/2014 | | | Botulinum Therapies (Company); Botulinum Toxin - Medicare Part B - Pharmacy Policy |
| Commercial/ASO, Medicare, PEBB | 64650 | Chemodeneration of eccrine glands; both axillae | 01/01/2014 | | | Botulinum Therapies (Company); Botulinum Toxin - Medicare Part B - Pharmacy Policy |
| OHP | 64653 | Chemodeneration of eccrine glands; other area(s) (eg, scalp, face, neck), per day | 01/01/2006 | 12/31/2018 | | Botulinum Therapies (Company) |
| Commercial/ASO, Medicare, PEBB | 64653 | Chemodeneration of eccrine glands; other area(s) (eg, scalp, face, neck), per day | 01/01/2006 | | | Botulinum Therapies (Company); Botulinum Toxin - Medicare Part B - Pharmacy Policy |
| Commercial/ASO, Medicare, PEBB | 67345 | Chemodeneration of extraocular muscle | 09/01/2019 | | | Botulinum Therapies (Company); Botulinum Therapies (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 | Eye: Blepharoplasty, Blepharoptosis Repair, and Brow Lift (Company); 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 (Medicare); Eye: Blepharoplasty, Blepharoptosis Repair, and Brow Lift (Company); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare) |
| 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 | Eye: Blepharoplasty, Blepharoptosis Repair, and Brow Lift (Company); 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 | Eye: Blepharoplasty, Blepharoptosis Repair, and Brow Lift (Company); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare) |

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| 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 | 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 | Eye: Blepharoplasty, Blepharoptosis Repair, and Brow Lift (Company); 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 | Eye: Blepharoplasty, Blepharoptosis Repair, and Brow Lift (Company); 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 | Eye: Blepharoplasty, Blepharoptosis Repair, and Brow Lift (Company); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare) |
| Commercial/ASO, Medicare, OHP, PEBB | 67917 | Repair Ectropion; Blephplsty | 10/01/2015 | 08/31/2016 | | Eye: Blepharoplasty, Blepharoptosis Repair, and Brow Lift (Company) |
| Commercial/ASO, Medicare, OHP, PEBB | 67935 | Suture Recent Wound,Lid;full Thickn | 01/01/2013 | 08/31/2016 | | Eye: Blepharoplasty, Blepharoptosis Repair, and Brow Lift (Company) |
| 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) |
| 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, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy | 06/01/2016 | 09/30/2017 | | Cochlear Implants and Auditory Brainstem Implants (Company) |
| 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) |

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|-------------------------------------|-------|--|------------------------------------|--------------------------------------|---------------------------|---|
| Commercial/ASO, OHP, PEBB | 69715 | Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy | 10/01/2017 | 10/01/2017 | | Cochlear Implants and Auditory Brainstem Implants (Company) |
| 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, OHP, PEBB | 69717 | Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy | 10/01/2017 | 10/01/2017 | | Cochlear Implants and Auditory Brainstem Implants (Company) |
| 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, OHP, PEBB | 69718 | Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy | 10/01/2017 | 10/01/2017 | | Cochlear Implants and Auditory Brainstem Implants (Company) |
| 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) |

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|-------------------------------------|-------|--|------------------------------------|--------------------------------------|---------------------------|---|
| 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) |
| 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) |

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|-------------------------------------|-------|--|------------------------------------|--------------------------------------|--------------------------------------|--|
| 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 |
| 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 | 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 |

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|-------------------------------------|-------|--|------------------------------------|--------------------------------------|--------------------------------------|--|
| 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 |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|--------------------------------------|--|
| 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 |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|--------------------------------------|--|
| 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 (excluding 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 |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|--------------------------------------|--|
| 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 |

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|-------------------------------------|-------|--|------------------------------------|--------------------------------------|--------------------------------------|--|
| 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 |

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|-------------------------------------|-------|--|------------------------------------|--------------------------------------|--------------------------------------|--|
| 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 |

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|-------------------------------------|-------|--|------------------------------------|--------------------------------------|--------------------------------------|--|
| 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 |

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|-------------------------------------|-------|--|------------------------------------|--------------------------------------|--------------------------------------|--|
| 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 |

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|-------------------------------------|-------|--|------------------------------------|--------------------------------------|--------------------------------------|--|
| 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 |

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| 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 |

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|-------------------------------------|-------|--|------------------------------------|--------------------------------------|--|--|
| Commercial/ASO, Medicare, OHP, 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 | 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 | 75665 | Angiography, carotid, cerebral, unilateral, radiological supervision and interpretation | 02/01/2016 | 12/31/2012 | | |
| Commercial/ASO, Medicare, OHP | 75685 | Angiography Vertebral Cervical Intracran | 01/01/2013 | 12/31/2012 | | |
| PEBB | 75685 | Angiography Vertebral Cervical Intracran | 01/01/2014 | 12/31/2012 | | |
| Commercial/ASO, Medicare, OHP, PEBB | 76376 | 3D rendering w/ interpretationand reporting of CT MRI, US or other Tomographic 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 | 76377 | 3D rendering w/ interpretationand reporting of CT MRI, US or other Tomographic modality | 01/01/2016 | 01/01/2016 | Carelon prior authorization required | General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|--|--|
| | | requiring postprocessing on an independent workstation | | | | |
| 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 |
| 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 |

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|-------------------------------------|-------|--|------------------------------------|--------------------------------------|---|--|
| Commercial/ASO, Medicare, OHP, PEBB | 77059 | Magnetic Resonance Imaging, Breast, without and/or with Contrast Material(s); Bilateral | 07/01/2007 | 12/31/2018 | 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, OHP, 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 |
| Commercial/ASO, Medicare, 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); Proton Beam Radiation Therapy (Medicare) |
| Commercial/ASO, Medicare, OHP, PEBB | 77522 | Proton Treatment Delivery; Simple, with Compensation | 09/01/2003 | 10/31/2021 | | Proton Beam Radiation Therapy (Company) |
| Commercial/ASO, Medicare, 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); Proton Beam Radiation Therapy (Medicare) |
| Commercial/ASO, Medicare, OHP, PEBB | 77523 | Proton beam delivery to one or two treatment areas, two or more ports, two or more custom blocks | 09/01/2003 | 10/31/2021 | | Proton Beam Radiation Therapy (Company) |
| Commercial/ASO, Medicare, 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); Proton Beam Radiation Therapy (Medicare) |
| Commercial/ASO, Medicare, 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); Proton Beam Radiation Therapy (Medicare) |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|--------------------------------------|--|
| Commercial/ASO, Medicare, OHP, PEBB | 77767 | Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel | 01/01/2016 | 11/30/2019 | | Ablation for Liver Tumors (Company) |
| Commercial/ASO, Medicare, OHP, PEBB | 77768 | Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions | 01/01/2016 | 11/30/2019 | | Ablation for Liver Tumors (Company) |
| Commercial/ASO, Medicare, OHP, PEBB | 77770 | Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel | 01/01/2016 | 11/30/2019 | | Ablation for Liver Tumors (Company) |
| Commercial/ASO, Medicare, OHP, PEBB | 77771 | Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels | 01/01/2016 | 11/30/2019 | | Ablation for Liver Tumors (Company) |
| Commercial/ASO, Medicare, OHP, PEBB | 77772 | Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels | 01/01/2016 | 11/30/2019 | | Ablation for Liver Tumors (Company) |
| Commercial/ASO, Medicare, OHP, 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, OHP, 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 | 01/01/2020 | | Carelon prior authorization required | General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology |

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|-------------------------------------|-------|--|------------------------------------|--------------------------------------|---|--|
| | | concurrently acquired computed tomography transmission scan | | | | |
| Commercial/ASO, Medicare, OHP, 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 |
| Commercial/ASO, Medicare, OHP, 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, OHP, 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 |
| Medicare | 78451 | Myocardial Perfusion Imaging, Tomographic (Spect); Single Study, At Rest or Stress | 01/01/2010 | 07/31/2023 | Carelon prior auth request not 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 |

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|-------------------------------------|-------|--|------------------------------------|--------------------------------------|--|--|
| Medicare | 78452 | Myocardial Perfusion Imaging, Tomographic (Spect); Mult Studies, At Rest &/ Stress &/ Redistribution &/ Rest Reinjection | 01/01/2010 | 07/31/2023 | Carelon prior authorization not 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 |
| Medicare | 78453 | Myocardial Perfusion Imaging, Planar; Single Study, At Rest or Stress (Exercise or Pharmacologic) | 01/01/2010 | 07/31/2023 | Carelon prior authorization not 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 |
| Medicare | 78454 | Myocardial Perfusion Imaging, Planar; Multiple Studies, At Rest &/ Stress &/ Redistribution &/ Rest Reinjection | 01/01/2010 | 07/31/2023 | Carelon prior authorization not required | General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology |
| Commercial/ASO, Medicare, OHP, 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 |
| 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 |
| Medicare | 78469 | Myocardial Image Infarct; Spect | 07/01/2007 | 07/31/2023 | Carelon prior authorization not required | General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|--|--|
| 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 |
| Medicare | 78472 | Card Bld Pool Image; 1 Rest W/Motn | 07/01/2007 | 07/31/2023 | Carelon prior authorization not 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 |
| Medicare | 78473 | Cardiac Blood Pool; Mult Study Rest & St | 07/01/2007 | 07/31/2023 | Carelon prior authorization not 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 |
| Medicare | 78481 | Cardiac Blood Pool 1st Pass; Single at R | 07/01/2007 | 07/31/2023 | Carelon prior authorization not 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 |
| Medicare | 78483 | Cardiac Blood Pool 1st Pass; Mult | 07/01/2007 | 07/31/2023 | Carelon prior authorization not required | General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology |
| Commercial/ASO, Medicare, OHP, 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, OHP, 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 |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|--|--|
| 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 |
| Medicare | 78494 | Cardiac blood pool imaging gated equilib SPECT at rest wall motion study + eject fract w/wo quant process | 07/01/2007 | 07/31/2023 | Carelon prior authorization not 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 |
| Medicare | 78496 | cardiac Blood Pool Imaging, single study | 01/01/2016 | 07/31/2023 | Carelon prior authorization not required | General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology |
| 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 |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|--------------------------------------|--|
| 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) |
| Commercial/ASO, Medicare, OHP, PEBB | 81106 | Human Platelet Antigen 2 genotyping (HPA-2), GP1BA (glycoprotein Ib [platelet], alpha polypeptide [GPIIb]) (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) |

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|-------------------------------------|-------|--|------------------------------------|--------------------------------------|---------------------------|---|
| 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) |
| 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) |

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| 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 (Medicare); Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company) |
| 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) |
| Medicare | 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 | 08/31/2022 | | Genetic and Molecular Testing (Medicare) |
| Medicare | 81164 | BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements) | 01/01/2022 | 08/31/2022 | | Genetic and Molecular Testing (Medicare) |
| 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) |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|---------------------------|---|
| Medicare | 81165 | BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis | 01/01/2019 | 08/31/2022 | | Genetic and Molecular Testing (Medicare) |
| Medicare | 81166 | BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements) | 01/01/2022 | 08/31/2022 | | Genetic and Molecular Testing (Medicare) |
| Medicare | 81167 | BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements) | 01/01/2022 | 08/31/2022 | | Genetic and Molecular Testing (Medicare) |
| 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) |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|---------------------------|---|
| Commercial/ASO, Medicare, OHP, PEBB | 81175 | ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; full gene sequence | 01/01/2018 | | | Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare) |
| 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) |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|---------------------------|---|
| 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) |
| 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) |

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| 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) |
| 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 Reproductive Planning and Prenatal Testing (Company); Genetic Testing: Inherited Susceptibility to Colorectal Cancer (Company) |
| Medicare | 81201 | APC (Adenomatous Polyposis Coli) Gene Analysis; Full Gene Sequence | 01/01/2013 | 08/31/2022 | | Genetic and Molecular Testing (Medicare) |

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|-------------------------------------|-------|--|------------------------------------|--------------------------------------|---------------------------|--|
| Commercial/ASO, Medicare, OHP, PEBB | 81202 | APC (Adenomatous Polyposis Coli) Gene Analysis; Known Familial Variants | 01/01/2013 | | | Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company); Genetic Testing: Inherited Susceptibility to Colorectal Cancer (Company) |
| Commercial/ASO, OHP, PEBB | 81203 | APC (Adenomatous Polyposis Coli) Gene Analysis; Duplication/Deletion Variants | 01/01/2013 | | | Genetic Testing for Reproductive Planning and Prenatal Testing (Company); Genetic Testing: Inherited Susceptibility to Colorectal Cancer (Company) |
| Medicare | 81203 | APC (Adenomatous Polyposis Coli) Gene Analysis; Duplication/Deletion Variants | 01/01/2013 | 08/31/2022 | | Genetic and Molecular Testing (Medicare) |
| 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: Inherited Susceptibility to Colorectal Cancer (Company); Genetic Testing: Thyroid Nodules (Company); Tumor Testing for Targeted Therapy for Non-Small Cell Lung Cancer (Company) |

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| Medicare | 81210 | Braf (V-Raf Murine Sarcoma Viral Oncogene Homolog B1) (Eg, Colon Cancer), Gene Analysis, V600E Variant | 01/01/2013 | 06/30/2018 | | Genetic and Molecular Testing (Company); Genetic Testing for Thyroid Nodules (Medicare); Non-Small Cell Lung Cancer: Molecular Testing for Targeted Therapy (Medicare) |
| Commercial/ASO, Medicare, OHP, PEBB | 81211 | Brca1, Brca2 Gene Analysis; Full Sequence Analysis And Common Duplication/Deletion Variants In Brca1 | 01/01/2012 | 12/31/2018 | | Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company); Genetic Testing: Hereditary Breast and Ovarian Cancer (Medicare) |
| 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) |
| Medicare | 81212 | Brca1, Brca2 Gene Analysis; 185Delag, 5385Insc, 6174Delt Variants | 01/01/2012 | 08/31/2022 | | Genetic and Molecular Testing (Medicare) |
| Commercial/ASO, Medicare, OHP, PEBB | 81213 | Brca1, Brca2 Gene Analysis; Uncommon Duplication/Deletion Variants | 01/01/2012 | 03/31/2017 | | Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company); Genetic Testing: Hereditary Breast and Ovarian Cancer (Medicare) |
| Commercial/ASO, Medicare, OHP, PEBB | 81214 | Brca1 Gene Analysis; Full Sequence Analysis And Common Duplication/Deletion Variants | 01/01/2012 | 12/31/2018 | | Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company); Genetic Testing: Hereditary Breast and Ovarian Cancer (Medicare) |
| 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 (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) |
| Medicare | 81216 | Brca2 (Breast Cancer 2) (Eg, Hereditary Breast And Ovarian Cancer) Gene Analysis; Full Sequence Analysis | 01/01/2012 | 08/31/2022 | | Genetic and Molecular Testing (Medicare) |

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| 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 (Medicare); Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company) |
| 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) |
| Commercial/ASO, Medicare, OHP, PEBB | 81222 | Cftr (Cystic Fibrosis Transmembrane Conductance Regulator) Gene Analysis; Duplication/Deletion Variants | 01/01/2012 | 06/01/2016 | | Genetic Testing for Reproductive Planning and Prenatal Testing (Company) |
| Medicare | 81222 | CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; duplication/deletion variants | 01/01/2022 | | | Genetic and Molecular Testing (Medicare) |
| Commercial/ASO, Medicare, OHP, PEBB | 81223 | Cftr (Cystic Fibrosis Transmembrane Conductance Regulator) (Eg, Cystic Fibrosis) Gene Analysis; Full Gene Sequence | 01/01/2012 | 01/01/2016 | | Genetic Testing for Reproductive Planning and Prenatal Testing (Company) |
| Medicare | 81223 | CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; full gene sequence | 01/01/2022 | | | Genetic and Molecular Testing (Medicare) |

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| Commercial/ASO, Medicare, OHP, PEBB | 81224 | Cftr (Cystic Fibrosis Transmembrane Conductance Regulator) Gene Analysis; Intron 8 Poly-T Analysis | 01/01/2012 | 01/01/2016 | | Genetic Testing for Reproductive Planning and Prenatal Testing (Company) |
| 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) |
| 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, OHP, PEBB | 81228 | Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number variants (eg, bacterial artificial chromosome [BAC] or oligo-based comparative genomic hybridization [CGH] microarray analysis) | 02/01/2018 | 04/30/2020 | | Genetic Testing for Reproductive Planning and Prenatal Testing (Company); Non-Covered Genetic Panel Tests (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) |

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| 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, OHP, PEBB | 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 | 11/30/2021 | | Genetic Testing: Pharmacogenetic Testing (Company); Non-Covered Genetic Panel Tests (Company) |
| 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) |
| Medicare | 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) | 10/01/2016 | 06/30/2018 | | Genetic and Molecular 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) |

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| 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 | 81240 | F2 (prothrombin, coagulation factor II) (eg, hereditary hypercoagulability) gene analysis, 20210G>A variant | 02/01/2018 | | | Genetic Testing for Inherited Thrombophilia (Company) |
| Commercial/ASO, OHP, PEBB | 81241 | F5 (coagulation factor V) (eg, hereditary hypercoagulability) gene analysis, Leiden variant | 02/01/2018 | | | Genetic Testing for Inherited Thrombophilia (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) |

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| 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) |
| 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) |
| Medicare | 81250 | G6PC (glucose-6-phosphatase, catalytic subunit) (eg, Glycogen storage disease, type 1a, von Gierke disease) gene analysis, common variants (eg, R83C, Q347X) | 07/01/2018 | | | 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 | 81252 | GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; full gene sequence | 02/01/2018 | 03/31/2018 | | Genetic Testing for Reproductive Planning and Prenatal Testing (Company) |
| Medicare | 81252 | GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; full gene sequence | 01/01/2022 | 06/30/2022 | | Genetic and Molecular Testing (Medicare) |
| Commercial/ASO, OHP, PEBB | 81253 | GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; known familial variants | 02/01/2018 | 03/31/2018 | | Genetic Testing for Reproductive Planning and Prenatal Testing (Company); Non-Covered Genetic Panel Tests (Company) |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|---------------------------|---|
| Medicare | 81253 | GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; known familial variants | 01/01/2022 | 06/30/2022 | | Genetic and Molecular Testing (Medicare) |
| Commercial/ASO, OHP, PEBB | 81254 | GJB6 (gap junction protein, beta 6, 30kDa, connexin 30) (eg, nonsyndromic hearing loss) gene analysis, common variants (eg, 309kb [del(GJB6-D13S1830)] and 232kb [del(GJB6-D13S1854)]) | 02/01/2018 | 03/31/2018 | | Genetic Testing for Reproductive Planning and Prenatal Testing (Company) |
| Medicare | 81254 | GJB6 (gap junction protein, beta 6, 30kDa, connexin 30) (eg, nonsyndromic hearing loss) gene analysis, common variants (eg, 309kb [del(GJB6-D13S1830)] and 232kb [del(GJB6-D13S1854)]) | 01/01/2022 | 06/30/2022 | | Genetic and Molecular Testing (Medicare) |
| 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) |
| Commercial/ASO, Medicare, OHP, PEBB | 81256 | Hfe (Hemochromatosis) (Eg, Hereditary Hemochromatosis) Gene Analysis, Common Variants (Eg, C282Y, H63D) | 01/01/2013 | 06/30/2023 | | Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); 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, | 02/01/2018 | | | Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company) |

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|-------------------------------------|-------|--|------------------------------------|--------------------------------------|---------------------------|---|
| | | alpha3.7, alpha4.2, alpha20.5, and Constant Spring) | | | | |
| 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) |
| 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) |
| Commercial/ASO, OHP, PEBB | 81265 | Comparative analysis using Short Tandem Repeat Markers | 02/01/2018 | 11/30/2022 | | Genetic Testing for Reproductive Planning and Prenatal Testing (Company) |
| 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) |

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| 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) |
| 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) |

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| 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 [del(GJB6-D13S1830)] and 232kb [del(GJB6-D13S1854)]) | 01/01/2022 | | | Genetic and Molecular Testing (Medicare) |
| 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) |
| Commercial/ASO, Medicare, OHP, PEBB | 81280 | Long Qt Syndrome Gene Analyses; Full Sequence Analysis | 01/01/2013 | 12/31/2016 | This code is no longer valid effective 1/1/2017 | Genetic and Molecular Testing (Company) |
| Commercial/ASO, Medicare, OHP, PEBB | 81281 | Long Qt Syndrome Gene Analyses; Known Familial Sequence Variant | 01/01/2013 | 12/31/2016 | This code is no longer valid effective 1/1/2017 | Genetic and Molecular Testing (Company) |
| Commercial/ASO, Medicare, OHP, PEBB | 81282 | Long Qt Syndrome Gene Analyses; Duplication/Deletion Variants | 01/01/2013 | 12/31/2016 | This code is no longer valid effective 1/1/2017 | Genetic and Molecular Testing (Company) |
| Medicare | 81283 | IFNL3 (interferon, lambda 3) (eg, drug response), gene analysis, rs12979860 variant | 01/01/2018 | | | Genetic and Molecular Testing (Medicare) |
| Commercial/ASO, OHP, PEBB | 81283 | IFNL3 (interferon, lambda 3) (eg, drug response), gene analysis, rs12979860 variant | 01/01/2018 | 11/30/2021 | | Genetic Testing: Pharmacogenetic Testing (Company); Non-Covered Genetic Panel Tests (Company) |

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| 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, OHP, PEBB | 81287 | MGMT, methylation analysis | 01/01/2015 | 11/30/2021 | | Genetic Testing: Pharmacogenetic Testing (Company); Non-Covered Genetic Panel Tests (Company) |
| 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 (Medicare); Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company); Genetic Testing: Inherited Susceptibility to Colorectal Cancer (Company) |
| 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, Mucopolipidosis, 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) |

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| 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: Inherited Susceptibility to Colorectal Cancer (Company) |
| Medicare | 81292 | Mlh1 (Mutl Homolog 1, Colon Cancer, Nonpolyposis Type 2) Gene Analysis; Full Sequence Analysis | 01/01/2012 | 08/31/2022 | | Genetic and Molecular Testing (Medicare) |
| 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 (Medicare); Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company); Genetic Testing: Inherited Susceptibility to Colorectal 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: Inherited Susceptibility to Colorectal 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: Inherited Susceptibility to Colorectal Cancer (Company) |
| Medicare | 81295 | Msh2 (Muts Homolog 2, Colon Cancer, Nonpolyposis Type 1) Gene Analysis; Full Sequence Analysis | 01/01/2012 | 08/31/2022 | | Genetic and Molecular Testing (Medicare) |
| 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 (Medicare); Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company); Genetic Testing: Inherited Susceptibility to Colorectal Cancer (Company) |

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| 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: Inherited Susceptibility to Colorectal Cancer (Company) |
| Medicare | 81297 | Msh2 (Muts Homolog 2, Colon Cancer, Nonpolyposis Type 1) Gene Analysis; Duplication/Deletion Variants | 01/01/2012 | 08/31/2022 | | Genetic and Molecular Testing (Medicare) |
| 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: Inherited Susceptibility to Colorectal Cancer (Company) |
| Medicare | 81298 | MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis | 01/01/2012 | 08/31/2022 | | Genetic and Molecular Testing (Medicare) |
| Commercial/ASO, Medicare, OHP, PEBB | 81299 | Msh6 (Muts Homolog 6 [E. Coli]) Gene Analysis; Known Familial Variants | 01/01/2012 | | | Genetic and Molecular Testing (Medicare); Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company); Genetic Testing: Inherited Susceptibility to Colorectal 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: Inherited Susceptibility to Colorectal Cancer (Company) |
| Medicare | 81300 | Msh6 (Muts Homolog 6 [E. Coli]) Gene Analysis; Duplication/Deletion Variants | 01/01/2012 | 08/31/2022 | | Genetic and Molecular Testing (Medicare) |
| 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) |

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| 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) |
| 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) |
| Commercial/ASO, OHP, PEBB | 81306 | NUDT15 (nudix hydrolase 15) (eg, drug metabolism) gene analysis, common variant(s) (eg, *2, *3, *4, *5, *6) | 12/01/2021 | | | Inflammatory Bowel Disease (IBD) Serologic Testing and Therapeutic Monitoring |
| 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); Serologic Testing and Therapeutic Monitoring for Inflammatory Bowel Disease (Company); Serologic Testing and Therapeutic Monitoring for Inflammatory Bowel Disease (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) |
| Medicare | 81307 | PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; full gene sequence | 01/01/2020 | 08/31/2022 | | Genetic and Molecular Testing (Medicare) |
| 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 (Medicare); Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company) |

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| 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) |
| 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 | 81313 | PCA3/KLK3 (prostate cancer antigen 3 {non-protein coding}/ kallikrein-related peptidase 3 {prostate specific antigen} ratio (eg prostate cancer) | 10/01/2015 | | | Protein Biomarker and Genetic Testing for the Prostate (Medicare) |
| 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) |

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| Commercial/ASO, OHP, PEBB | 81317 | Pms2 (Postmeiotic Segregation Increased 2 [S. Cerevisiae]) Gene Analysis; Full Sequence Analysis | 01/01/2012 | | | Genetic Testing: Inherited Susceptibility to Colorectal Cancer (Company) |
| Medicare | 81317 | Pms2 (Postmeiotic Segregation Increased 2 [S. Cerevisiae]) Gene Analysis; Full Sequence Analysis | 01/01/2012 | 08/31/2022 | | Genetic and Molecular Testing (Medicare) |
| 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 (Medicare); Genetic Testing: Inherited Susceptibility to Colorectal Cancer (Company) |
| Commercial/ASO, OHP, PEBB | 81319 | Pms2 (Postmeiotic Segregation Increased 2 [S. Cerevisiae]) Gene Analysis; Duplication/Deletion Variants | 01/01/2012 | | | Genetic Testing: Inherited Susceptibility to Colorectal Cancer (Company) |
| Medicare | 81319 | Pms2 (Postmeiotic Segregation Increased 2 [S. Cerevisiae]) Gene Analysis; Duplication/Deletion Variants | 01/01/2012 | 08/31/2022 | | Genetic and Molecular Testing (Medicare) |
| 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 | 81320 | PLCG2 (phospholipase C gamma 2) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, R665W, S707F, L845F) | 01/01/2022 | 03/31/2023 | | Non-Covered Genetic Panel Tests (Company) |
| 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) |
| Medicare | 81321 | PTEN (Phosphatase And Tensin Homolog) Gene Analysis; Full Sequence Analysis | 01/01/2013 | 08/31/2022 | | Genetic and Molecular Testing (Medicare) |
| 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 (Medicare); Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company) |

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| Commercial/ASO, OHP, PEBB | 81323 | PTEN (Phosphatase And Tensin Homolog) Gene Analysis; Duplication/Deletion Variant | 01/01/2013 | | | Genetic and Molecular Testing (Medicare) |
| Medicare | 81323 | PTEN (Phosphatase And Tensin Homolog) Gene Analysis; Duplication/Deletion Variant | 01/01/2013 | 08/31/2022 | | Genetic and Molecular Testing (Medicare) |
| 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) |
| 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) |

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| Commercial/ASO, OHP, PEBB | 81328 | SLCO1B1 (solute carrier organic anion transporter family, member 1B1) (eg, adverse drug reaction), gene analysis, common variant(s) (eg, *5) | 11/01/2018 | 11/30/2021 | | Genetic Testing: Pharmacogenetic Testing (Company); Non-Covered Genetic Panel Tests (Company) |
| 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) |

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| 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) |
| Commercial/ASO, Medicare, OHP, PEBB | 81335 | TPMT (thiopurine S-methyltransferase) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3) | 01/01/2018 | | | Genetic and Molecular Testing (Medicare); Inflammatory Bowel Disease (IBD) Serologic Testing and Therapeutic Monitoring; Non-Covered Genetic Panel Tests (Company); Serologic Testing and Therapeutic Monitoring for Inflammatory Bowel Disease (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) |

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| 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) |
| 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, OHP, PEBB | 81346 | TYMS (thymidylate synthetase) (eg, 5-fluorouracil/5-FU drug metabolism), gene analysis, common variant(s) (eg, tandem repeat variant) | 01/01/2018 | 11/30/2021 | | Genetic Testing: Pharmacogenetic Testing (Company); Non-Covered Genetic Panel Tests (Company) |
| 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 | 01/01/2022 | | | Genetic and Molecular Testing (Medicare) |

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| | | number and loss-of-heterozygosity variants, low-pass sequencing analysis | | | | |
| 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 [Gilbert syndrome]) gene analysis, common variants (eg, *28, *36, *37) | 01/01/2022 | | | Genetic and Molecular Testing (Medicare) |
| Medicare | 81351 | TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; full gene sequence | 01/01/2022 | 08/31/2022 | | Genetic and Molecular Testing (Medicare) |
| 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 (Medicare) |
| Medicare | 81353 | TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; known familial variant | 01/01/2022 | | | 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) |

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| 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) |
| 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, OHP, PEBB | 81382 | HLA class II typing, high resolutionn (ie, alleles or allele groups); one locus (eg, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, or -DPA1), each | 08/01/2016 | 08/01/2022 | | |
| Medicare | 81382 | HLA class II typing, high resolutionn (ie, alleles or allele groups); one locus (eg, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, or -DPA1), each | 08/01/2016 | 08/31/2022 | | Genetic and Molecular Testing (Medicare) |
| 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 Testing for Inherited Thrombophilia (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company); Non-Covered Genetic Panel Tests (Company) |

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| 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 Reproductive Planning and Prenatal Testing (Company); Genetic Testing: Inherited Susceptibility to Colorectal Cancer (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) |
| Medicare | 81401 | Molecular Pathology Procedure Level 2 | 01/01/2012 | 10/31/2022 | | Cardiac Disease Risk Screening (Medicare); Gene Expression Profile Testing for Melanoma (Medicare); Genetic and Molecular Testing (Medicare); Genetic Testing for Thyroid Nodules (Medicare); Serologic Testing and Therapeutic Monitoring for Inflammatory Bowel Disease (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 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) |

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| 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 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: Inherited Susceptibility to Colorectal Cancer (Company); 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 | 81404 | Molecular Pathology Procedure Level 5 | 01/01/2012 | | | Genetic and Molecular Testing (Company); Genetic and Molecular Testing (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) |

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| 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 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) |

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| 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 Testing for CADASIL Disease (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: Inherited Susceptibility to Colorectal Cancer (Company); 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 Testing for Reproductive Planning and Prenatal Testing (Company); Non-Covered Genetic Panel Tests (Company) |
| 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 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, | 01/01/2022 | | | Genetic and Molecular Testing (Medicare) |

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| | | including FBN1, TGFBR1, TGFBR2, COL3A1, MYH11, ACTA2, SLC2A10, SMAD3, and MYLK | | | | |
| 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, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, RYR2, and SCN5A | 07/01/2018 | | | Genetic and Molecular Testing (Medicare) |
| 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) |

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| 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 (Company); 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) |
| 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) |

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| 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, SCN2A, SCN8A, SLC2A1, SLC9A6, STXBP1, SYNGAP1, TCF4, TPP1, TSC1, TSC2, and ZEB2 | 01/01/2021 | | | Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare) |
| Medicare | 81420 | Fetal chromosomal aneuploidy (eg, trisomy 21, monosomy X) genomic sequence analysis panel, circulating cell-free fetal DNA in | 07/01/2018 | | | Genetic and Molecular Testing (Medicare) |

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| | | maternal blood, must include analysis of chromosomes 13, 18, and 21 | | | | |
| 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) |
| 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 | 81427 | Genome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained genome sequence (eg, updated knowledge or unrelated condition/syndrome) | 02/01/2018 | 05/31/2019 | | 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, updated knowledge or unrelated condition/syndrome) | 01/01/2022 | | | Genetic and Molecular Testing (Medicare) |
| Medicare | 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 | 04/01/2018 | 04/30/2022 | | Genetic and Molecular Testing (Medicare) |

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| 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) |
| Medicare | 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 | 04/01/2018 | 04/30/2022 | | Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare) |
| 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 (Medicare); Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company) |
| Commercial/ASO, Medicare, OHP, PEBB | 81433 | Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); duplication/deletion analysis panel, must include analyses for BRCA1, BRCA2, MLH1, MSH2, and STK11 | 01/01/2016 | 12/31/2024 | | Genetic and Molecular Testing (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 | 07/01/2018 | | | Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare) |

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| | | 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 | | | | |
| 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 adenomatous 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 (Medicare); Genetic Testing: Inherited Susceptibility to Colorectal Cancer (Company) |
| Commercial/ASO, Medicare, OHP, PEBB | 81436 | Hereditary colon cancer syndromes (eg, Lynch syndrome, familial adenomatous polyposis); duplication/deletion gene analysis panel, must include analysis of at least 8 genes, i | 01/01/2015 | 12/31/2024 | | Genetic and Molecular Testing (Medicare); Genetic Testing: Inherited Susceptibility to Colorectal Cancer (Company) |
| Commercial/ASO, Medicare, OHP, PEBB | 81437 | Hereditary neuroendocrine tumor-related disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma), genomic sequence analysis panel, 5 or more genes, interrogation for sequence variants and copy number variants; genomic sequence analysis panel, must include sequencing of at least 6 genes, including MAX, SDHB, SDHC, SDHD, TMEM127, and VHL | 01/01/2016 | | | Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Non-Covered Genetic Panel Tests (Company) |

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| Commercial/ASO, Medicare, OHP, PEBB | 81438 | Hereditary neuroendocrine tumor disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma); duplication/deletion analysis panel, must include analyses for SDHB, SDHC, SDHD, and VHL | 01/01/2016 | 12/31/2024 | | Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Non-Covered Genetic Panel Tests (Company) |
| Medicare | 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 | 07/01/2018 | 06/30/2024 | | Cardiac Disease Risk Screening (Medicare); Genetic and Molecular Testing (Medicare) |
| 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 Arrhythmias (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, OPA1, PDSS2, POLG, POLG2, RRM2B, SCO1, SCO2, SLC25A4, SUCLA2, SUCLG1, TAZ, TK2, and TYMP | 07/01/2018 | | | Genetic and Molecular Testing (Medicare) |
| 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, | 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) |

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| | | SCO2, SLC25A4, SUCLA2, SUCLG1, TAZ, TK2, and TYMP | | | | |
| 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, RPL35A, RPL5, RPS10, RPS19, RPS24, RPS26, RPS7, SBDS, TERT, and TINF2 | 01/01/2023 | | | Genetic and Molecular Testing (Medicare) |
| 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, | 07/01/2018 | | | Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare) |

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| | | KRAS, MAP2K1, MAP2K2, NRAS, PTPN11, RAF1, RIT1, SHOC2, and SOS1 | | | | |
| 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, mucopolipidosis 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) |
| 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 Thyroid Nodules (Medicare); Genetic Testing: Inherited Susceptibility to Colorectal Cancer (Company); 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 | 01/01/2018 | | | Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Non-Covered Genetic Panel Tests (Company) |

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| | | include sequencing of at least 5 peripheral neuropathy-related genes (eg, BSCL2, GJB1, MFN2, MPZ, REEP1, SPAST, SPG11, SPTLC1) | | | | |
| 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 isoform expression or mRNA expression levels, if performed; RNA analysis | 01/01/2023 | | | Next Generation Sequencing for Cancer (Company) |
| 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) |

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| 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 Myeloproliferative Diseases (Company); Genetic Testing for Myeloproliferative Diseases (Medicare); Genetic Testing: Inherited Susceptibility to Colorectal Cancer (Company); 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) |
| 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 | 01/01/2024 | | | Genetic and Molecular Testing (Medicare) |

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| | | variants; DNA analysis, copy number variants and microsatellite instability | | | | |
| 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) |
| Commercial/ASO, Medicare, OHP, PEBB | 81460 | Whole mitochondrial genome (eg, Leigh syndrome, mitochondrial encephalomyopathy, lactic acidosis, and stroke-like episodes [MELAS], myoclonic epilepsy with ragged-red fibers [| 01/01/2015 | 06/30/2021 | | Whole Exome, Whole Genome, and Proteogenomic Sequencing and Genetic Testing for Mitochondrial Disorders (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) |
| 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 | 11/01/2023 | | | Whole Exome, Whole Genome, and Proteogenomic Sequencing and Genetic Testing for Mitochondrial Disorders (Company) |

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| | | retinitis pigmentosa [NARP], Leber hereditary optic neuropathy [LHON]), genomic sequence, must include sequence analysis of entire mitochondrial genome with heteroplasmy detection | | | | |
| 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) |
| Commercial/ASO, Medicare, OHP, PEBB | 81465 | Whole mitochondrial genome large deletion analysis panel (eg, Kearns-Sayre syndrome, chronic progressive external ophthalmoplegia), including heteroplasmy detection, if perfor | 01/01/2015 | 06/30/2021 | | Whole Exome, Whole Genome, and Proteogenomic Sequencing and Genetic Testing for Mitochondrial Disorders (Company) |
| 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) |

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|---------------------------|-------|--|------------------------------------|--------------------------------------|---------------------------|--|
| 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) |

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|-------------------------------------|-------|--|------------------------------------|--------------------------------------|---|--|
| 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 | 02/01/2018 | 03/31/2021 | This code may pay based on member's age | Genetic Testing for Reproductive Planning and Prenatal Testing (Company) |
| 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) |
| Commercial/ASO, Medicare, OHP, PEBB | 81508 | Fetal congenital abnormalities, biochemical assays of 2 proteins | 04/01/2016 | 06/30/2017 | | Genetic and Molecular Testing (Medicare); 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) |
| Commercial/ASO, Medicare, OHP, PEBB | 81509 | Fetal congenital abnormalities, biochemical assays of 3 proteins | 04/01/2016 | 06/30/2017 | | Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company) |
| Medicare | 81509 | Fetal congenital abnormalities, biochemical assays of three proteins (PAPP-A, hCG [any | 01/01/2022 | | | Genetic and Molecular Testing (Medicare) |

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|-------------------------------------|-------|--|------------------------------------|--------------------------------------|---------------------------|--|
| | | form], DIA), utilizing maternal serum, algorithm reported as a risk score | | | | |
| Commercial/ASO, Medicare, OHP, PEBB | 81510 | Fetal congenital abnormalities, biochemical assays of three analytes | 04/01/2016 | 06/30/2017 | | Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company) |
| 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) |
| Commercial/ASO, Medicare, OHP, PEBB | 81511 | Fetal congenital abnormalities, biochemical assays of 4 analytes | 04/01/2016 | 06/30/2017 | | Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company) |
| 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 additional results from previous biochemical testing) | 01/01/2022 | | | Genetic and Molecular Testing (Medicare) |
| 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) |
| Medicare | 81518 | Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 11 genes (7 content and 4 housekeeping), utilizing | 01/01/2019 | 12/31/2019 | | Gene Expression Profile Testing for Breast Cancer (Medicare) |

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|---------------------------|-------|--|------------------------------------|--------------------------------------|--|--|
| | | formalin-fixed paraffin-embedded tissue, algorithms reported as percentage risk for metastatic recurrence and likelihood of benefit from extended endocrine therapy | | | | |
| 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) |
| Medicare | 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 | 12/31/2019 | | Gene Expression Profile Testing for Breast Cancer (Medicare) |
| 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) |
| Medicare | 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 | 01/01/2018 | 12/31/2019 | | Gene Expression Profile Testing for Breast Cancer (Medicare) |
| 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) |

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|---------------------------|-------|--|------------------------------------|--------------------------------------|--|---|
| 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) |
| 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 | 81529 | Oncology (cutaneous melanoma), mRNA, gene expression profiling by real-time RT-PCR of 31 genes (28 content and 3 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence risk, including likelihood of sentinel lymph node metastasis | 01/01/2021 | | | Gene Expression Profile Testing for Melanoma (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) |
| Medicare | 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 | 05/01/2022 | | | Protein Biomarker and Genetic Testing for the Prostate (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) |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|---|--|
| Commercial/ASO, OHP, PEBB | 81540 | Oncology (tumor of unknown origin), mRNA, gene expression profiling by real-time RT-PCR of 92 genes (87 content and 5 housekeeping) to classify tumor into main cancer type and subtype, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a probability of a predicted main cancer type and subtype | 01/01/2016 | 06/30/2018 | | Non-Covered Genetic Panel Tests (Company) |
| Medicare | 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, algorithm reported as a disease-specific mortality risk score | 01/01/2018 | | | Protein Biomarker and Genetic Testing for the Prostate (Medicare) |
| 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, algorithm reported as a disease-specific mortality risk score | 06/01/2022 | | | Protein Biomarker and Genetic Testing for the Prostate (Company) |
| 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) |
| Medicare | 81542 | Oncology (prostate), mRNA, microarray gene expression profiling of 22 content genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as metastasis risk score | 01/01/2020 | 05/31/2025 | | Protein Biomarker and Genetic Testing for the Prostate (Medicare) |
| Commercial/ASO, Medicare, OHP, PEBB | 81545 | Oncology (thyroid), gene expression analysis of 142 genes, utilizing fine needle aspirate, | 01/01/2016 | 12/31/2020 | This code is no longer valid effective 1/1/2021 | Genetic Testing for Thyroid Nodules (Medicare); Genetic Testing: Thyroid Nodules (Company) |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|---------------------------|---|
| | | algorithm reported as a categorical result (eg, benign or suspicious) | | | | |
| 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) |
| Medicare | 81551 | Oncology (prostate), promoter methylation profiling by real-time PCR of 3 genes (GSTP1, APC, RASSF1), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a likelihood of prostate cancer detection on repeat biopsy | 01/01/2018 | | | Protein Biomarker and Genetic Testing for the Prostate (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) |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|---|---|
| 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) |
| Commercial/ASO, Medicare, OHP, PEBB | 82106 | Alpha-fetoprotein; amniotic fluid | 08/01/2016 | 05/30/2017 | | Genetic Testing for Reproductive Planning and Prenatal Testing (Company) |
| Commercial/ASO, Medicare, OHP, PEBB | 83020 | Hemoglobin frantionation and quantitation, electrophoresis | 04/01/2016 | 06/30/2017 | | Genetic Testing for Reproductive Planning and Prenatal Testing (Company) |
| Commercial/ASO, Medicare, OHP, PEBB | 83021 | Hemoglobin fractionation and quantitation, chromatography | 04/01/2016 | 06/30/2017 | | Genetic Testing for Reproductive Planning and Prenatal Testing (Company) |
| Commercial/ASO, Medicare, OHP, PEBB | 83921 | Organic acid, single, quantitative | 01/01/2016 | 12/31/2022 | | Cardiac Disease Risk Screening (Company); Organic Acid Testing (Company) ; Organic Acid Testing (Medicare) |
| Commercial/ASO, Medicare, OHP, PEBB | 84433 | Thiopurine S-methyltransferase (TPMT) | 01/01/2023 | | | Serologic Testing and Therapeutic Monitoring for Inflammatory Bowel Disease (Company); Serologic Testing and Therapeutic Monitoring for Inflammatory Bowel Disease (Medicare) |
| Medicare | 86001 | Allergen Specific Igg Quantitative or Semiquantitative, Each Allergen | 09/01/2003 | 10/31/2017 | | Allergy 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, Medicare, OHP, PEBB | 87900 | Infectious agent drug susceptibility phenotype prediction using regularly updated genotypic bioinformatics | 01/01/2006 | 07/31/2017 | | |

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| Commercial/ASO, Medicare, OHP, PEBB | 88235 | tissue culture for non-neoplastic disorders; amniotic fluid or chorionic villus cells | 04/01/2016 | 12/31/2018 | | Genetic Testing for Reproductive Planning and Prenatal Testing (Company) |
| Commercial/ASO, Medicare, OHP, PEBB | 88240 | cryopreservation, freezing and storage of cells, each cell line | 12/01/2015 | 10/31/2017 | | Umbilical Cord Blood Banking |
| Commercial/ASO, Medicare, OHP, PEBB | 88241 | Thawing and expansion of frozen cells each aliquot | 09/01/2003 | 06/30/2018 | | |
| Commercial/ASO, Medicare, OHP, PEBB | 88248 | Chrom.An-Brk.Syn;100cls,Ct.20,2kary | 09/01/2003 | 06/30/2018 | | |
| Commercial/ASO, Medicare, OHP, PEBB | 88249 | Chromosome analysis for breakage syndromes score 100 cells clastogen stress | 09/01/2003 | 06/30/2018 | | |
| Commercial/ASO, Medicare, OHP, PEBB | 88263 | Chrom.Anal;ct.45 Clls-Mosaic,2 Kary | 09/01/2003 | 06/30/2018 | | |
| Commercial/ASO, Medicare, OHP, PEBB | 88267 | Chromosome analysis, amniotic fluid or chorionic villus, count 15 cells, 1 karyotype, with banding | 04/01/2016 | 12/31/2018 | | Genetic Testing for Reproductive Planning and Prenatal Testing (Company) |
| Commercial/ASO, Medicare, OHP, PEBB | 88271 | Molecular cytogenetics DNA probe each | 09/01/2003 | 06/30/2018 | | 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 | 88272 | Molecular cytogenetics chromosomal in situ hybridization analyze 3-5 cells | 09/01/2003 | 06/30/2018 | | Genetic Testing for Reproductive Planning and Prenatal Testing (Company) |
| Commercial/ASO, Medicare, OHP, PEBB | 88273 | Molecular cypogenetics; chromosomal in situ hybridization, analyze 10-30 cells (eg for microdeletions) | 08/01/2016 | 06/30/2018 | | Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company) |
| Commercial/ASO, Medicare, OHP, PEBB | 88274 | Molecular cytogenetics interphase in situ hybridization analyze 25-99 cells | 09/01/2003 | 06/30/2018 | | Genetic Testing for Reproductive Planning and Prenatal Testing (Company); Tumor Testing for Targeted Therapy for Non-Small Cell Lung Cancer (Company) |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|--|--|
| Commercial/ASO, Medicare, OHP, PEBB | 88275 | Molecular cytogenetics interphase in situ hybridization analyze 100-300 cells | 09/01/2003 | 06/30/2018 | | Genetic Testing for Reproductive Planning and Prenatal Testing (Company) |
| Commercial/ASO, Medicare, OHP, PEBB | 88283 | Chromosome Analy; Add. Specialized Bandi | 09/01/2003 | 06/30/2018 | | Genetic Testing for Reproductive Planning and Prenatal Testing (Company) |
| Commercial/ASO, Medicare, OHP, PEBB | 88285 | Chrom.Anal;add.Cell Counted,Ea Stdy | 09/01/2003 | 06/30/2018 | | Genetic Testing for Reproductive Planning and Prenatal Testing (Company) |
| Commercial/ASO, Medicare, OHP, PEBB | 88289 | Chrom.Anal;addtl High Resolutn Stdy | 09/01/2003 | 06/30/2018 | | Genetic Testing for Reproductive Planning and Prenatal Testing (Company) |
| Commercial/ASO, Medicare, OHP, PEBB | 88291 | Cytogenetics and molecular cytogenetics interpretation and report | 09/01/2003 | 06/30/2018 | | Genetic Testing for Reproductive Planning and Prenatal Testing (Company) |
| 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) |
| PEBB | 90867 | Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management | 02/01/2018 | 06/30/2023 | PEBB was removed from this policy 7/1/2023 | Transcranial Magnetic Stimulation (Company) |
| 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) |

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|-------------------------------------|-------|--|------------------------------------|--------------------------------------|--|--|
| PEBB | 90868 | Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session | 02/01/2018 | 06/30/2023 | PEBB was removed from this policy 7/1/2023 | Transcranial Magnetic Stimulation (Company) |
| 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 motor threshold re-determination with delivery and management | 01/01/2021 | | | Transcranial Magnetic Stimulation (Medicare) |
| PEBB | 90869 | Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management | 02/01/2018 | 06/30/2023 | PEBB was removed from this policy 7/1/2023 | Transcranial Magnetic Stimulation (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, Medicare, OHP, PEBB | 91111 | Gastrointestinal Tract Imaging, Intraluminal (Eg, Capsule Endoscopy), Esophagus with Physician Interpretation and Report | 01/01/2007 | 06/30/2020 | | 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) |

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|-------------------------------------|-------|--|------------------------------------|--------------------------------------|---|---|
| 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 | 92618 | Eval For Rx Non-Speech-Generating Augmentative And Alternative Communication Device, Face-To-Face W Pt; Ea Addl 30 Min | 01/01/2012 | 12/31/2014 | | Speech Generating Devices (Company) |
| 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/ASO, 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/ASO, 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 |
| Commercial/ASO, 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/ASO, 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/ASO, 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 |

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|-------------------------------------|-------|--|------------------------------------|--------------------------------------|---|--|
| Commercial/ASO, 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/ASO, Medicare, OHP, PEBB | 93228 | Wearable Mobile Cardiovascular Telemetry with Events Transmitted To Center for up to 30 Days; Physician Review W Report | 10/01/2009 | 05/05/2025 | | External Ambulatory Electrocardiography (Company) ; External Ambulatory Electrocardiography (Medicare) ARCHIVED 5/6/25 |
| Commercial/ASO, Medicare | 93228 | Wearable Mobile Cardiovascular Telemetry with Events Transmitted To Center for up to 30 Days; Physician Review W Report | 05/06/2025 | | Carelon prior authorization required. Prior authorization excludes ASO. | General Requirements - Cardiovascular Care |
| Commercial/ASO, PEBB | 93228 | Wearable Mobile Cardiovascular Telemetry with Events Transmitted To Center for up to 30 Days; Physician Review W Report | 10/01/2009 | | Applies to ASO groups only. For commercial, refer to Carelon Cardiology | External Ambulatory Electrocardiography (Company) |
| Commercial/ASO, Medicare, OHP, PEBB | 93229 | Wearable Mobile Cardiovascular Telemetry with Events Transmitted To Center for up to 30 Days; Technical Support | 10/01/2009 | 05/05/2025 | | External Ambulatory Electrocardiography (Company) ; External Ambulatory Electrocardiography (Medicare) ARCHIVED 5/6/25 |
| Commercial/ASO, Medicare | 93229 | Wearable Mobile Cardiovascular Telemetry with Events Transmitted To Center for up to 30 Days; Technical Support | 05/06/2025 | | Carelon prior authorization required. Prior authorization excludes ASO. | General Requirements - Cardiovascular Care |
| Commercial/ASO, PEBB | 93229 | Wearable Mobile Cardiovascular Telemetry with Events Transmitted To Center for up to 30 Days; Technical Support | 10/01/2009 | | Applies to ASO groups only. For commercial, refer to Carelon Cardiology | External Ambulatory Electrocardiography (Company) |
| Medicare | 93264 | Remote monitoring of a wireless pulmonary artery pressure sensor for up to 30 days, including at least weekly downloads of pulmonary artery pressure recordings, interpretation(s), trend analysis, and report(s) | 11/01/2024 | | | Implantable Hemodynamic Monitoring Devices (Medicare) |

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| | | by a physician or other qualified health care professional | | | | |
| 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 |
| Medicare | 93303 | Transthoracic Echo cardiac anomalies | 01/01/2016 | 07/31/2023 | Carelon prior authorization not 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 |
| Medicare | 93304 | Transthoracic Echo cardiac anomalies, limited | 01/01/2016 | 07/31/2023 | Carelon prior authorization not 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 |
| Medicare | 93306 | Transthoracic Echo complete w color & spectral | 01/01/2016 | 07/31/2023 | Carelon prior authorization not 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 |
| Medicare | 93307 | Transthoracic Echo complete wo color & spectral | 01/01/2016 | 07/31/2023 | Carelon prior authorization not 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 | |
| Medicare | 93308 | Transthoracic Echo limited | 01/01/2016 | 07/31/2023 | Carelon prior authorization not required | |

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| 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 |
| Medicare | 93312 | Transesophageal Echo | 01/01/2016 | 07/31/2023 | Carelon prior authorization not 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 |
| Medicare | 93313 | Transesophageal Echo probe only | 01/01/2016 | 07/31/2023 | Carelon prior authorization not 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 |
| Medicare | 93314 | Transesophageal Echo interpretation | 01/01/2016 | 07/31/2023 | Carelon prior authorization not 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 | |
| Medicare | 93315 | Transesophageal Echo congenital | 01/01/2016 | 07/31/2023 | Carelon prior authorization not required | |
| 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 |
| Medicare | 93316 | Transesophageal Echo congenital, probe only | 01/01/2016 | 07/31/2023 | Carelon prior authorization not required | General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology |

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| 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 |
| Medicare | 93317 | Transesophageal Echo congenital interpretation | 01/01/2016 | 07/31/2023 | Carelon prior authorization not 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 | | Commercial/ASO, Medicare, PEBB - Carelon prior authorization required | General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology |
| Medicare | 93350 | Transthoracic Stress Echo, complete | 01/01/2016 | 07/31/2023 | Carelon prior authorization not 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 |
| Medicare | 93351 | Transthoracic Stress Echo, complete w cont EKG | 01/01/2016 | 07/31/2023 | Carelon prior authorization not required | General Requirements - High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology |
| Commercial/ASO, 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/ASO, Medicare | 93455 | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography | 05/06/2025 | | Carelon prior authorization required. Prior authorization excludes ASO. | General Requirements - Cardiovascular Care |

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| Commercial/ASO, 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/ASO, 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/ASO, 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/ASO, 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 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/ASO, Medicare | 93460 | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary | 05/06/2025 | | Carelon prior authorization required. Prior authorization excludes ASO. | General Requirements - Cardiovascular Care |

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| | | angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed | | | | |
| Commercial/ASO, 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/ASO, Medicare, OHP, PEBB | 93568 | Injection Procedure During Cardiac Cath; For Pulmonary Angiography | 10/01/2014 | 12/31/2015 | | CardioMems Heart Failure System |
| Commercial/ASO, 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/ASO, Medicare, OHP, PEBB | 93590 | Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, mitral valve | 01/01/2017 | 02/28/2022 | | New and Emerging Technologies and Other Non-Covered Services (Company); New and Emerging Technologies and Other Non-Covered Services (Medicare) |
| Commercial/ASO, OHP, PEBB | 93591 | Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, aortic valve | 01/01/2017 | 02/28/2022 | | New and Emerging Technologies and Other Non-Covered Services (Company) |
| Commercial/ASO, Medicare | 93600 | Bundle of His recording | 05/06/2025 | | Carelon prior authorization required. Prior authorization excludes ASO. | General Requirements - Cardiovascular Care |
| Commercial/ASO, Medicare | 93602 | Intra-atrial recording | 05/06/2025 | | Carelon prior authorization required. Prior authorization excludes ASO. | General Requirements - Cardiovascular Care |

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| Commercial/ASO, Medicare | 93603 | Right ventricular recording | 05/06/2025 | | Carelon prior authorization required. Prior authorization excludes ASO. | General Requirements - Cardiovascular Care |
| Commercial/ASO, Medicare | 93610 | Intra-atrial pacing | 05/06/2025 | | Carelon prior authorization required. Prior authorization excludes ASO. | General Requirements - Cardiovascular Care |
| Commercial/ASO, Medicare | 93612 | Intraventricular pacing | 05/06/2025 | | Carelon prior authorization required. Prior authorization excludes ASO. | General Requirements - Cardiovascular Care |
| Commercial/ASO, Medicare | 93618 | Induction of arrhythmia by electrical pacing | 05/06/2025 | | Carelon prior authorization required. Prior authorization excludes ASO. | General Requirements - Cardiovascular Care |
| Commercial/ASO, 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/ASO, 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/ASO, 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/ASO, 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 | 05/06/2025 | | Carelon prior authorization required. Prior authorization excludes ASO. | General Requirements - Cardiovascular Care |

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| | | reprogramming of sensing or therapeutic parameters) | | | | |
| Commercial/ASO, 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/ASO, 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/ASO, 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/ASO, Medicare | 93654 | Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial | 05/06/2025 | | Carelon prior authorization required. Prior authorization excludes ASO. | General Requirements - Cardiovascular Care |

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| | | 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 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/ASO, 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/ASO, Medicare, OHP, PEBB | 93784 | Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; including recording, scanning analysis, interpretation and report | 09/01/2003 | 09/30/2016 | | |
| Commercial/ASO, Medicare, OHP, PEBB | 93786 | Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; recording only | 09/01/2003 | 09/30/2016 | | |
| Commercial/ASO, Medicare, OHP, PEBB | 93788 | Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape | 09/01/2003 | 09/30/2016 | | |

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| | | and/or computer disk, for 24 hours or longer; scanning analysis with report | | | | |
| Commercial/ASO, Medicare, OHP, PEBB | 93790 | Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; review with interpretation and report | 09/01/2003 | 09/30/2016 | | |
| Commercial/ASO, 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/ASO, 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/ASO, Medicare | 93882 | 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 posterior tibial and anterior tibial/dorsalis pedis arteries with, transcutaneous oxygen tension measurement at 1-2 levels) | 05/06/2025 | | Carelon prior authorization required. Prior authorization excludes ASO. | General Requirements - Cardiovascular Care |
| Commercial/ASO, 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 |

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| | | posterior tibial and anterior tibial/dorsalis pedis arteries with, transcutaneous oxygen tension measurement at 1-2 levels) | | | | |
| Commercial/ASO, 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/ASO, 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 |

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| Commercial/ASO, 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/ASO, 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/ASO, 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/ASO, 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/ASO, 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/ASO, 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, Medicare, OHP, PEBB | 94669 | Mechanical chest wall oscillation to facilitate lung function, per session | 01/01/2014 | 12/31/2016 | | High Frequency Chest Wall Oscillation Devices |
| Commercial/ASO, Medicare, OHP, PEBB | 95782 | Polysomnography; Pt < 6 Yrs, Sleep Staging With 4 Or More Additional Parameters Of Sleep | 01/01/2013 | 07/31/2016 | | Sleep Disorder Testing (Company) |
| Commercial/ASO, Medicare, OHP, PEBB | 95783 | Polysomnography; Pt < 6 Yrs, Sleep Staging With 4 Or More Additional Parameters Of Sleep, W Cpap Or Bi-Level Ventilation | 01/01/2013 | 07/31/2016 | | Sleep Disorder Testing (Company) |
| Medicare | 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 | 03/31/2018 | | Sleep Disorder Testing (Company) |

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| 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) |
| Medicare | 95807 | Sleep Study, 3 or More Parameters Other Than Staging | 01/01/2009 | 03/31/2018 | | Sleep Disorder Testing (Medicare) |
| 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) |
| Medicare | 95808 | Polysomnography; Sleep Staging with 1 to 3 Additional Parameters | 01/01/2009 | 03/31/2018 | | 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) |
| Medicare | 95810 | Polysomnography; Sleep Staging with 4 or More Parameters | 01/01/2009 | 03/31/2018 | | Sleep Disorder Testing (Company) |
| 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) |
| Medicare | 95811 | Polysomnography; Sleep Staging With >3 Addit Parameters, W Cpap,Attend | 01/01/2009 | 03/31/2018 | | Sleep Disorder Testing (Medicare) |

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|-------------------------------------|-------|--|------------------------------------|--------------------------------------|--|--|
| 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, Medicare, PEBB | 95873 | Electrical stimulation for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure) | 09/01/2019 | | | Botulinum Therapies (Company); Botulinum Therapies (Medicare) |
| Commercial/ASO, Medicare, PEBB | 95874 | Needle electromyography for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure) | 09/01/2019 | | | Botulinum Therapies (Company); Botulinum Therapies (Medicare) |
| 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 | 95951 | Monit/Lateraliz Seiz EEG & Video 24 | 07/01/2006 | 11/30/2017 | | Long-Term Video-EEG Monitoring |
| Commercial/ASO, Medicare, OHP, PEBB | 95970 | Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); simple or complex brain, spinal cord, or peripheral (ie, cranial nerve, | 10/01/2016 | 03/31/2018 | | Deep Brain and Responsive Cortical Stimulation (Company); Electrical Stimulation: Non-Covered Therapies (Company); Implantable Spinal Cord and Dorsal Root Ganglion Stimulation (Company); Occipital Nerve Stimulation and Ablation (Company); Vagus Nerve Stimulation (Company) |

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|-------------------------------------|-------|--|------------------------------------|--------------------------------------|---------------------------|--|
| | | peripheral nerve, sacral nerve, neuromuscular) neurostimulator pulse generator/transmitter, without reprogramming | | | | |
| Commercial/ASO, Medicare, OHP, PEBB | 95974 | Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, with or without nerve interface testing, first hour | 10/01/2016 | 06/30/2018 | | Vagus Nerve Stimulation (Company) |
| Commercial/ASO, Medicare, OHP, PEBB | 95975 | Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, each additional 30 minutes after first hour (List separately in addition to code for primary procedure) | 10/01/2016 | 06/30/2018 | | Vagus Nerve Stimulation (Company) |
| Commercial/ASO, Medicare, OHP, PEBB | 95977 | Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care | 01/01/2019 | 12/31/2019 | | Deep Brain and Responsive Cortical Stimulation (Company) |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|---------------------------|--|
| | | professional; with complex cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional | | | | |
| Commercial/ASO, Medicare, OHP, PEBB | 95978 | Electronic Analysis Implanted Neurostimulator Pulse Generator System, Complex Deep Brain System, W Programming; First Hr | 07/01/2010 | 12/31/2018 | | Deep Brain and Responsive Cortical Stimulation (Company) |
| Commercial/ASO, Medicare, OHP, PEBB | 95979 | Electronic Analysis Implanted Neurostim Pulse Generator System, Complex Deep Brain System, W Programming; Ea Addl 30 Min | 07/01/2010 | 12/31/2018 | | Deep Brain and Responsive Cortical Stimulation (Company) |
| Commercial/ASO, Medicare, OHP, PEBB | 95983 | Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain neurostimulator pulse generator/transmitter programming, first 15 minutes face-to-face time with physician or other qualified health care professional | 01/01/2019 | 12/31/2019 | | Deep Brain and Responsive Cortical Stimulation (Company) |
| Commercial/ASO, Medicare, OHP, PEBB | 95984 | Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain neurostimulator pulse generator/transmitter programming, each | 01/01/2019 | 12/31/2019 | | Deep Brain and Responsive Cortical Stimulation (Company) |

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|-------------------------------------|-------|--|------------------------------------|--------------------------------------|--|---|
| | | additional 15 minutes face-to-face time with physician or other qualified health care professional (List separately in addition to code for primary procedure) | | | | |
| 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 |
| Commercial/ASO, Medicare, OHP, PEBB | 96040 | Medical Genetics and Genetic Counseling Services, Each 30 Minutes Face-To-Face with Patient/Family | 01/01/2007 | 12/31/2015 | | Breast Cancer: Genetic Counseling and Testing; Genetic Testing for Reproductive Planning and Prenatal Testing (Company) |
| 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 |

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|----------------------|-------|--|------------------------------------|--------------------------------------|---|---|
| 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 |
| 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 | |

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| | | | | | General Requirements pages for specific ASO plans. | |
| 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 |
| 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 |

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|----------------------|-------|---|------------------------------------|--------------------------------------|---|--|
| 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 |
| Medicare | 97127 | 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 | 06/01/2019 | 12/31/2019 | Commercial/ASO - Commercial Only (excluding ASO groups) – Evicore prior authorization required This code is no longer valid effective 1/1/2020 | |
| 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 | 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 |

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| | | 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) | | | | |
| 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. | Complementary and Alternative Medicine (CAM) Treatments (Company); 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) |
| Medicare | 97151 | Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of | 01/01/2021 | 02/28/2023 | Medicare was removed from this policy 3/1/2023 | Applied Behavior Analysis (Company) |

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| | | 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 | | | | |
| PEBB | 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 | 06/30/2023 | PEBB was removed from this policy 7/1/2023 | 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) |
| Medicare | 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 | 02/28/2023 | Medicare was removed from this policy 3/1/2023 | Applied Behavior Analysis (Company) |
| PEBB | 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 | 06/30/2023 | PEBB was removed from this policy 7/1/2023 | Applied Behavior Analysis (Company) |

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|------------------|-------|---|------------------------------------|--------------------------------------|--|-------------------------------------|
| 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) |
| Medicare | 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 | 02/28/2023 | Medicare was removed from this policy 3/1/2023 | Applied Behavior Analysis (Company) |
| PEBB | 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 | 06/30/2023 | PEBB was removed from this policy 7/1/2023 | Applied Behavior Analysis (Company) |
| 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) |
| Medicare | 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 | 02/28/2023 | Medicare was removed from this policy 3/1/2023 | Applied Behavior Analysis (Company) |
| PEBB | 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 | 06/30/2023 | PEBB was removed from this policy 7/1/2023 | Applied Behavior Analysis (Company) |
| Commercial/ASO | 97155 | Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which | 01/01/2021 | | PA required by PHP and PPP for commercial/ASO Prior authorization excludes Intel | Applied Behavior Analysis (Company) |

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|------------------|-------|---|------------------------------------|--------------------------------------|--|-------------------------------------|
| | | may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes | | | | |
| Medicare | 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 | 02/28/2023 | Medicare was removed from this policy 3/1/2023 | Applied Behavior Analysis (Company) |
| PEBB | 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 | 06/30/2023 | PEBB was removed from this policy 7/1/2023 | 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) |
| Medicare | 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 | 02/28/2023 | Medicare was removed from this policy 3/1/2023 | Applied Behavior Analysis (Company) |
| PEBB | 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 | 06/30/2023 | PEBB was removed from this policy 7/1/2023 | Applied Behavior Analysis (Company) |
| Commercial/ASO | 97157 | Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care | 01/01/2021 | | PA required by PHP and PPP for commercial/ASO Prior authorization excludes Intel | Applied Behavior Analysis (Company) |

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| | | professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, each 15 minutes | | | | |
| Medicare | 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 | 02/28/2023 | Medicare was removed from this policy 3/1/2023 | Applied Behavior Analysis (Company) |
| PEBB | 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 | 06/30/2023 | PEBB was removed from this policy 7/1/2023 | 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) |
| Medicare | 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 | 02/28/2023 | Medicare was removed from this policy 3/1/2023 | Applied Behavior Analysis (Company) |
| PEBB | 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 | 06/30/2023 | PEBB was removed from this policy 7/1/2023 | 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 | 06/01/2019 | | Commercial/ASO - Commercial - Evicore prior authorization required. Select ASO groups - EviCore prior authorization required. See PA | Evicore Physical Therapy/ Occupational Therapy |

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|----------------------|-------|---|------------------------------------|--------------------------------------|---|--|
| | | 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, 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. | | | General Requirements pages for specific ASO plans. | |
| 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 | 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 |

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| | | 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 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 | 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 |

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| | | performance. Modification of tasks or assistance (eg, physical or verbal) with assessment(s) is not necessary to enable completion of evaluation component. 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 | 06/01/2019 | | Commercial/ASO - Commercial - Evicore prior authorization required. Select ASO groups - EviCore prior authorization required. See PA | Evicore Physical Therapy/ Occupational Therapy |

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| | | additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that 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 | | | General Requirements pages for specific ASO plans. | |
| 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 | 06/01/2019 | | Commercial/ASO - Commercial - Evicore prior authorization required. Select ASO groups - EviCore prior authorization required. See PA | Evicore Physical Therapy/ Occupational Therapy |

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| | | improve functional performance), each 15 minutes | | | General Requirements pages for specific ASO plans. | |
| 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; Outpatient Physical Therapy (Company) ARCHIVED 10.1.24 |
| 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 |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|---|---|
| Commercial/ASO, Medicare, OHP, PEBB | 97605 | Negative Pressure Wound Therapy, Per Session; Total Area | 09/01/2003 | 12/31/2023 | | Negative Pressure Wound Therapy (Company); Negative Pressure Wound Therapy (Medicare) |
| Commercial/ASO, Medicare, OHP, PEBB | 97606 | Negative Pressure Wound Therapy, Per Session; Total Area > 50 Sq Cm | 09/01/2003 | 12/31/2023 | | Negative Pressure Wound Therapy (Company); Negative Pressure Wound Therapy (Medicare) |
| Medicare | 97607 | Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management colle | 10/01/2022 | 12/31/2023 | | Negative Pressure Wound Therapy (Medicare) |
| Medicare | 97608 | Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management colle | 10/01/2022 | 12/31/2023 | | Negative Pressure Wound Therapy (Medicare) |
| Medicare | 97610 | Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day | 06/01/2019 | 05/31/2021 | | Non-Contact Wound Therapy (Medicare Only) (archived 6/1/2021) |
| 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 prior authorization required. See PA General Requirements pages for specific ASO plans. | EviCore Physical Therapy/ Occupational Therapy |
| 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), | 06/01/2019 | | Commercial/ASO - Commercial - EviCore prior authorization required. Select ASO groups - EviCore prior authorization required. See PA | EviCore Physical Therapy/ Occupational Therapy |

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| | | lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes | | | General Requirements pages for specific ASO plans. | |
| 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-emergent air ambulance transports. Prior authorization is not required for 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 | A0431 | Ambulance service, conventional air services, transport, one way (rotary wing) | 06/01/2025 | | Effective 6/1/25: Prior authorization is required for non-emergent air ambulance transports. Prior authorization is not required for emergent air ambulance transports; however, all air ambulance transports may be | Ambulance Transport (Company); Ambulance Transport (Medicare) |

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| | | | | | reviewed for medical necessity retrospectively. | |
| 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-emergent air ambulance transports. Prior authorization is not required for 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-emergent air ambulance transports. Prior authorization is not required for 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 , non-implanted continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service | 06/01/2025 | | | Advanced Diabetes Management Technology (Company); Advanced Diabetes Management Technology (Medicare) |
| Commercial/ASO, Medicare, OHP, PEBB | A4239 | Supply allowance for non-adjunctive, non-implanted continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 unit of service | 01/01/2024 | | Commercial/ASO,Medicare,OHP,PEBB - | |
| Commercial/ASO, Medicare, OHP, PEBB | A4239 | Supply allowance for non-adjunctive, non-implanted continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service | 06/01/2025 | | | Advanced Diabetes Management Technology (Company); Advanced Diabetes Management Technology (Medicare) |

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|-------------------------------------|-------|--|------------------------------------|--------------------------------------|---|--|
| 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) |
| Commercial/ASO, Medicare, OHP, PEBB | A4467 | Belt, strap, sleeve, garment, or covering, any type | 01/01/2017 | 03/31/2019 | | Ankle-Foot and Knee-Ankle-Foot Orthotics (Medicare); Knee Orthotics (Functional Knee Braces) (Company); Knee Orthotics (Functional Knee Braces) (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) |
| Medicare | A4555 | Electrode/transducer for use with electrical stimulation device used for cancer treatment, replacement only | 09/01/2019 | 07/31/2024 | | Tumor Treatment Field Therapy for Glioblastoma (Medicare) ARCHIVE 8/1/24 |
| Commercial/ASO, Medicare, OHP, PEBB | A4660 | Sphygmomanometer/blood pressure apparatus with cuff and stethoscope | 12/01/2015 | 09/30/2016 | Commercial/ASO, Medicare, PEBB - Coverage is subject to plan benefits, prior authorization required | |
| Commercial/ASO, Medicare, OHP, PEBB | A4663 | Blood pressure cuff only | 12/01/2015 | 09/30/2016 | | |
| Commercial/ASO, Medicare, OHP, PEBB | A4670 | Automatic blood pressure monitor | 12/01/2015 | 09/30/2016 | Commercial/ASO - Covered for OHP only | |

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| Commercial/ASO, Medicare, OHP, PEBB | A7025 | High Frequency Chest Wall Oscillation System Vest, Replacement For Use | 09/01/2003 | 10/31/2017 | | High Frequency Chest Wall Oscillation Devices |
| Commercial/ASO, Medicare, OHP, PEBB | A7026 | High Frequency Chest Wall Oscillation System Hose, Replacement For Use | 09/01/2003 | 10/31/2017 | | High Frequency Chest Wall Oscillation Devices |
| 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, OHP, PEBB | A9272 | Wound suction, disposable, includes dressing, all accessories and components, any type, each | 01/01/2012 | 09/30/2022 | | Negative Pressure Wound Therapy (Medicare) |
| Medicare | A9272 | Wound suction, disposable, includes dressing, all accessories and components, any type, each | 01/01/2012 | 08/31/2021 | | Negative Pressure Wound Therapy (Medicare) |
| Commercial/ASO, OHP, PEBB | A9274 | External ambulatory insulin delivery system, disposable, each, includes all supplies and accessories | 05/01/2020 | 01/31/2021 | Commercial/ASO,OHP,PEBB - This code requires a prior authorization when requested as part of an integrated insulin pump and glucose monitoring system, or when requested as an insulin pump alone for type 2 diabetics with one of the following diagnosis codes: • E11 • E11.0 • E11.1 • E11.2 • E11.3 • E11.4 • E11.5 • E11.6 • E11.8 • E11.9 | Advanced Diabetes Management Technology (Company); Diabetes: Insulin Infusion Pumps (External and Implanted) Archived 2/1/2021; Diabetes: Integrated Insulin Infusion and Glucose Monitoring Systems (All Lines of Business Except Medicare) Archived 2/1/2021 |
| Commercial/ASO, OHP, PEBB | A9276 | Sensor; invasive (e.g., subcutaneous), disposable, for use with interstitial continuous glucose monitoring system, one unit = 1 day supply | 09/01/2017 | | | Advanced Diabetes Management Technology (Company); Diabetes: Integrated Insulin Infusion and Glucose Monitoring Systems (All Lines of Business Except Medicare) Archived 2/1/2021 |
| Medicare | A9276 | Sensor; invasive (e.g., subcutaneous), disposable, for use with interstitial continuous glucose monitoring system, one unit = 1 day supply | 01/01/2018 | 12/31/2019 | Medicare - | Diabetes: Integrated Insulin Infusion and Glucose Monitoring Systems (Medicare Only) Archived 2/1/2021 |

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| Commercial/ASO, OHP, PEBB | A9277 | Transmitter; external, for use with interstitial continuous glucose monitoring system | 09/01/2017 | | | Advanced Diabetes Management Technology (Company); Diabetes: Integrated Insulin Infusion and Glucose Monitoring Systems (All Lines of Business Except Medicare) Archived 2/1/2021 |
| Medicare | A9277 | Transmitter; external, for use with interstitial continuous glucose monitoring system | 01/01/2018 | 12/31/2019 | | Diabetes: Integrated Insulin Infusion and Glucose Monitoring Systems (Medicare Only) Archived 2/1/2021 |
| Commercial/ASO, OHP, PEBB | A9278 | Receiver (monitor); external, for use with interstitial continuous glucose monitoring system | 09/01/2017 | | | Advanced Diabetes Management Technology (Company); Diabetes: Integrated Insulin Infusion and Glucose Monitoring Systems (All Lines of Business Except Medicare) Archived 2/1/2021 |
| Medicare | A9278 | Receiver (monitor); external, for use with interstitial continuous glucose monitoring system | 01/01/2018 | 12/31/2019 | | Diabetes: Integrated Insulin Infusion and Glucose Monitoring Systems (Medicare Only) Archived 2/1/2021 |
| 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 | 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 | 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 |

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| 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 | | Commercial/ASO,Medicare,PEBB - | |
| 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 | | | |
| 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 | | | |
| Commercial/ASO, Medicare, OHP, PEBB | B4100 | Food thickener, administered orally, per ounce | 01/01/2013 | | Commercial/ASO,Medicare,OHP,PEBB - | 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 | | Commercial/ASO,OHP,PEBB - | 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 | | Commercial/ASO,OHP,PEBB - | 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 | | Commercial/ASO,OHP,PEBB - | Medical Nutrition (Commercial) - Pharmacy Policy; Medical Nutrition (Medicaid) - Pharmacy Policy ; Medical Nutrition (Medicare Part B) - Pharmacy Policy |
| Commercial/ASO, Medicare, OHP, PEBB | B4105 | In-line cartridge containing digestive enzyme(s) for enteral feeding, each | 06/01/2023 | 12/31/2999 | Commercial/ASO,Medicare,OHP,PEBB - | Medical Nutrition (Commercial) - Pharmacy Policy; Medical Nutrition (Medicaid) - Pharmacy Policy ; Medical Nutrition (Medicare Part B) - Pharmacy Policy |

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| 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 | | Commercial/ASO,Medicare,OHP,PEBB - | 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 | | Commercial/ASO,Medicare,OHP,PEBB - | 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 | | Commercial/ASO,Medicare,OHP,PEBB - | 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 | | Commercial/ASO,Medicare,OHP,PEBB - | 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, administered through an enteral feeding tube, 100 calories = 1 unit | 01/01/2013 | | Commercial/ASO,Medicare,OHP,PEBB - | Medical Nutrition (Commercial) - Pharmacy Policy; Medical Nutrition (Medicaid) - Pharmacy Policy ; Medical Nutrition (Medicare Part B) - Pharmacy Policy |

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| 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 | 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 | | Commercial/ASO,Medicare,OHP,PEBB - | 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 | | Commercial/ASO,Medicare,OHP,PEBB - | 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 | | Commercial/ASO,Medicare,OHP,PEBB - | 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 | | Commercial/ASO,Medicare,OHP,PEBB - | 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, administered through an enteral feeding tube, 100 calories = 1 unit | 01/01/2013 | | Commercial/ASO,Medicare,OHP,PEBB - | Medical Nutrition (Commercial) - Pharmacy Policy; Medical Nutrition (Medicaid) - Pharmacy Policy ; Medical Nutrition (Medicare Part B) - Pharmacy Policy |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|------------------------------------|--|
| 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 | | Commercial/ASO,Medicare,OHP,PEBB - | 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 | | Commercial/ASO,Medicare,OHP,PEBB - | 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 | | Commercial/ASO,Medicare,OHP,PEBB - | 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 | | Commercial/ASO,Medicare,OHP,PEBB - | 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 | | Commercial/ASO,Medicare,OHP,PEBB - | 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 | | Commercial/ASO,Medicare,OHP,PEBB - | Total Parenteral Nutrition (TPN) (Commercial) (Medicaid) - Pharmacy Policy; Total Parenteral Nutrition (TPN) (Medicare Part B) - Pharmacy 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 | | Commercial/ASO,Medicare,OHP,PEBB - | Total Parenteral Nutrition (TPN) (Commercial) (Medicaid) - Pharmacy Policy; Total Parenteral Nutrition (TPN) (Medicare Part B) - Pharmacy Policy |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|------------------------------------|--|
| Commercial/ASO, Medicare, OHP, PEBB | B4180 | Parenteral nutrition solution; carbohydrates (dextrose), greater than 50% (500 ml = 1 unit) - home mix | 01/01/2013 | | Commercial/ASO,Medicare,OHP,PEBB - | 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 | | Commercial/ASO,Medicare,OHP,PEBB - | 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 | | Commercial/ASO,Medicare,OHP,PEBB - | 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 | | Commercial/ASO,Medicare,OHP,PEBB - | 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 | | Commercial/ASO,Medicare,OHP,PEBB - | 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 | | Commercial/ASO,Medicare,OHP,PEBB - | Total Parenteral Nutrition (TPN) (Commercial) (Medicaid) - Pharmacy Policy; Total Parenteral Nutrition (TPN) (Medicare Part B) - Pharmacy 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 | | Commercial/ASO,Medicare,OHP,PEBB - | Total Parenteral Nutrition (TPN) (Commercial) (Medicaid) - Pharmacy Policy; Total Parenteral Nutrition (TPN) (Medicare Part B) - Pharmacy Policy |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|------------------------------------|--|
| Commercial/ASO, Medicare, OHP, PEBB | B4216 | Parenteral nutrition; additives (vitamins, trace elements, heparin, electrolytes), home mix, per day | 01/01/2013 | | Commercial/ASO,Medicare,OHP,PEBB - | 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 | | Commercial/ASO,Medicare,OHP,PEBB - | 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 | | Commercial/ASO,Medicare,OHP,PEBB - | 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 | | Commercial/ASO,Medicare,OHP,PEBB - | 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 | | Commercial/ASO,Medicare,OHP,PEBB - | 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 | | Commercial/ASO,Medicare,OHP,PEBB - | Total Parenteral Nutrition (TPN) (Commercial) (Medicaid) - Pharmacy Policy; Total Parenteral Nutrition (TPN) (Medicare Part B) - Pharmacy 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 | | Commercial/ASO,Medicare,OHP,PEBB - | Total Parenteral Nutrition (TPN) (Commercial) (Medicaid) - Pharmacy Policy; Total Parenteral Nutrition (TPN) (Medicare Part B) - Pharmacy Policy |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|---|---|
| Medicare | C1605 | Pacemaker, leadless, dual chamber (right atrial and right ventricular implantable components), rate-responsive, including all necessary components for implantation | 01/01/2025 | 05/05/2025 | | Leadless Cardiac Pacemakers (Medicare) ARCHIVED 5/6/25 |
| 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/ASO | 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 | C1721 | Cardioverter-defibrillator, dual chamber (implantable) | 05/06/2025 | | Carelon prior authorization required. Prior authorization excludes ASO. | General Requirements - Cardiovascular Care |
| Commercial/ASO, Medicare | C1722 | Cardioverter-defibrillator, single chamber (implantable) | 05/06/2025 | | Carelon prior authorization required. Prior authorization excludes ASO. | General Requirements - Cardiovascular Care |
| 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/ASO, Medicare, OHP, PEBB | C1764 | Event recorder, cardiac (implantable) | 09/01/2017 | 05/05/2025 | | Implantable Loop Recorders (Company) ; Implantable Loop Recorders (Medicare) ARCHIVE 5/6/25 |
| Commercial/ASO, Medicare | C1764 | Event recorder, cardiac (implantable) | 05/06/2025 | | Carelon prior authorization required. Prior authorization excludes ASO. | General Requirements - Cardiovascular Care |
| Commercial/ASO, PEBB | C1764 | Event recorder, cardiac (implantable) | 09/01/2017 | | Applies to ASO groups only. For commercial, refer to Carelon Cardiology | Implantable Loop Recorders (Company) |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|---|--|
| 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/ASO, Medicare, OHP, PEBB | C1776 | Joint device (implantable) | 12/01/2018 | 07/31/2022 | | |
| Commercial/ASO, Medicare | C1777 | Lead, cardioverter-defibrillator, endocardial single coil (implantable) | 05/06/2025 | | Carelon prior authorization required. Prior authorization excludes ASO. | General Requirements - Cardiovascular Care |
| 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/ASO, Medicare | C1785 | Pacemaker, dual-chamber, rate-responsive (implantable) | 05/06/2025 | | Carelon prior authorization required. Prior authorization excludes ASO. | General Requirements - Cardiovascular Care |
| Commercial/ASO, Medicare | C1786 | Pacemaker, single chamber, rate-responsive (implantable) | 05/06/2025 | | Carelon prior authorization required. Prior authorization excludes ASO. | General Requirements - Cardiovascular Care |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|--|---|
| Commercial/ASO, OHP, PEBB | C1787 | Patient programmer, neurostimulator | 11/01/2017 | | | 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) |
| 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) |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|---------------------------|--|
| Medicare | C1821 | Interspinous implant | 10/01/2009 | 11/30/2015 | | Spinal Stabilization Devices and Interspinous Spacers (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) |
| 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) |

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|-------------------------------------|-------|--|------------------------------------|--------------------------------------|---|---|
| Medicare | C1831 | Personalized, anterior and lateral interbody cage (implantable) | 10/01/2021 | 12/31/2022 | | Spinal Fusion and Decompression Procedures (Company) |
| Commercial/ASO, Medicare, OHP, PEBB | C1849 | Skin substitute, synthetic, resorbable, per square centimeter | 07/01/2020 | 01/01/2023 | | Skin and Tissue Substitutes (Company) |
| Commercial/ASO, 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/ASO, Medicare, OHP, PEBB | C1889 | Implantable/insertable device for device intensive procedure, not otherwise classified | 01/01/2017 | 04/30/2023 | | |
| Commercial/ASO, Medicare | C1895 | Lead, cardioverter-defibrillator, endocardial dual coil (implantable) | 05/06/2025 | | Carelon prior authorization required. Prior authorization excludes ASO. | General Requirements - Cardiovascular Care |
| Commercial/ASO, 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) |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|--|--|
| Commercial/ASO, OHP, PEBB | C2596 | Probe, image-guided, robotic, waterjet ablation | 03/01/2025 | | | Benign Prostatic Hyperplasia Treatments (Medicare) |
| Commercial/ASO, Medicare, OHP, PEBB | C2614 | Probe, Percutaneous Lumbar Discectomy | 03/01/2010 | 11/30/2019 | | Spinal Fusion and Decompression Procedures (Company) |
| Medicare | C2614 | Probe, Percutaneous Lumbar Discectomy | 01/01/2022 | 12/31/2022 | | Spinal Fusion and Decompression Procedures (Medicare) |
| Commercial/ASO, OHP, PEBB | C2616 | Brachytherapy seed, yttrium-90 | 10/01/2008 | | | Ablation for Liver Tumors (Company) |
| Medicare | C2616 | Brachytherapy seed, yttrium-90 | 01/01/2022 | 12/31/2024 | | Ablation for Liver Tumors (Medicare) |
| Commercial/ASO, 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/ASO, 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/ASO, 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 | C2698 | Brachytherapy source, stranded, not otherwise specified, per source | 07/01/2012 | | | Ablation for Liver Tumors (Company); Ablation for Liver Tumors (Medicare) |
| Commercial/ASO, Medicare, OHP, PEBB | C2699 | Brachytherapy source, non-stranded, not otherwise specified, per source | 07/01/2012 | | | Ablation for Liver Tumors (Company); Ablation for Liver Tumors (Medicare) |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|---|---|
| Commercial/ASO, Medicare, OHP, PEBB | C5271 | Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area | 04/01/2025 | | 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 | 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 surface area, or part thereof (list separately in addition to code for primary procedure) | 04/01/2025 | | 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 | 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 | | 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 | | 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 | | 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, | 04/01/2025 | | 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) |

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| | | or part thereof (list separately in addition to code for primary procedure) | | | | |
| 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 area, or 1% of body area of infants and children | 04/01/2025 | | 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 | 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 | | 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 | 12/01/2024 | | | Percutaneous Vertebroplasty and Sacroplasty (Company); Percutaneous Vertebroplasty and Sacroplasty (Medicare) |

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| | | (fracture reductions and bone biopsies included when performed) using mechanical device (eg, kyphoplasty), unilateral or bilateral cannulations, inclusive of all imaging guidance | | | | |
| Commercial/ASO, Medicare, OHP, PEBB | C7508 | Percutaneous vertebral augmentations, first lumbar 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 | 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/ASO, 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 | 05/06/2025 | | Carelon prior authorization required. Prior authorization excludes ASO. | General Requirements - Cardiovascular Care |

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| | | of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all required imaging, radiological supervision and interpretation, image documentation and report | | | | |
| Commercial/ASO, Medicare | C7515 | 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 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 | 05/06/2025 | | Carelon prior authorization required. Prior authorization excludes ASO. | General Requirements - Cardiovascular Care |
| Commercial/ASO, 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/ASO, 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 | 05/06/2025 | | Carelon prior authorization required. Prior authorization excludes ASO. | General Requirements - Cardiovascular Care |

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| | | 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/ASO, 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/ASO, 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 |

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| Commercial/ASO, 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 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 | 05/06/2025 | | Carelon prior authorization required. Prior authorization excludes ASO. | General Requirements - Cardiovascular Care |
| Commercial/ASO, 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/ASO, 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 | 05/06/2025 | | Carelon prior authorization required. Prior authorization excludes ASO. | General Requirements - Cardiovascular Care |

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| | | measurement (initial coronary vessel or graft) during coronary angiography including pharmacologically induced stress | | | | |
| Commercial/ASO, Medicare | C7523 | 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 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/ASO, 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/ASO, 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 | 05/06/2025 | | Carelon prior authorization required. Prior authorization excludes ASO. | General Requirements - Cardiovascular Care |

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| | | 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 including imaging supervision, interpretation and report | | | | |
| Commercial/ASO, 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/ASO, 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 | 05/06/2025 | | Carelon prior authorization required. Prior authorization excludes ASO. | General Requirements - Cardiovascular Care |

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| | | and/or therapeutic intervention including imaging supervision, interpretation and report | | | | |
| Commercial/ASO, 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 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/ASO, 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/ASO, 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 | 05/06/2025 | | Carelon prior authorization required. Prior authorization excludes ASO. | General Requirements - Cardiovascular Care |

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| | | 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 transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging, radiological supervision and interpretation, documentation and report | | | | |
| Commercial/ASO, 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/ASO, 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/ASO, 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 | 05/06/2025 | | Carelon prior authorization required. Prior authorization excludes ASO. | General Requirements - Cardiovascular Care |

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| | | vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation | | | | |
| Commercial/ASO, 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 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/ASO, 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/ASO, 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/ASO, 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 | 05/06/2025 | | Carelon prior authorization required. Prior authorization excludes ASO. | General Requirements - Cardiovascular Care |

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| | | pacemaker pulse generator (eg, for upgrade to dual chamber system) | | | | |
| Commercial/ASO, 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 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 | 05/06/2025 | | Carelon prior authorization required. Prior authorization excludes ASO. | General Requirements - Cardiovascular Care |
| Commercial/ASO, 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 |

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| Commercial/ASO, 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 real-time review and interpretation of possible atherosclerotic stenosis(es) intervention | 05/06/2025 | | Carelon prior authorization required. Prior authorization excludes ASO. | General Requirements - Cardiovascular Care |
| 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 | C8903 | Magnetic resonance imaging with contrast, breast; unilateral | 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 | C8904 | Magnetic resonance imaging without contrast, breast; unilateral | 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 | C8905 | Magnetic resonance imaging without contrast followed by with contrast, breast; unilateral | 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 |

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| Commercial/ASO, Medicare, OHP, PEBB | C8906 | Magnetic resonance imaging with contrast, breast; bilateral | 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 | C8907 | Magnetic resonance imaging without contrast, breast; bilateral | 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 | C8908 | Magnetic resonance imaging without contrast followed by with contrast, breast; bilateral | 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 |
| 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 |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|---|--|
| 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® | Thrombocytopenia Medications - Pharmacy Policy |
| Commercial/ASO, Medicare, OHP, PEBB | C9090 | Injection, plasminogen, human-tvmh, 1 mg | 04/01/2022 | 06/30/2022 | Commercial/ASO,Medicare,OHP,PEBB - Ryplazim (New code effective 7/1/2022 see J2998) | Ryplazim - Pharmacy Policy |
| Commercial/ASO, Medicare, OHP, PEBB | C9091 | Injection, sirolimus protein-bound particles, 1 mg | 04/01/2022 | 06/30/2022 | Commercial/ASO,Medicare,OHP,PEBB - Fyarro (New code effective 7/1/2022 see J9331) | ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy |
| Commercial/ASO, Medicare, OHP, PEBB | C9093 | Injection, ranibizumab, via sustained release intravitreal implant (susvimo), 0.1 mg | 04/01/2022 | 06/30/2022 | (New code effective 7/1/2022 see J2998) | Medicare Part B Step Therapy - Pharmacy Policy; Ophthalmic Vascular Endothelial Growth Factor (VEGF) Inhibitors - Pharmacy Policy |
| Commercial/ASO, Medicare, OHP, PEBB | C9094 | Inj, sutimlimab-jome, 10 mg | 07/01/2022 | 09/30/2022 | Commercial/ASO,Medicare,OHP,PEBB - Enjaymo® (New code effective 10/1/2022 see J1302) | New Drug/Indication Awaiting P&T Review - Pharmacy Policy |
| Commercial/ASO, Medicare, OHP, PEBB | C9095 | Inj, tebentafusp-tebn, 1 mcg | 07/01/2022 | 09/30/2022 | Commercial/ASO,Medicare,OHP,PEBB - Kimmtrak® (New code effective 10/1/2022 see J9274) | New Drug/Indication Awaiting P&T Review - Pharmacy Policy |
| Commercial/ASO, Medicare, OHP, PEBB | C9097 | Inj, faricimab-svoa, 0.1 mg | 07/01/2022 | 09/30/2022 | Commercial/ASO,Medicare,OHP,PEBB - Vabysmo® (New code effective 10/1/2022 see J2777) | New Drug/Indication Awaiting P&T Review - Pharmacy Policy |
| Commercial/ASO, Medicare, OHP, PEBB | C9098 | Ciltacabtagene autoleucel, up to 100 million autologous b-cell maturation antigen (bcma) directed car-positive t cells, including | 07/01/2022 | 09/30/2022 | Commercial/ASO,Medicare,OHP,PEBB - Carvykti® (New code effective 10/1/2022 see Q2056) | New Drug/Indication Awaiting P&T Review - Pharmacy Policy |

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| | | leukapheresis and dose preparation procedures, per therapeutic dose | | | | |
| Commercial/ASO, Medicare, OHP, PEBB | C9142 | Injection, bevacizumab-maly, biosimilar, (alymys), 10 mg | 10/01/2022 | 12/31/2022 | Commercial/ASO,Medicare,OHP,PEBB - C9412 replaced by Q5126 effective 1/1/2023 | 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 | C9146 | Injection, mirvetuximab soravtansine-gynx, 1 mg | 04/01/2023 | 06/30/2028 | Commercial/ASO,Medicare,OHP,PEBB - Elahere (New code effective 7/1/2023) | ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy |
| Commercial/ASO, Medicare, OHP, PEBB | C9147 | Injection, tremelimumab-actl, 1 mg | 04/01/2023 | 06/30/2023 | Commercial/ASO,Medicare,OHP,PEBB - Imjudo (new code eff 7/1/2023) | New Drug/Indication Awaiting P&T Review - Pharmacy Policy |
| Commercial/ASO, Medicare, OHP, PEBB | C9148 | Injection, teclistamab-cqyv, 0.5 mg | 04/01/2023 | | Commercial/ASO,Medicare,OHP,PEBB - Tecvayli | T-Cell Therapy - Pharmacy Policy |
| Commercial/ASO, Medicare, OHP, PEBB | C9149 | Injection, teplizumab-mzwv, 5 mcg | 04/01/2023 | | Commercial/ASO,Medicare,OHP,PEBB - Tzeild | Tzield - Pharmacy Policy |
| Commercial/ASO, Medicare, OHP, PEBB | C9151 | Injection, pegcetacoplan, 1 mg | 07/01/2023 | | Commercial/ASO,Medicare,OHP,PEBB - Syfovre® | New Drug/Indication Awaiting P&T Review - Pharmacy Policy |
| Commercial/ASO, Medicare, OHP, PEBB | C9155 | C9155 - Injection, epcoritamab-bysp, 0.16 mg | 10/01/2023 | | Commercial/ASO,Medicare,OHP,PEBB - | ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy |
| Commercial/ASO, Medicare, OHP, PEBB | C9157 | C9157 - Injection, tofersen, 1 mg | 10/01/2023 | | Commercial/ASO,Medicare,OHP,PEBB - Qalsody | DNU_Qalsody-Pharmacy Policy |
| Commercial/ASO, Medicare, OHP, PEBB | C9160 | Injection, daxibotulinumtoxina-lanm, 1 unit | 01/01/2024 | | Commercial/ASO,Medicare,OHP,PEBB - Daxxify | |
| Commercial/ASO, Medicare, OHP, PEBB | C9162 | Injection, avacincaptad pegol, 0.1 mg | 01/01/2024 | | Commercial/ASO,Medicare,OHP,PEBB - IZERVAY | Geographic Atrophy Agents - Pharmacy Policy |

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| Commercial/ASO, Medicare, OHP | C9163 | Injection, talquetamab-tgvs, 0.25 mg | 01/01/2024 | | Commercial/ASO,Medicare,OHP,PEBB - TALVEY | New Drug/Indication Awaiting P&T Review - Pharmacy Policy |
| Commercial/ASO, Medicare, OHP, PEBB | C9164 | Cantharidin for topical administration, 0.7%, single unit dose applicator (3.2 mg) | 01/01/2024 | | Commercial/ASO,Medicare,OHP,PEBB - CANTHARIDIN | New Drug/Indication Awaiting P&T Review - Pharmacy Policy |
| Commercial/ASO, Medicare, OHP, PEBB | C9165 | Injection, elranatamab-bcmm, 1 mg | 01/01/2024 | | Commercial/ASO,Medicare,OHP,PEBB - ELREXFIO | New Drug/Indication Awaiting P&T Review - Pharmacy Policy |
| Commercial/ASO, Medicare, OHP, PEBB | C9166 | C9166 Injection, secukinumab, intravenous, 1 mg | 04/01/2024 | | Commercial/ASO,Medicare,OHP,PEBB - COSENTYX | 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 | C9167 | C9167 Injection, apadamase alfa, 10 units | 04/01/2024 | | Commercial/ASO,Medicare,OHP,PEBB - ADZYNMA | Enzyme Replacement Therapy - Pharmacy Policy; Enzyme Replacement Therapy, Medicare Part B -Pharmacy Policy |
| Commercial/ASO, Medicare, OHP, PEBB | C9167 | C9167 Injection, adamts13, recombinant-krhn, 10 iu | 04/01/2024 | 07/01/2024 | ADZYNMA | Enzyme Replacement Therapy - Pharmacy Policy; Enzyme Replacement Therapy, Medicare Part B -Pharmacy Policy |
| Commercial/ASO, Medicare, OHP, PEBB | C9168 | C9168 Injection, mirikizumab-mrkz, 1 mg | 04/01/2024 | | Commercial/ASO,Medicare,OHP,PEBB - OMVOH | New Drug/Indication Awaiting P&T Review - Pharmacy Policy |
| Commercial/ASO, Medicare, OHP, PEBB | C9169 | C9169 - Injection, nogapendekin alfa inbakicept-pmln, for intravesical use, 1 microgram (ANKTIVA) | 10/01/2024 | 12/31/2024 | 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 | C9170 | C9170 - Injection, tarlatamab-dlle, 1 mg (IMDELLTRA) | 10/01/2024 | 12/31/2024 | Commercial/ASO,Medicare,OHP,PEBB - IMDELLTRA | New Drug/Indication Awaiting P&T Review - Pharmacy Policy |
| Commercial/ASO, Medicare, OHP, PEBB | C9172 | C9172 - Injection, fidanacogene elaparovect, per therapeutic dose (BEQVEZ) | 10/01/2024 | 12/31/2024 | Commercial/ASO,Medicare,OHP,PEBB - BEQVEZ | Gene Therapy for Hemophilia Policy - Pharmacy Policy |

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| Commercial/ASO, Medicare, OHP, PEBB | C9254 | Injection, lacosamide, 1 mg | 08/01/2018 | | Commercial/ASO,Medicare,OHP,PEBB - Vimpat® | Aptiom® and Vimpat® - Pharmacy Policy |
| Commercial/ASO, Medicare, OHP, PEBB | C9301 | Obecabtagene autoleucl, up to 410 million cd19 car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose | 04/01/2025 | | | T-Cell Therapy - Pharmacy Policy |
| Commercial/ASO, Medicare, OHP, PEBB | C9302 | Injection, zanidatamab-hrii, 2 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 | C9303 | Injection, zolbetuximab-clzb, 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 | C9304 | Injection, marstacimab-hncq, 0.5 mg | 04/01/2025 | | | Hympavzi - 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 | | Commercial/ASO,Medicare,OHP,PEBB - | New Drug/Indication Awaiting P&T Review - Pharmacy Policy |
| Commercial/ASO, Medicare | C9600 | Percutaneous transcatheter placement of drug eluting intracoronary stent(s), with coronary | 05/06/2025 | | Carelon prior authorization required. Prior authorization excludes ASO. | General Requirements - Cardiovascular Care |

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|--------------------------|-------|--|------------------------------------|--------------------------------------|---|--|
| | | angioplasty when performed; single major coronary artery or branch | | | | |
| Commercial/ASO, 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/ASO, 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 |
| Commercial/ASO, 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/ASO, 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/ASO, 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 | 05/06/2025 | | Carelon prior authorization required. Prior authorization excludes ASO. | General Requirements - Cardiovascular Care |

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|---------------------------|-------|--|------------------------------------|--------------------------------------|---|---|
| | | graft (list separately in addition to code for primary procedure) | | | | |
| Commercial/ASO, 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/ASO, 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, coronary artery branch, or 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/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); MRI Guided Focused Ultrasound for Palliative Treatment of Bone Metastases |
| 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) |
| Medicare | C9739 | Cystourethroscopy, with insertion of transprostatic implant; 1 to 3 implants | 09/01/2017 | 01/31/2022 | | Prostate: Prostatic Urethral Lift ARCHIVED 2/1/2022 |
| Commercial/ASO, OHP, PEBB | C9740 | Cystourethroscopy, with insertion of transprostatic implant; 4 or more implants | 09/01/2017 | | | Benign Prostatic Hyperplasia Treatments (Company) |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|---|---|
| Medicare | C9740 | Cystourethroscopy, with insertion of transprostatic implant; 4 or more implants | 09/01/2017 | 01/31/2022 | | Prostate: Prostatic Urethral Lift ARCHIVED 2/1/2022 |
| Medicare | C9747 | Ablation of prostate, transrectal, high intensity focused ultrasound (hifu), including imaging guidance | 11/01/2018 | 04/30/2020 | | Prostate: High Intensity Focused Ultrasound (HIFU) (Medicare Only) ARCHIVED 5/1/2020 |
| 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 | 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 roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction | 04/01/2024 | 05/05/2025 | 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) |
| Commercial/ASO, Medicare, 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 interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction | 04/01/2024 | | Applies to ASO groups 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); Ablation for Liver Tumors (Medicare) |
| Medicare | C9807 | Nerve stimulator, percutaneous, peripheral (e.g., sprint peripheral nerve stimulation system), including electrode and all disposable | 01/01/2025 | | | Electrical Stimulation and Electromagnetic Therapies (Medicare) |

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| | | 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) | | | | |
| 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) |
| 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) |

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| 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) |
| Medicare | 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 | 04/30/2022 | | Sleep Disorder Treatment with Positive Airway Pressure (Medicare) |
| 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 mask (intermittent assist device with continuous positive 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) |
| Medicare | E0471 | Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with non-invasive interface, EG nasal or facial mask (intermittent assist device with continuous positive pressure device) | 01/01/2009 | 04/30/2022 | | Sleep Disorder Treatment with Positive Airway Pressure (Medicare) |
| 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) |

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| Medicare | 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 | 04/30/2022 | | Sleep Disorder Treatment with Positive Airway Pressure (Medicare) |
| Commercial/ASO, Medicare, OHP, PEBB | E0483 | High frequency chest wall oscillation air-pulse generator system, (includes hoses and vest), each | 09/01/2003 | 10/31/2017 | | High Frequency Chest Wall Oscillation Devices |
| Commercial/ASO, OHP, PEBB | E0486 | Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, custom fabricated, | 04/01/2007 | | | Oral and Sleep Position Appliances for Sleep Disorder Treatment (Company) |
| Medicare | E0486 | Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, custom fabricated, | 07/01/2023 | | | Oral and Sleep Position Appliances for Sleep Disorder Treatment (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) |
| Medicare | E0601 | Continuous positive airway pressure (CPAP) device | 01/01/2009 | 04/30/2022 | | Sleep Disorder Treatment with Positive Airway Pressure (Medicare) |
| Commercial/ASO, Medicare, OHP, PEBB | E0616 | Implantable cardiac event recorder with memory, activator and programmer | 10/01/2014 | 05/05/2025 | | Implantable Loop Recorders (Company) ; Implantable Loop Recorders (Medicare) ARCHIVE 5/6/25 |
| Commercial/ASO, Medicare | E0616 | Implantable cardiac event recorder with memory, activator and programmer | 05/06/2025 | | Carelon prior authorization required. Prior authorization excludes ASO. | General Requirements - Cardiovascular Care |
| Commercial/ASO, PEBB | E0616 | Implantable cardiac event recorder with memory, activator and programmer | 10/01/2014 | | Applies to ASO groups only. For commercial, refer to Carelon Cardiology | Implantable Loop Recorders (Company) |
| Commercial/ASO, Medicare, OHP, PEBB | E0617 | External defibrillator with integrated electrocardiogram analysis | 01/01/2009 | 08/31/2020 | | Automatic External Defibrillators (AED) (archived 6/1/2021) |
| 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) |

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| 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 | E0628 | Separate seat lift mechanism for use with patient owned furniture - electric | 10/01/2007 | 12/31/2016 | | Seat Lift Mechanism (Company) |
| 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) |
| 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 | | | 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 | | | Standing Systems (Company) |
| Commercial/ASO, OHP, PEBB | E0642 | Standing frame /table system, mobile (dynamic stander), any size including pediatric | 01/01/2019 | | | Standing Systems (Company) |
| Commercial/ASO, Medicare, OHP, PEBB | E0675 | Pneumatic compression device, high pressure, rapid inflation/deflation cycle | 10/01/2015 | 12/31/2018 | | Compression (Pneumatic) Devices & Compression Garments; Pneumatic Compression Devices (Company); Pneumatic Compression Devices (Medicare) |
| Commercial/ASO, Medicare, OHP, PEBB | E0676 | Intermittent limb compression device (includes all accessories), not otherwise specified | 04/01/2014 | 12/31/2018 | | Pneumatic Compression Devices (Company); Pneumatic Compression Devices (Medicare) |
| 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) |

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|-------------------------------------|-------|--|------------------------------------|--------------------------------------|---------------------------|--|
| Commercial/ASO, Medicare, OHP, PEBB | E0745 | Neuromuscular stimulator, electronic shock unit | 07/01/2019 | 04/30/2021 | | Urinary Dysfunction Treatments (Company); 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) |
| Medicare | E0748 | Osteogenesis stimulator, electrical, non-invasive, spinal applications | 09/01/2003 | 12/31/2024 | | Bone Growth Stimulators (Medicare) |
| 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 control, used for walking by spinal cord injured, entire system, after completion of training program | 09/01/2022 | | | Electrical Stimulation and Electromagnetic Therapies (Medicare); Functional Electrical Stimulation (All Lines of Business Except Medicare) |
| 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) |
| OHP, PEBB | E0765 | FDA approved nerve stimulator, with replaceable batteries, for treatment of nausea and vomiting | 07/01/2008 | | | Electrical Stimulation and Electromagnetic Therapies (Medicare) |
| Commercial/ASO | E0765 | FDA approved nerve stimulator, with replaceable batteries, for treatment of nausea and vomiting | 07/01/2008 | 09/30/2023 | | Gastric Electrical Stimulation (Company) |

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|-------------------------------------|-------|--|------------------------------------|--------------------------------------|---|--|
| Medicare | E0765 | FDA approved nerve stimulator, with replaceable batteries, for treatment of nausea and vomiting | 07/01/2008 | 09/30/2023 | | 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) |
| Medicare | E0766 | Electrical stimulation device used for cancer treatment, includes all accessories, any type | 09/01/2019 | 07/31/2024 | | Tumor Treatment Field Therapy for Glioblastoma (Medicare) ARCHIVE 8/1/24 |
| 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 (All Lines of Business Except Medicare) |
| 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 | E0784 | External ambulatory infusion pump, insulin | 05/01/2020 | 01/31/2021 | Commercial/ASO, Medicare, OHP, PEBB - Requires prior authorization when requested as part of an integrated insulin pump and glucose monitoring system, or when requested as an insulin pump alone for type 2 diabetics with one of the following diagnosis codes: • E11 • E11.0 • E11.1 • E11.2 • E11.3 • E11.4 • E11.5 • E11.6 • E11.8 • E11.9 | Diabetes: Integrated Insulin Infusion and Glucose Monitoring Systems (All Lines of Business Except Medicare) Archived 2/1/2021; Diabetes: Integrated Insulin Infusion and Glucose Monitoring Systems (Medicare Only) Archived 2/1/2021 |
| Commercial/ASO, Medicare, OHP, PEBB | E0787 | External ambulatory infusion pump, insulin, dosage rate adjustment using therapeutic continuous glucose sensing | 01/01/2020 | 01/31/2021 | | Advanced Diabetes Management Technology (Company); Advanced Diabetes Management Technology (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 | E0988 | Manual Wheelchair Accessory, Lever-Activated, Wheel Drive, Pair | 07/01/2013 | 06/30/2020 | | Wheelchair and Power Vehicles (Company) |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|---------------------------|---|
| 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 | 01/01/2016 | 06/30/2020 | | Wheelchair and Power Vehicles (Company) |
| 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 | E1800 | Dynamic adjustable elbow extension/flexion device, includes soft interface material | 03/01/2010 | 06/30/2018 | | Mechanical Stretching Devices for Joints of the Extremities (Company) ARCHIVED 3/1/24 |
| Commercial/ASO, Medicare, OHP, PEBB | E1802 | Dynamic Adjustable Forearm Pronation/Supination Device, Inc Soft Inter | 03/01/2010 | 06/30/2018 | | Mechanical Stretching Devices for Joints of the Extremities (Company) ARCHIVED 3/1/24 |
| Commercial/ASO, Medicare, OHP, PEBB | E1805 | Dynamic adjustable wrist extension/flexion device, includes soft interface material | 03/01/2010 | 06/30/2018 | | Mechanical Stretching Devices for Joints of the Extremities (Company) ARCHIVED 3/1/24 |
| Commercial/ASO, Medicare, OHP, PEBB | E1810 | Dynamic adjustable knee extension/flexion device, includes soft interface material | 03/01/2010 | 06/30/2018 | | Mechanical Stretching Devices for Joints of the Extremities (Company) ARCHIVED 3/1/24 |
| Commercial/ASO, Medicare, OHP, PEBB | E1812 | Dynamic knee, extension/flexion device with active resistance control | 03/01/2010 | 06/30/2018 | | Mechanical Stretching Devices for Joints of the Extremities (Company) ARCHIVED 3/1/24 |
| Commercial/ASO, Medicare, OHP, PEBB | E1820 | Replacement soft interface material, dynamic adjustable extension/flexion device | 03/01/2010 | 06/30/2018 | | Mechanical Stretching Devices for Joints of the Extremities (Company) ARCHIVED 3/1/24 |
| Commercial/ASO, Medicare, OHP, PEBB | E1825 | Dynamic adjustable finger extension/flexion device, includes soft interface material | 03/01/2010 | 06/30/2018 | | Mechanical Stretching Devices for Joints of the Extremities (Company) ARCHIVED 3/1/24 |
| Commercial/ASO, OHP, PEBB | E2102 | Adjunctive continuous glucose monitor or receiver | 04/01/2022 | | | Advanced Diabetes Management Technology (Company) |
| Medicare | E2102 | Adjunctive continuous glucose monitor or receiver | 07/01/2023 | | | Advanced Diabetes Management Technology (Medicare) |
| Commercial/ASO, OHP, PEBB | E2103 | Non-adjunctive, non-implanted continuous glucose monitor or receiver | 01/01/2023 | | | Advanced Diabetes Management Technology (Company) |

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|-------------------------------------|-------|--|------------------------------------|--------------------------------------|---------------------------------------|---|
| Medicare | E2103 | Non-adjunctive, non-implanted continuous glucose monitor or receiver | 07/01/2023 | | | Advanced Diabetes Management Technology (Medicare) |
| 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 | E2300 | Wheelchair accessory, power seat elevation system, any type | 07/01/2023 | 03/31/2024 | | 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 | E2359 | Power Wheelchair Accessory, Group 34 Sealed Lead Acid Battery, Each (E.G. Gel Cell, Absorbed Glassmat) | 01/01/2012 | 08/31/2019 | Commercial/ASO, Medicare, OHP, PEBB - | Wheelchair and Power Vehicles (Company) |
| 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) |
| 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) |
| Commercial/ASO, Medicare, OHP, PEBB | E2378 | Pw actuator replacement | 07/01/2013 | 11/30/2022 | | Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare) |
| Commercial/ASO, Medicare, OHP, PEBB | E2402 | Negative pressure wound therapy electrical pump, stationary or portable | 09/01/2003 | 08/31/2024 | | Negative Pressure Wound Therapy (Company); Negative Pressure Wound Therapy (Medicare) |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|---------------------------|--|
| Commercial/ASO, Medicare, OHP, PEBB | E2500 | Speech generating device, digitized speech, using pre-recorded messages, 8 min. or less | 01/01/2006 | 03/31/2019 | | Speech Generating Devices (Company); Speech Generating Devices (Medicare) |
| Commercial/ASO, Medicare, OHP, PEBB | E2502 | Speech generating device, digitized speech, using pre-recorded messages, 8-20 min. | 01/01/2006 | 03/31/2019 | | Speech Generating Devices (Company); Speech Generating Devices (Medicare) |
| Commercial/ASO, Medicare, OHP, PEBB | E2504 | Speech generating device, digitized speech, using pre-recorded messages, 20-40 min. | 01/01/2006 | 03/31/2019 | | Speech Generating Devices (Company); Speech Generating Devices (Medicare) |
| Commercial/ASO, Medicare, OHP, PEBB | E2506 | Speech generating device, digitized speech, using pre-recorded messages, over 40 min. | 01/01/2006 | 03/31/2019 | | Speech Generating Devices (Company); Speech Generating Devices (Medicare) |
| Commercial/ASO, Medicare, OHP, PEBB | E2508 | Speech generating device, synthesized speech, requiring message formulation by spelling | 01/01/2006 | 03/31/2019 | | Speech Generating Devices (Company); Speech Generating Devices (Medicare) |
| Commercial/ASO, Medicare, OHP, PEBB | E2510 | Speech generating device, synthesized speech, permitting multiple methods | 01/01/2006 | 03/31/2019 | | Speech Generating Devices (Company); Speech Generating Devices (Medicare) |
| Commercial/ASO, Medicare, OHP, PEBB | E2511 | Speech generating software program, for personal computer or personal digital assistant | 01/01/2006 | 03/31/2019 | | Speech Generating Devices (Company); Speech Generating Devices (Medicare) |
| Commercial/ASO, Medicare, OHP, PEBB | E2512 | Accessory for speech generating device, mounting system | 01/01/2006 | 03/31/2019 | | Speech Generating Devices (Company); Speech Generating Devices (Medicare) |
| Commercial/ASO, Medicare, OHP, PEBB | E2599 | Accessory for speech generating device, not otherwise classified | 03/01/2016 | | | Speech Generating Devices (Company); Speech Generating Devices (Medicare) |
| Medicare | E2610 | Wheelchair seat cushion, powered | 07/01/2020 | | | Wheelchair and Power Vehicles (Medicare) |
| Commercial/ASO, OHP, PEBB | E2610 | Wheelchair seat cushion, powered | 07/01/2020 | 09/30/2022 | | Wheelchair and Power Vehicles (Company) |
| Commercial/ASO, Medicare, OHP, PEBB | E2622 | Adj skin pro w/c cus wd<22in | 07/01/2013 | 06/30/2020 | | Wheelchair and Power Vehicles (Company) |
| Commercial/ASO, Medicare, OHP, PEBB | E2623 | Adj skin pro wc cus wd>=22in | 07/01/2013 | 06/30/2020 | | Wheelchair and Power Vehicles (Company) |

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|-------------------------------------|-------|--|------------------------------------|--------------------------------------|--|---|
| Commercial/ASO, Medicare, OHP, PEBB | E2624 | Adj skin pro/pos cus<22in | 07/01/2013 | 06/30/2020 | | Wheelchair and Power Vehicles (Company) |
| Commercial/ASO, Medicare, OHP, PEBB | E2625 | Adj skin pro/pos wc cus>=22 | 07/01/2013 | 06/30/2020 | | Wheelchair and Power Vehicles (Company) |
| Commercial/ASO, Medicare, OHP, PEBB | G0068 | Professional services for the administration of anti-infective, pain management, chelation, pulmonary hypertension, and/or inotropic infusion drug(s) for each infusion drug administration calendar day in the individual's home, each 15 minutes | 01/01/2019 | 12/31/2020 | | Chelation Therapy for Non-overload Conditions (Company); Chelation Therapy for Non-Overload Conditions (Medicare) |
| Commercial/ASO, Medicare, OHP, PEBB | G0138 | G0138 Intravenous infusion of ciplaglusidase alfa-atga, including provider/supplier acquisition and clinical supervision of oral administration of miglustat in preparation of receipt of ciplaglusidase 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 |
| Medicare | G0143 | Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with manual screening and rescreening by cytotechnologist under physician supervision | 01/01/2013 | 11/30/2015 | | |
| Commercial/ASO, Medicare, OHP, PEBB | G0237 | Therapeutic procedures to increase strength or endurance of respiratory muscles, face to face, one on one, each 15 minut | 10/01/2008 | 03/31/2017 | | Rehabilitation: Pulmonary |
| Commercial/ASO, Medicare, OHP, PEBB | G0238 | Therapeutic procedures to improve respiratory function , other than described by G0237, one on one, face to face, per | 10/01/2008 | 03/31/2017 | | Rehabilitation: Pulmonary |
| Commercial/ASO, Medicare, OHP, PEBB | G0239 | Therapeutic procedures to improve respiratory function , other than services described by G0237, two or more (includes m | 10/01/2008 | 03/31/2017 | | Rehabilitation: Pulmonary |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|---|---|
| Medicare | G0248 | Demonstration, prior to initiation of home INR monitoring, for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria, under the direction of a physician; includes: face- to-face demonstration of use and care of the INR monitor, obtaining at least one blood sample, provision of instructions for reporting home INR test results, and documentation of patient's ability to perform testing and report results | 10/01/2014 | 09/30/2017 | | Prothrombin Time Self-Testing (Medicare) |
| Medicare | G0249 | Provision Of Test Materials And Equipment For Home Inr Monitoring To P | 02/01/2014 | 09/30/2017 | | Prothrombin Time Self-Testing (Medicare) |
| Medicare | G0250 | Physician Review, Interpretation And Patient Management Of Home Inr Te | 02/01/2014 | 09/30/2017 | | Prothrombin Time Self-Testing (Medicare) |
| Medicare | G0255 | Current perception threshold/sensory nerve conduction threshold test SNCT), per limb, any nerve | 12/01/2021 | 06/30/2022 | | Nerve Conduction Studies (Medicare) |
| 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/ASO, Medicare, OHP, PEBB | G0297 | Low Dose CT scan (LDCT) for lung cancer screening | 07/01/2007 | 12/31/2020 | 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 | G0302 | Pre-operative pulmonary surgery services for preparation for lvrs, complete | 10/01/2008 | 12/31/2015 | | Rehabilitation: Pulmonary |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|---|--|
| Commercial/ASO, Medicare, OHP, PEBB | G0303 | Pre-operative pulmonary surgery services for preparation for lvrs, 10 to 15 | 10/01/2008 | 12/31/2015 | | Rehabilitation: Pulmonary |
| Commercial/ASO, Medicare, OHP, PEBB | G0304 | Pre-operative pulmonary surgery services for preparation for lvrs, 1 to 9 days | 10/01/2008 | 12/31/2015 | | Rehabilitation: Pulmonary |
| Medicare | G0308 | Creation of subcutaneous pocket with insertion of 180 day implantable interstitial glucose sensor, including system activation and patient training | 12/01/2022 | 01/01/2023 | | Advanced Diabetes Management Technology (Medicare) |
| Medicare | G0309 | Removal of implantable interstitial glucose sensor with creation of subcutaneous pocket at different anatomic site and insertion of new 180 day implantable sensor, including system activation | 12/01/2022 | 01/01/2023 | | Advanced Diabetes Management Technology (Medicare) |
| Medicare | G0327 | Colorectal cancer screening; blood-based biomarker | 12/01/2021 | 07/29/2024 | | Genetic and Molecular Testing (Medicare) |
| Commercial/ASO, Medicare, OHP, PEBB | G0343 | Laparotomy islet cell transp | 09/01/2003 | 12/31/2019 | | |
| Commercial/ASO, OHP, PEBB | G0416 | Surgical pathology, gross and microscopic examinations, for prostate needle biopsy, any method, 10-20 specimens | 10/01/2015 | 03/31/2016 | | |
| Commercial/ASO, Medicare, OHP, PEBB | G0424 | Pulmonary rehabilitation, including exercise (includes monitoring), one hour, per session, up to two sessions per day | 01/01/2010 | 03/31/2017 | | Rehabilitation: Pulmonary |
| Medicare | G0429 | Dermal filler injection(s) for the treatment of facial lipodystrophy syndrome (LDS) (e.g., as a result of highly active antiretroviral therapy) | 01/01/2013 | | | Cosmetic and Reconstructive Surgery (Medicare); Gender Affirming Surgical Interventions (Medicare) |
| Commercial/ASO, Medicare | G0448 | Insertion or replacement of a permanent pacing cardioverter-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 |

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|-------------------------------------|-------|--|------------------------------------|--------------------------------------|--|---|
| | | with insertion of pacing electrode, cardiac venous system, for left ventricular pacing | | | | |
| 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) |
| Commercial/ASO, Medicare, OHP, PEBB | G0455 | Fecal microbiota prep instil | 07/01/2013 | 07/01/2022 | | Fecal Microbiota Transplantation - Archived 7/1/22 |
| Commercial/ASO, Medicare, OHP, PEBB | G0500 | Moderate sedation services provided by the same physician or other qualified health care professional performing a gastrointestinal endoscopic service that sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intra-service time; patient age 5 years or older (additional time may be reported with 99153, as appropriate) | 01/01/2017 | 02/27/2017 | | Anesthesia Care with Diagnostic Endoscopy |
| Commercial/ASO | G0515 | Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-on-one) patient contact, each 15 minutes | 06/01/2019 | 12/31/2019 | Commercial/ASO - Commercial Only (excluding ASO groups) – Evicore prior authorization required This code is no longer valid effective 1/1/2020 | |
| Medicare | G0555 | Provision of replacement patient electronics system (e.g., system pillow, handheld reader) | 01/01/2025 | | | Implantable Hemodynamic Monitoring Devices (Medicare) |

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|-------------------------------------|-------|--|------------------------------------|--------------------------------------|------------------------------------|--|
| | | for home pulmonary artery pressure monitoring | | | | |
| Medicare | G0564 | Creation of subcutaneous pocket with insertion of 365 day implantable interstitial glucose sensor, including system activation and patient training | 01/01/2025 | 03/31/2025 | | Advanced Diabetes Management Technology (Medicare) |
| Medicare | G0565 | Removal of implantable interstitial glucose sensor with creation of subcutaneous pocket at different anatomic site and insertion of new 365 day implantable sensor, including system activation | 01/01/2025 | 03/31/2025 | | Advanced Diabetes Management Technology (Medicare) |
| 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 | | Commercial/ASO,Medicare,OHP,PEBB - | 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 | | Commercial/ASO,Medicare,OHP,PEBB - | SPRAVATO® - Pharmacy Policy |
| Medicare | G9143 | Warfarin respon genetic test | 09/01/2010 | | | Genetic and Molecular Testing (Medicare) |
| Commercial/ASO, Medicare, OHP, PEBB | G9708 | Women who had a bilateral mastectomy or who have a history of a bilateral mastectomy or for whom there is evidence of a right and a left unilateral mastectomy | 01/01/2017 | 05/31/2018 | | Breast Reconstructive Surgery, Reduction Mammoplasty, and Implant Management (Company) |

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|-------------------------------------|-------|-------------------------------------|------------------------------------|--------------------------------------|---|---|
| | G9843 | Kras gene mutation | 01/01/2017 | 01/01/2017 | | |
| Medicare, OHP | J0129 | Abatacept injection | 01/01/2007 | | Medicare,OHP - Orenzia® | 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, PEBB | J0129 | Abatacept injection | 01/01/2007 | | Commercial/ASO,PEBB - Orenzia® | Infusion Therapy Site of Care -Commercial-Pharmacy Policy; Medically Infused Therapeutic Immunomodulators(TIMs) (Commercial) - Pharmacy Policy; Self-Administered Drug (SAD) Exclusion - Commercial/Medicaid - Pharmacy Policy |
| OHP | J0135 | Injection, adalimumab, 20 mg | 04/01/2017 | 12/31/2024 | OHP - Humira® | Self-Administered Drug (SAD) Exclusion - Commercial/Medicaid - Pharmacy Policy; Therapeutic Immunomodulators(TIMs) (Medicaid) - Pharmacy Policy |
| Commercial/ASO, PEBB | J0135 | Injection, adalimumab, 20 mg | 01/01/2018 | 12/31/2024 | Commercial/ASO,PEBB - Humira® | Self-Administered Drug (SAD) Exclusion - Commercial/Medicaid - Pharmacy Policy; Therapeutic Immunomodulators(TIMs) (Commercial) - Pharmacy Policy |
| Commercial/ASO, Medicare, OHP, PEBB | J0139 | J0139 - Injection, adalimumab, 1 mg | 01/01/2025 | | Commercial/ASO,Medicare,OHP,PEBB - HUMIRA | 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 |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|--|---|
| Commercial/ASO, Medicare, OHP, PEBB | J0172 | Injection, aducanumab-avwa, 2 mg | 01/01/2022 | | Commercial/ASO,Medicare,OHP,PEBB - Aduhelm® | Anti-Amyloid Monoclonal Antibodies - Pharmacy 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; Infusion Therapy Site of Care -Commercial- 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 | Injection, aflibercept, 1 mg | 05/01/2018 | 07/31/2022 | Commercial/ASO,Medicare,OHP,PEBB - Eylea® | Medicare Part B Step Therapy - Pharmacy Policy; Ophthalmic Vascular Endothelial Growth Factor (VEGF) Inhibitors - Pharmacy Policy |
| Commercial/ASO, Medicare, OHP, PEBB | J0179 | Injection, brolocizumab-dbl, 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 |
| Commercial/ASO, PEBB | J0180 | Injection, agalsidase beta, 1 mg | 08/01/2022 | | | 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 | |
| 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 |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|--|--|
| 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 |
| Commercial/ASO, PEBB | J0221 | Injection, alglucosidase alfa, (lumizyme), 10 mg | 08/01/2022 | | | 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® | Transthyretin (TTR) Lowering Agents Pharmacy Policy |
| Commercial/ASO, PEBB | J0222 | Injection, patisiran, 0.1 mg | 08/01/2022 | | | Infusion Therapy Site of Care -Commercial-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; Pharmacy Policy |
| Commercial/ASO, PEBB | J0256 | Injection, alpha 1 proteinase inhibitor (human), not otherwise specified, 10 mg | 08/01/2022 | | | Infusion Therapy Site of Care -Commercial-Pharmacy 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; Pharmacy Policy |
| Commercial/ASO, PEBB | J0257 | Injection, alpha 1 proteinase inhibitor (human), (glassia), 10 mg | 01/01/2023 | | Commercial/ASO,PEBB - Glassia | Infusion Therapy Site of Care -Commercial-Pharmacy Policy |

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|-------------------------------------|-------|-------------------------------------|------------------------------------|--------------------------------------|--|---|
| Commercial/ASO, Medicare, OHP, PEBB | J0349 | J0349 - Injection, rezafungin, 1 mg | 10/01/2023 | 12/31/2023 | Commercial/ASO,Medicare,OHP,PEBB - REZZAYO | New Drug/Indication Awaiting P&T Review - 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; Infusion Therapy Site of Care -Commercial- 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® | IL-5 Inhibitors - Pharmacy Policy; Self-Administered Drug (SAD) Exclusion - Commercial/Medicaid - Pharmacy Policy |
| Commercial/ASO, Medicare, OHP, PEBB | J0565 | Injection, bezlotoxumab, 10 mg | 01/01/2018 | | Commercial/ASO,Medicare,OHP,PEBB - Zinplava® | Zinplava® - 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 |
| Commercial/ASO, Medicare, OHP, PEBB | J0584 | Injection, burosumab-twza 1 mg | 01/01/2019 | | Commercial/ASO,Medicare,OHP,PEBB - Crysvita® | Crysvita® - Pharmacy Policy |
| Commercial/ASO, PEBB | J0584 | Injection, burosumab-twza 1 mg | 09/01/2020 | | Commercial/ASO,PEBB - Crysvita® | Infusion Therapy Site of Care -Commercial- Pharmacy Policy |
| Commercial/ASO, Medicare, PEBB | J0585 | Botulinum Toxin A Per Unit | 10/01/2009 | | Commercial/ASO,Medicare,PEBB - Prior authorization requests for this code must include the associated procedure code. This | Botulinum Therapies (Company); Botulinum Toxin - Medicare Part B - Pharmacy Policy |

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|-------------------------------------|-------|--|------------------------------------|--------------------------------------|--|--|
| | | | | | code does not require PA for the following diagnoses: F64.0, F64.1, F64.8, and F64.9. | |
| Commercial/ASO, Medicare, PEBB | J0586 | AbobotulinumtoxinA | 07/01/2010 | | Commercial/ASO,Medicare,PEBB - Prior authorization requests for this code must include the associated procedure code. This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8, and F64.9. | Botulinum Therapies (Company); Botulinum Toxin - Medicare Part B - Pharmacy Policy |
| Commercial/ASO, Medicare, PEBB | J0587 | Botulinum toxin type b, per 100 units | 10/01/2009 | | Commercial/ASO,Medicare,PEBB - Prior authorization requests for this code must include the associated procedure code. This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8, and F64.9. | Botulinum Therapies (Company); Botulinum Toxin - Medicare Part B - Pharmacy Policy |
| Commercial/ASO, Medicare, PEBB | J0588 | Injection, incobotulinumtoxin A, 1 unit | 01/01/2012 | | Prior authorization requests for this code must include the associated procedure code. This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8, and F64.9. | Botulinum Therapies (Company); Botulinum Toxin - Medicare Part B - Pharmacy Policy |
| Commercial/ASO, Medicare, OHP, PEBB | J0589 | J0589 Injection, daxibotulinumtoxina-lanm, 1 unit | 04/01/2024 | | Commercial/ASO,Medicare,OHP,PEBB - DAXXIFY | Botoxulinum therapy - Pharmacy Policy; Botulinum Toxin - Medicare Part B - 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 |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|--|---|
| 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 | | | Hereditary Prophylactic Angioedema Therapy - Pharmacy Policy; Self-Administered Drug (SAD) Exclusion - Commercial/Medicaid - Pharmacy Policy |
| Commercial/ASO, OHP, PEBB | J0630 | Injection, calcitonin salmon, up to 400 units | 03/01/2018 | 06/01/2022 | Commercial/ASO,OHP,PEBB - Miacalcin® - Covered under the pharmacy benefit for self-administration. | |
| 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 |
| 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, OHP, PEBB | J0741 | Injection, cabotegravir and rilpivirine, 2mg/3mg | 10/01/2021 | | Commercial/ASO,OHP,PEBB - Cabenuva | Cabenuva® - Pharmacy Policy; Infusion Therapy Site of Care -Commercial- Pharmacy Policy |
| Medicare | J0741 | Injection, cabotegravir and rilpivirine, 2mg/3mg | 10/01/2021 | 12/31/2023 | Medicare - Cabenuva | Cabenuva® - Pharmacy Policy |
| OHP | J0751 | Emtricitabine 200mg and tenofovir alafenamide 25mg, oral, fda approved | 01/01/2024 | 01/01/2025 | OHP - Descovy | Descovy - Pharmacy Policy |

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|-------------------------------------|-------|--|------------------------------------|--------------------------------------|--|--|
| | | prescription, only for use as hiv pre-exposure prophylaxis (not for use as treatment of hiv) | | | | |
| 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; Medicare Part B Step Therapy - Pharmacy Policy |
| Commercial/ASO, PEBB | J0791 | Injection, crizanlizumab-tmca, 5 mg | 01/01/2023 | | Commercial/ASO,PEBB - Adakveo | Infusion Therapy Site of Care -Commercial- Pharmacy Policy |
| Commercial/ASO, OHP, PEBB | J0800 | Corticotropin Injection | 11/01/2008 | | Commercial/ASO,OHP,PEBB - H. P. Acthar Gel® | H. P. Acthar Gel® - Pharmacy Policy; Pharmacy Policy; Self-Administered Drug (SAD) Exclusion - Commercial/Medicaid - Pharmacy Policy |
| Commercial/ASO, Medicare, OHP, PEBB | J0801 | J0801 - Injection, corticotropin (acthar gel), up to 40 units | 10/01/2023 | | Commercial/ASO,Medicare,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 |
| 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 | J0879 | J0879: Injection, difelikefalin, 0.1 microgram, (for esrd on dialysis) | 10/01/2022 | 11/01/2024 | Commercial/ASO,Medicare,OHP,PEBB - Korsuva® | Korsuva® - Pharmacy Policy; Medicare Part B Step Therapy - Pharmacy Policy |
| Commercial/ASO, Medicare, OHP, PEBB | J0881 | Darbepoetin alfa, non-esrd | 09/01/2003 | | Commercial/ASO,Medicare,OHP,PEBB - Aranesp® | Aranesp®, Epogen®, Procrit®, Retacrit® - 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® | Aranesp®, Epogen®, Procrit®, Retacrit® - 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® | Mircera® - Pharmacy Policy |

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|-------------------------------------|-------|--|------------------------------------|--------------------------------------|--|--|
| Commercial/ASO, Medicare, OHP, PEBB | J0889 | Daprodustat, oral, 1 mg, (for esrd on dialysis) | 01/01/2025 | | Commercial/ASO,Medicare,OHP,PEBB - Jesdubroq® | Jesubroq, Vafseo - 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, PEBB | J0897 | Injection, denosumab, 1 mg | 08/01/2022 | | Prolia®, Xgeva® ***MAY require prior authorization for Site of Care location only*** | Infusion Therapy Site of Care -Commercial-Pharmacy 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 | Jesubroq, Vafseo - Pharmacy Policy; Medicare Part B Step Therapy - Pharmacy Policy |
| Commercial/ASO, Medicare, OHP, PEBB | J1202 | J1202 Miglustat, oral, 65 mg | 04/01/2024 | | Commercial/ASO,Medicare,OHP,PEBB - Opfolda | New Drug/Indication Awaiting P&T Review - Pharmacy Policy |
| Commercial/ASO, Medicare, OHP, PEBB | J1203 | J1203 Injection, cipaglucoasidase 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 | 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; Medicare Part B Step Therapy - Pharmacy Policy |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|--|--|
| Commercial/ASO, Medicare, OHP, PEBB | J1300 | Eculizumab injection | 01/01/2008 | | Medicare,OHP - Soliris® | 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® | Radicava® - Pharmacy Policy |
| Commercial/ASO, PEBB | J1301 | Injection, edaravone, 1 mg | 08/01/2022 | | | Infusion Therapy Site of Care -Commercial-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 | | Medicare,OHP - Ultomiris® | Complement Inhibitors - Pharmacy Policy; Infusion Therapy Site of Care -Commercial-Pharmacy Policy; Medicare Part B Step Therapy - Pharmacy 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; 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 |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|--|---|
| Commercial/ASO, Medicare, OHP, PEBB | J1322 | Injection, elosulfase alfa, 1mg | 01/01/2015 | | Commercial/ASO,Medicare,OHP,PEBB - Vimizim® | Enzyme Replacement Therapy - Pharmacy Policy |
| Commercial/ASO, PEBB | J1322 | Injection, elosulfase alfa, 1mg | 08/01/2022 | | | 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 | J1411 | Injection, etranacogene dezaparovec-drlb, per therapeutic dose | 04/01/2023 | | Commercial/ASO,Medicare,OHP,PEBB - Hemgenix | Hemgenix - Pharmacy Policy |
| Commercial/ASO, Medicare, OHP, PEBB | J1412 | Injection, valoctocogene roxaparovec-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 moxeparovec-rokl, per therapeutic dose | 01/01/2024 | | ELEVIDYS | New Drug/Indication Awaiting P&T Review - Pharmacy Policy |
| Commercial/ASO, Medicare, OHP, PEBB | J1414 | J1414 - Injection, fidanacogene elaparovec-dzkt, per therapeutic dose | 01/01/2025 | | Commercial/ASO,Medicare,OHP,PEBB - Bequez | 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 - Viltepsa | 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 |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|---|---|
| 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 |
| OHP | J1438 | Injection, etanercept, 25 mg | 04/01/2017 | | OHP - Enbrel® | Self-Administered Drug (SAD) Exclusion - Commercial/Medicaid - Pharmacy Policy; Therapeutic Immunomodulators(TIMs) (Medicaid) - Pharmacy Policy |
| Commercial/ASO, PEBB | J1438 | Injection, etanercept, 25 mg | 01/01/2018 | | Commercial/ASO,PEBB - Enbrel® | Self-Administered Drug (SAD) Exclusion - Commercial/Medicaid - Pharmacy Policy; Therapeutic Immunomodulators(TIMs) (Commercial) - Pharmacy Policy |
| Commercial/ASO | J1439 | Injection, ferric carboxymaltose, 1 mg | 10/01/2024 | 10/01/2024 | Commercial/ASO - ***Injectafer NO LONGER requires prior authorization for Site of Care for location for Commercial Lines of Business*** | |
| Commercial/ASO, Medicare, OHP, PEBB | J1440 | Fecal microbiota, live - jslm, 1 ml | 07/01/2023 | | Commercial/ASO,Medicare,OHP,PEBB - Rebyota® | Rebyota - Pharmacy 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; Pharmacy Policy |
| Commercial/ASO, PEBB | J1458 | Galsulfase injection | 09/01/2020 | | Commercial/ASO,PEBB - Naglazyme® | 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; Pharmacy Policy |
| Commercial/ASO, PEBB | J1459 | Injection, immune globulin (Privigen), intravenous, non-lyophilized (e.g. liquid), 500 mg | 09/01/2020 | | | Infusion Therapy Site of Care -Commercial-Pharmacy Policy |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|---|---|
| Commercial/ASO, Medicare, OHP, PEBB | J1551 | Injection, immune globulin (cutaquig), 100 mg | 07/01/2022 | | | IMMUNE GAMMA GLOBULIN(IgG) - 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; Medicare Part B Step Therapy - 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 |
| Commercial/ASO, PEBB | J1555 | Injection, immune globulin (cuvitru), 100 mg | 09/01/2020 | | | 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 |
| 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; Pharmacy Policy |
| Commercial/ASO, PEBB | J1557 | Injection, immune globulin, (Gammaplex), intravenous, non-lyophilized (e.g. liquid), 500 mg | 09/01/2020 | | Commercial/ASO,PEBB - Gammaplex® | 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 |
| Commercial/ASO, PEBB | J1558 | Injection, immune globulin (xembify), 100 mg | 09/01/2020 | | | 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 |

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|-------------------------------------|-------|--|------------------------------------|--------------------------------------|---|---|
| Commercial/ASO, PEBB | J1559 | Hizentra injection | 09/01/2020 | | | 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; Pharmacy Policy |
| Commercial/ASO, PEBB | J1561 | Immune Globulin 500 Mg | 09/01/2020 | | Commercial/ASO,PEBB - Gamunex-C®, Gammaked® | 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; Pharmacy Policy |
| Commercial/ASO, PEBB | J1566 | Immune globulin, powder | 09/01/2020 | | Commercial/ASO,PEBB - Gammagard S/D®, Carimune Nanofiltered® | Infusion Therapy Site of Care -Commercial-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 |
| Commercial/ASO, PEBB | J1568 | Octagam injection | 09/01/2020 | | Commercial/ASO,PEBB - Octagam® | 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 |
| Commercial/ASO, PEBB | J1569 | Gammagard liquid injection | 09/01/2020 | | Commercial/ASO,PEBB - Gammagard Liquid® | 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, PEBB | J1572 | Flebogamma injection | 09/01/2020 | | Commercial/ASO,PEBB - Flebogamma Dif® | Infusion Therapy Site of Care -Commercial-Pharmacy Policy |
| Commercial/ASO, Medicare, OHP, PEBB | J1575 | Injection, immune globulin/hyaluronidase, (hyqvia), 100 mg immunoglobulin | 01/01/2016 | | Commercial/ASO,Medicare,OHP,PEBB - Hyqvia® | IMMUNE GAMMA GLOBULIN(IgG) - Pharmacy Policy |
| Commercial/ASO, PEBB | J1575 | Injection, immune globulin/hyaluronidase, (hyqvia), 100 mg immune globulin | 08/01/2022 | | | Infusion Therapy Site of Care -Commercial-Pharmacy Policy |

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|-------------------------------------|-------|--|------------------------------------|--------------------------------------|--|--|
| 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 |
| Commercial/ASO, Medicare, OHP, PEBB | J1599 | Ivig non-lyophilized, NOS | 01/01/2011 | | Commercial/ASO,Medicare,OHP,PEBB - Alyglo® (Immune globulin, gamma (IgG)-stwk human; | IMMUNE GAMMA GLOBULIN(IgG) - Pharmacy Policy |
| Commercial/ASO, PEBB | J1599 | Injection, immune globulin, intravenous, non-lyophilized (e.g., liquid), not otherwise specified, 500 mg | 08/01/2022 | | | Infusion Therapy Site of Care -Commercial-Pharmacy Policy |
| OHP | J1602 | Injection, golimumab, 1 mg, for intravenous use | 04/01/2017 | | OHP - Simponi Aria® | Therapeutic Immunomodulators(TIMs) (Medicaid) - Pharmacy Policy |
| Commercial/ASO, PEBB | J1602 | Injection, golimumab, 1 mg, for intravenous use | 01/01/2018 | | Commercial/ASO,PEBB - Simponi Aria® | Infusion Therapy Site of Care -Commercial-Pharmacy Policy; Medically Infused Therapeutic Immunomodulators(TIMs) (Commercial) - Pharmacy Policy |
| Medicare | J1602 | Injection, golimumab, 1 mg, for intravenous use | 09/01/2020 | | Medicare - Simponi Aria® | Medically Infused Therapeutic Immunomodulators (Medicare Part B) - Pharmacy Policy; Medicare Part B Step Therapy - 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 |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|--|--|
| Medicare | J1628 | Injection, guselkumab, 1 mg | 01/01/2019 | 05/15/2021 | Medicare - Tremfya® (CMS Self-administered drug, Part B exclusion effective 5/15/2021) | 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 | 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 |
| Commercial/ASO, PEBB | J1743 | Injection, idursulfase, 1 mg | 08/01/2022 | | | Infusion Therapy Site of Care - Commercial-Pharmacy Policy |
| Commercial/ASO, OHP, PEBB | J1744 | Icatibant injection | 01/01/2013 | | Commercial/ASO, OHP, PEBB - Firazyr® | Hereditary Angioedema - Pharmacy Policy; Self-Administered Drug (SAD) Exclusion - Commercial/Medicaid - Pharmacy Policy |
| OHP | J1745 | Injection, infliximab, excludes biosimilar, 10 mg | 04/01/2017 | | OHP - Remicade® | Therapeutic Immunomodulators(TIMs) (Medicaid) - Pharmacy Policy |
| Commercial/ASO, PEBB | J1745 | Injection, infliximab, excludes biosimilar, 10 mg | 01/01/2018 | | Commercial/ASO, PEBB - Remicade® | Infusion Therapy Site of Care - Commercial-Pharmacy Policy; Medically Infused Therapeutic Immunomodulators(TIMs) (Commercial) - Pharmacy Policy |
| Medicare | J1745 | Injection, infliximab, excludes biosimilar, 10 mg | 09/01/2020 | | Medicare - Remicade® | Medically Infused Therapeutic Immunomodulators (Medicare Part B) - Pharmacy Policy; Medicare Part B Step Therapy - 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 |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|--|---|
| Commercial/ASO, Medicare, OHP, PEBB | J1748 | J1748 Injection, infliximab-dyyb (zymfentra), 10 mg | 07/01/2024 | | Commercial/ASO,Medicare,OHP,PEBB - ZYMFENTRA | New Drug/Indication Awaiting P&T Review - Pharmacy Policy |
| Commercial/ASO | J1750 | Injection, iron dextran, 50 mg | 10/01/2024 | 10/01/2024 | Commercial/ASO - ***Infed NO LONGER requires prior authorization for Site of Care for location for Commercial Lines of Business*** | |
| Commercial/ASO, Medicare, OHP, PEBB | J1786 | Injection, imiglucerase, 10 units | 07/01/2019 | | Commercial/ASO,Medicare,OHP,PEBB - Cerezyme® | Enzyme Replacement Therapy - Pharmacy Policy |
| Commercial/ASO, PEBB | J1786 | Injection, imiglucerase, 10 units | 09/01/2020 | | Commercial/ASO,PEBB - Cerezyme® | Infusion Therapy Site of Care -Commercial-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, OHP, PEBB | J1830 | Interferon Beta-1b / .25 Mg | 08/01/2009 | | Commercial/ASO,OHP,PEBB - Extavia® | Extavia® - Pharmacy Policy ; Self-Administered Drug (SAD) Exclusion - Commercial/Medicaid - 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 |
| Commercial/ASO, PEBB | J1931 | Injection, laronidase, 0.1 mg | 08/01/2022 | | | Infusion Therapy Site of Care -Commercial-Pharmacy Policy |

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|-------------------------------------|-------|--|------------------------------------|--------------------------------------|--|---|
| Commercial/ASO, Medicare, OHP, PEBB | J1932 | Injection, lanreotide, (cipl), 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® | 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 | | | Gonadotropin Releasing Hormone Agonist - Pharmacy Policy |
| Commercial/ASO, Medicare, OHP, PEBB | J1952 | Leuprolide injectable, camcevi, 1 mg | 01/01/2022 | | | 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 | Gonadotropin Releasing Hormone Agonist - Pharmacy Policy |
| Commercial/ASO, OHP, PEBB | J1961 | Injection, lenacapavir, 1 mg | 07/01/2023 | | Commercial/ASO,OHP,PEBB - Sunlenca® | Infusion Therapy Site of Care -Commercial-Pharmacy Policy; Sunlenca - Pharmacy Policy |
| Commercial/ASO, OHP, PEBB | J2170 | Injection, mecasecamin, 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® | IL-5 Inhibitors - Pharmacy Policy; Self-Administered Drug (SAD) Exclusion - Commercial/Medicaid - Pharmacy Policy |
| Commercial/ASO, OHP, PEBB | J2212 | Methylalntrexone injection | 01/01/2013 | | Commercial/ASO,OHP,PEBB - Relistor® | Relistor® - Pharmacy Policy; Self-Administered Drug (SAD) Exclusion - Commercial/Medicaid - Pharmacy Policy |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|---|--|
| 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; Medicare Part B Step Therapy - 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 |
| 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® - 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, PEBB | J2350 | Injection, Ocrelizumab | 03/02/2020 | 10/31/2023 | Commercial/ASO,PEBB - Ocrevus® ***MAY require prior authorization for Site of Care location only*** | Infusion Therapy Site of Care -Commercial-Pharmacy Policy |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|---|---|
| Commercial/ASO, Medicare, OHP, PEBB | J2350 | Injection, Ocrelizumab | 11/01/2023 | | 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 | | | Medically Administered Multiple Sclerosis Agents Prior Authorization - Pharmacy Policy; Medically Administered Multiple Sclerosis Agents Prior Authorization and Step Therapy Policy – Medicare Part B |
| Medicare | J2353 | Injection, octreotide, depot form for intramuscular injection, 1 mg | 07/05/2005 | | Medicare - Sandostatin® LAR Depot | Medicare Part B Step Therapy - Pharmacy Policy; Part D versus Part B (Medicare Only) - Pharmacy Policy; Somatostatin Analogs Medicare Part B - Pharmacy Policy |
| Commercial/ASO, OHP, PEBB | J2353 | Injection, octreotide, depot form for intramuscular injection, 1 mg | 11/01/2008 | | Commercial/ASO,OHP,PEBB - Sandostatin® LAR Depot | Infusion Therapy Site of Care -Commercial-Pharmacy Policy; Pituitary Disorder Therapies (Commercial/Medicaid) - Pharmacy Policy |
| Commercial/ASO, OHP, PEBB | J2354 | Injection, octreotide, non-depot form for subcutaneous or intravenous | 11/01/2008 | 08/31/2021 | Commercial/ASO,OHP,PEBB - Sandostatin®, CMS Self-Administered Drug List | 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® | Medicare Part B Step Therapy - Pharmacy Policy; Tezspire - Pharmacy Policy |
| Commercial/ASO, Medicare, OHP, PEBB | J2357 | Omalizumab injection | 09/01/2003 | | Commercial/ASO,Medicare,OHP,PEBB - Xolair® | Medicare Part B Step Therapy - Pharmacy Policy; Self-Administered Drug (SAD) Exclusion - Commercial/Medicaid - Pharmacy Policy; Xolair® - 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 |

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|-------------------------------------|-------|--|------------------------------------|--------------------------------------|---|---|
| Commercial/ASO, Medicare, OHP, PEBB | J2503 | Injection, pegaptanib sodium, 0.3 mg | 05/01/2018 | | Commercial/ASO,Medicare,OHP,PEBB - Macugen® | Medicare Part B Step Therapy - Pharmacy Policy; Ophthalmic Vascular Endothelial Growth Factor (VEGF) Inhibitors - Pharmacy 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 | Injection, ranibizumab, 0.1 mg | 05/01/2018 | 08/01/2024 | Commercial/ASO,Medicare,OHP,PEBB - Lucentis® | Medicare Part B Step Therapy - Pharmacy Policy; Ophthalmic Vascular Endothelial Growth Factor (VEGF) Inhibitors - Pharmacy 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 |
| Commercial/ASO, Medicare, OHP, PEBB | J2786 | Injection, reslizumab, 1 mg | 01/01/2017 | | Commercial/ASO,Medicare,OHP,PEBB - Cinqair® | IL-5 Inhibitors - Pharmacy Policy |
| Commercial/ASO, OHP, PEBB | J2787 | Riboflavin 5'-phosphate, ophthalmic solution, up to 3 mL | 01/01/2019 | | | Corneal Collagen Cross Linking (Company) |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|--|--|
| Commercial/ASO, Medicare, OHP, PEBB | J2793 | Riloncept injection | 01/01/2010 | | Commercial/ASO,Medicare,OHP,PEBB - Arcalyst® | Interleukin – 1 Inhibitors - Pharmacy Policy |
| Commercial/ASO, Medicare, OHP, PEBB | J2796 | Romiplostim injection | 01/01/2010 | 12/31/2024 | 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 | 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 |
| Commercial/ASO, PEBB | J2840 | Injection, sebelipase alfa, 1 mg | 09/01/2020 | | Commercial/ASO,PEBB - Kanuma® | 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 | J2941 | Injection, somatropin, 1 mg | 01/01/2007 | | Commercial/ASO,Medicare,OHP,PEBB - Flexpro®, Genotropin®, Humatrope®, Norditropin®, Norditropin Nordiflex®, Nutropin AQ®, Omnitrope®, Saizen®, Serostim®, Zomacton®, Zorbtive® | Human Growth Hormones for Adults - Pharmacy Policy; Human Growth Hormones for Pediatrics - Pharmacy Policy; Self-Administered Drug (SAD) Exclusion - Commercial/Medicaid - Pharmacy Policy |
| Commercial/ASO, Medicare, OHP, PEBB | J2998 | Injection, plasminogen, human-tvmh, 1 mg | 07/01/2022 | | Commercial/ASO,Medicare,OHP,PEBB - Ryplazim® | Ryplazim - Pharmacy 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 |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|---|---|
| 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; Medicare Part B Step Therapy - Pharmacy Policy |
| Commercial/ASO, PEBB | J3032 | Injection, eptinezumab-jjmr, 1 mg | 01/01/2023 | | Commercial/ASO,PEBB - Vyepti | Infusion Therapy Site of Care -Commercial-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 |
| Commercial/ASO, PEBB | J3060 | Injection, taliglucerase alfa, 10 units (Elelyso) | 09/01/2020 | | | 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® | Osteoanabolic Medications - Pharmacy Policy; 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 | Tepezza® - Pharmacy Policy |
| Commercial/ASO, PEBB | J3241 | Injection, teprotumumab-trbw, 10 mg | 08/01/2022 | | | Infusion Therapy Site of Care -Commercial-Pharmacy Policy |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|--|---|
| 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 | Infusion Therapy Site of Care -Commercial-Pharmacy Policy; Medically Infused Therapeutic Immunomodulators (Medicare Part B) - Pharmacy Policy; Medicare Part B Step Therapy - Pharmacy Policy; Therapeutic Immunomodulators(TIMs) (Medicaid) - Pharmacy Policy |
| Medicare, OHP | J3262 | Tocilizumab injection | 01/01/2011 | | Medicare,OHP - 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, PEBB | J3262 | Tocilizumab injection | 01/01/2011 | | Commercial/ASO,PEBB - Actemra® | Infusion Therapy Site of Care -Commercial-Pharmacy Policy; Medically Infused Therapeutic Immunomodulators(TIMs) (Commercial) - Pharmacy Policy; Self-Administered Drug (SAD) Exclusion - Commercial/Medicaid - Pharmacy Policy; Therapeutic Immunomodulators(TIMs) (Commercial) - Pharmacy Policy |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|---|--|
| 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,OHP,PEBB - | Gonadotropin Releasing Hormone Agonist - Pharmacy 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, Medicare, OHP, PEBB | J3355 | Urofollitropin, 75 iu | 09/01/2003 | | Commercial/ASO,Medicare,OHP,PEBB - Bravelle® | Infertility and Related Medications - Pharmacy Policy |
| OHP | J3357 | Ustekinumab, for subcutaneous injection, 1 mg | 04/01/2017 | | OHP - Stelara® | Self-Administered Drug (SAD) Exclusion - Commercial/Medicaid - Pharmacy Policy; Therapeutic Immunomodulators(TIMs) (Medicaid) - Pharmacy Policy |
| Commercial/ASO, PEBB | J3357 | Ustekinumab, for subcutaneous injection, 1 mg | 01/01/2018 | | Commercial/ASO,PEBB - Stelara® | Self-Administered Drug (SAD) Exclusion - Commercial/Medicaid - Pharmacy Policy; Therapeutic Immunomodulators(TIMs) (Commercial) - Pharmacy Policy |
| Medicare | J3357 | Ustekinumab, for subcutaneous injection, 1 mg | 04/01/2020 | 10/15/2021 | Medicare - Medicare Part B exclusion effective 10/15/2021. Refer to the Noridian Self-Administered Drug (SAD) List. | Medically Infused Therapeutic Immunomodulators (Medicare Part B) - Pharmacy Policy |
| Commercial/ASO, OHP, PEBB | J3358 | Ustekinumab, for intravenous injection, 1 mg | 01/01/2018 | | Commercial/ASO,OHP,PEBB - Stelara® (IV) | Medically Infused Therapeutic Immunomodulators(TIMs) (Commercial) - Pharmacy Policy; Therapeutic Immunomodulators(TIMs) (Medicaid) - Pharmacy Policy |

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|-------------------------------------|-------|--|------------------------------------|--------------------------------------|--|---|
| Medicare | J3358 | Ustekinumab, for intravenous injection, 1 mg | 09/01/2020 | | Medicare - Stelara® IV | Medically Infused Therapeutic Immunomodulators (Medicare Part B) - Pharmacy Policy; Medicare Part B Step Therapy - Pharmacy Policy |
| Medicare, OHP | J3380 | Injection, vedolizumab, 1 mg | 01/01/2016 | | Medicare,OHP - Entyvio® | Medically Infused Therapeutic Immunomodulators (Medicare Part B) - Pharmacy Policy; Medicare Part B Step Therapy - Pharmacy Policy; Therapeutic Immunomodulators(TIMs) (Medicaid) - Pharmacy Policy |
| Commercial/ASO, PEBB | J3380 | Injection, vedolizumab, 1 mg | 01/01/2016 | | Commercial/ASO,PEBB - Entyvio® | Infusion Therapy Site of Care -Commercial-Pharmacy Policy; Medically Infused Therapeutic Immunomodulators(TIMs) (Commercial) - Pharmacy Policy |
| Commercial/ASO, Medicare, OHP, PEBB | J3385 | Injection, velaglucerase alfa, 100 units (VPRIV) | 07/01/2019 | | | Enzyme Replacement Therapy - Pharmacy Policy |
| Commercial/ASO, PEBB | J3385 | Injection, velaglucerase alfa, 100 units (VPRIV) | 09/01/2020 | | | Infusion Therapy Site of Care -Commercial-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 |
| Commercial/ASO, Medicare, OHP, PEBB | J3393 | J3393 Injection, betibeglogene autotemcel, per treatment | 07/01/2024 | | Commercial/ASO,Medicare,OHP,PEBB - ZYNTGLO | Gene Therapies for Hemoglobin Disorders - Pharmacy Policy |
| Commercial/ASO, Medicare, OHP, PEBB | J3394 | J3394 Injection, lovetibeglogene autotemcel, per treatment | 07/01/2024 | | Commercial/ASO,Medicare,OHP,PEBB - LYFGENIA | Gene Therapies for Hemoglobin Disorders - Pharmacy Policy |
| Commercial/ASO, Medicare, OHP, PEBB | J3397 | Injection, vestronidase alfa-vjvk, 1 mg | 01/01/2019 | | Commercial/ASO,Medicare,OHP,PEBB - Mepsevii® | Enzyme Replacement Therapy - Pharmacy Policy |
| Commercial/ASO, PEBB | J3397 | Injection, vestronidase alfa-vjvk, 1 mg | 08/01/2022 | | | Infusion Therapy Site of Care -Commercial-Pharmacy Policy |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|---|--|
| 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 |
| 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 | TOPICAL AGENTS FOR EPIDERMOLYSIS BULLOSA - Pharmacy Policy |
| Commercial/ASO, Medicare, OHP, PEBB | J3490 | Unclassified drugs | 01/01/2018 | | Commercial/ASO,Medicare,OHP,PEBB - Cetrotide® (Cetrorelix acetate); Empaveli® (Pegcetacoplan); Jeuveau® (PrabotulinumtoxinA-XVFS); Lupaneta® Pack (Leuprolide/Norethindrone Acetate); Nulibry® (Fosdenopterin hydrobromide); Prevymis® (Ietermovir); 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; 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; Ophthalmic Prostaglandin Implants Policy ; Prevymis® - Pharmacy Policy; Pulmonary Arterial Hypertension - Pharmacy Policy |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|---|--|
| Commercial/ASO, Medicare, OHP, PEBB | J3590 | Unclassified biologics | 01/01/2018 | | Commercial/ASO,Medicare,OHP,PEBB - Lantidra® (Donislecel-jujn); Lenmeldy® (Atidarsagene autotemcel); Niktimvo® (Axatilimab-csfr); Omisirge® (Omidubicel-only); Rethymic® (Allogeneic processed thymus tissue-agdc); Skysona® (Elivaldogene autotemcel); Winrevair® (Sotatercept-csrk) | Gene Therapies for Hemoglobin Disorders - 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® | Hemlibra® - 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 | J7214 | J7214 -Injection, factor viii/von willebrand factor complex, recombinant (altuviio), per factor viii i.u. | 10/01/2023 | 02/01/2025 | Commercial/ASO,Medicare,OHP,PEBB - | ALTUVIIIO - PHARMACY POLICY |
| Commercial/ASO, Medicare, OHP, PEBB | J7313 | Injection, fluocinolone acetonide, intravitreal implant, 0.01 mg | 01/01/2016 | 02/28/2017 | | Drug: Iluvien (Fluocinolone Acetonide) Intravitreal Implant for Diabetic Macular Edema |
| Commercial/ASO, Medicare, OHP, PEBB | J7316 | Injection, ocriplasmin 0.125 mg | 01/01/2014 | 03/31/2017 | | Eye: Vitreomacular Adhesion-Ocriplasmin (Jetrea®) |
| Commercial/ASO, OHP, PEBB | J7325 | Synvisc or Synvisc-One | 08/01/2014 | 12/31/2017 | | Viscosupplementation (Company) ARCHIVE 10.1.24 |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|--|---|
| Commercial/ASO, Medicare, OHP, PEBB | J7330 | Cultured Chondrocytes Implnt | 09/01/2003 | | | Autologous Chondrocyte Implantation (ACI); Autologous Chondrocyte Implantation (ACI) for Cartilaginous Defects of the Knee (Company); Autologous Chondrocyte Implantation (ACI) for Cartilaginous Defects of the Knee (Medicare); Knee: Cartilagenous Defects of the knee |
| Commercial/ASO, Medicare, OHP, PEBB | J7351 | Injection, bimatoprost, intracameral implant, 1 microgram | 10/01/2020 | | | Medicare Part B Step Therapy - Pharmacy Policy; Ophthalmic 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 | J7355 | J7355 Injection, travoprost, intracameral implant, 1 microgram | 07/01/2024 | | Commercial/ASO,Medicare,OHP,PEBB - Travoprost | Medicare Part B Step Therapy - Pharmacy Policy; Ophthalmic 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 |
| Commercial/ASO, Medicare, OHP, PEBB | J7508 | Tacrolimus Oral Per 5 Mg | 01/01/2014 | | | Part D versus Part B (Medicare Only) - Pharmacy 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 | | Commercial/ASO,Medicare,OHP,PEBB - | 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 |

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|-------------------------------------|-------|--|------------------------------------|--------------------------------------|---|---|
| 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 |
| 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 | 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 |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|---|--|
| 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 |
| Commercial/ASO, Medicare, OHP, PEBB | J9028 | J9028 - Injection, nogapendekin alfa inbakicept-pmIn, 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 |

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| 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; Infusion Therapy Site of Care -Commercial-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 |
| Commercial/ASO, Medicare, OHP, PEBB | J9037 | Injection, belantamab mafodotin-blmf, 0.5 mg | 04/01/2021 | | Commercial/ASO,Medicare,OHP,PEBB - Blenrep | ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy |
| Commercial/ASO, Medicare, OHP, PEBB | J9038 | Injection, axatilimab-csfr, 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 | J9039 | Injection, blinatumomab, 1 microgram | 01/01/2016 | | Commercial/ASO,Medicare,OHP,PEBB - Blincyto® | Infusion Therapy Site of Care -Commercial-Pharmacy Policy; 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 |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|---|--|
| 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 | J9044 | Injection, bortezomib, not otherwise specified, 0.1 mg | 01/01/2019 | 12/31/2022 | Commercial/ASO,Medicare,OHP,PEBB - J9044 replaced by new codes effective 1/1/2023: J9041, J9046, J9048, J9049 | 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 |
| 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 | | Commercial/ASO,Medicare,OHP,PEBB - | ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy; Medicare Part B Step Therapy - 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 |

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|-------------------------------------|-------|--|------------------------------------|--------------------------------------|--|--|
| 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 | J9058 | Injection, bendamustine hydrochloride (apotex), 1 mg | 07/01/2023 | 01/01/2025 | | ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy |
| Commercial/ASO, Medicare, OHP, PEBB | J9059 | Injection, bendamustine hydrochloride (baxter), 1 mg | 07/01/2023 | 01/01/2025 | | ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy |
| Commercial/ASO, Medicare, OHP, PEBB | 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 |
| 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 | | Commercial/ASO,Medicare,OHP,PEBB - | ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy; Medicare Part B Step Therapy - Pharmacy Policy |

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|-------------------------------------|-------|--|------------------------------------|--------------------------------------|--|---|
| 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 |
| 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 | J9155 | Injection, degarelix, 1 mg | 10/01/2024 | | Commercial/ASO - ***MAY require prior authorization for Site of Care for location for Commercial Lines of Business only*** | |
| 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 |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|---|---|
| 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 | 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 | J9202 | Goserelin acetate implant, per 3.6 mg | 01/01/2019 | | Commercial/ASO,Medicare,OHP,PEBB - Zoladex® | Gonadotropin Releasing Hormone Agonist - Pharmacy Policy; Infusion Therapy Site of Care -Commercial- Pharmacy 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 |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|--|--|
| 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 |
| 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 |

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| 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 |
| 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 | | Commercial/ASO,Medicare,OHP,PEBB - | 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 |

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| 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, Medicare, OHP, PEBB | J9258 | Injection, paclitaxel protein-bound particles (teva) not therapeutically equivalent to j9264, 1 mg | 01/01/2024 | | Commercial/ASO,Medicare,OHP,PEBB - Manufacturer = TEVA | ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy |
| Commercial/ASO, Medicare, OHP, PEBB | J9259 | Injection, paclitaxel protein-bound particles (american regent) not therapeutically equivalent to j9264, 1 mg | 07/01/2023 | 01/01/2025 | | ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy |
| Commercial/ASO, Medicare, OHP, PEBB | 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 |
| 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 |

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|-------------------------------------|-------|--|------------------------------------|--------------------------------------|---|---|
| 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 - Kimtrak | T-Cell Therapy - 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, 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 | 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 |

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| 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 | 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 - Folutyn® | ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|---|--|
| 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 | | Commercial/ASO,Medicare,OHP,PEBB - | ANTI-Cancer Medications - Medicare Part B - Pharmacy Policy; ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|--|--|
| Commercial/ASO, Medicare, OHP, PEBB | J9319 | Injection, romidepsin, lyophilized, 0.1 mg | 10/01/2021 | | Commercial/ASO,Medicare,OHP,PEBB - Istdox | 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, Medicare, OHP, PEBB | J9328 | Temozolomide injection | 01/01/2010 | | Commercial/ASO,Medicare,OHP,PEBB - Temodar® IV | 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 |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|---|--|
| 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 ; Infusion Therapy Site of Care -Commercial-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 |

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|-------------------------------------|-------|--|------------------------------------|--------------------------------------|--|---|
| 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 - Kadcyła® | 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; Infusion Therapy Site of Care -Commercial-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 | New Drug/Indication Awaiting P&T Review - Pharmacy Policy |

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|-------------------------------------|-------|--|------------------------------------|--------------------------------------|---|---|
| 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-mzvw, 5 mcg | 07/01/2023 | | Commercial/ASO,Medicare,OHP,PEBB - Tziel® | Tziel - 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 |
| 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 | J9999 | Not otherwise classified, antineoplastic drugs | 01/01/2018 | | Commercial/ASO,Medicare,OHP,PEBB - Amtagvi® (Lifileucel); Aucatzyl® (Obecabtagene autoleucel); Besremi® (Ropeginterferon alfa-2b-njft); Bizengri® (Zenocutuzumab-zbco); Boruzu® (Bortezomib); Datroway® (Datopotamab deruxtecan-dlnk); Grafapex® (Treosulfan); Opdivo Qvantig® (Nivolumab-hyaluronidase-nvhy); Tecelra® | 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 |

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|-------------------------------------|-------|--|------------------------------------|--------------------------------------|---|--|
| | | | | | (Afamitresgene autoleucel); Tecentriq Hybreza® (Atezolizumab-hyaluronidase-tqjs); Vyloy® (Zolbetuximab-clzb); Ziihera® (Zanidatamab-hrii) | |
| Commercial/ASO, Medicare, OHP, PEBB | K0010 | Stnd Wt Frame Power Whlchr | 11/01/2013 | | | 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 | | | Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare) |
| Commercial/ASO, Medicare, OHP, PEBB | K0012 | Ltwt Portbl Power Whlchr | 11/01/2013 | | | Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare) |
| Commercial/ASO, Medicare, OHP, PEBB | K0013 | Custom Power Whlchr Base | 11/01/2013 | | | Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare) |
| Commercial/ASO, Medicare, OHP, PEBB | K0014 | Other Power Whlchr Base | 11/01/2013 | | | Wheelchair and Power Vehicles (Company) |
| Commercial/ASO, OHP, PEBB | K0553 | Supply allowance for therapeutic continuous glucose monitor (CGM), includes all supplies and accessories, 1 unit of service = 1 month's supply | 07/01/2017 | 01/01/2023 | | Advanced Diabetes Management Technology (Company) |
| Medicare | K0553 | Supply allowance for therapeutic continuous glucose monitor (CGM), includes all supplies and accessories, 1 unit of service = 1 month's supply | 07/01/2017 | 04/30/2022 | | Advanced Diabetes Management Technology (Medicare) |
| Commercial/ASO, OHP, PEBB | K0554 | Receiver (Monitor), dedicated, for use with therapeutic continuous glucose monitor system. | 07/01/2017 | 01/01/2023 | | Advanced Diabetes Management Technology (Company) |
| Medicare | K0554 | Receiver (Monitor), dedicated, for use with therapeutic continuous glucose monitor system. | 07/01/2017 | 04/30/2022 | | Advanced Diabetes Management Technology (Medicare) |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|---|---|
| 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, OHP, PEBB | K0743 | Suction pump, home model, portable, for use on wounds | 07/01/2011 | 09/30/2022 | | Negative Pressure Wound Therapy (Company) |
| Medicare | K0743 | Suction pump, home model, portable, for use on wounds | 07/01/2011 | 09/30/2022 | | |
| Commercial/ASO, OHP, PEBB | K0744 | Absorptive wound dressing for use with suction pump, home model, portable, pad size 16 square inches or less | 07/01/2011 | 09/30/2022 | | Negative Pressure Wound Therapy (Company) |
| Medicare | K0744 | Absorptive wound dressing for use with suction pump, home model, portable, pad size 16 square inches or less | 07/01/2011 | 09/30/2022 | | |
| Commercial/ASO, OHP, PEBB | K0745 | Absorptive wound dressing for use with suction pump, home model, portable, pad size more than 16 square inches but less than or equal to 48 square inches | 07/01/2011 | 09/30/2022 | | Negative Pressure Wound Therapy (Company) |
| Medicare | K0745 | Absorptive wound dressing for use with suction pump, home model, portable, pad size more than 16 square inches but less than or equal to 48 square inches | 07/01/2011 | 09/30/2022 | | |
| Commercial/ASO, OHP, PEBB | K0746 | Absorptive wound dressing for use with suction pump, home model, portable, pad size greater than 48 square inches | 07/01/2011 | 09/30/2022 | | Negative Pressure Wound Therapy (Company) |
| Medicare | K0746 | Absorptive wound dressing for use with suction pump, home model, portable, pad size greater than 48 square inches | 07/01/2011 | 09/30/2022 | | |
| Commercial/ASO, Medicare, OHP, PEBB | K0800 | Power operated vehicle,grp 1 standard,patient weight cap up to and incl 300 lbs | 01/01/2007 | | | Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare) |

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|-------------------------------------|-------|--|------------------------------------|--------------------------------------|---------------------------|---|
| Commercial/ASO, Medicare, OHP, PEBB | K0801 | Power operated vehicle,grp 1 heavy duty,patient weight cap 301-450 lbs | 01/01/2007 | | | 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 | | | Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare) |
| Commercial/ASO, Medicare, PEBB | K0806 | Power operated vehicle, grp 2 standard,patient weight cap up to and incl 300 lbs | 01/01/2007 | 01/31/2022 | | Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare) |
| OHP | K0806 | Power operated vehicle, grp 2 standard,patient weight cap up to and incl 300 lbs | 01/01/2007 | | OHP - | Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare) |
| Commercial/ASO, Medicare, PEBB | K0807 | Power operated vehicle,grp 2 heavy duty,patient weight cap 301-450 lbs | 01/01/2007 | 01/31/2022 | | Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare) |
| OHP | K0807 | Power operated vehicle,grp 2 heavy duty,patient weight cap 301-450 lbs | 01/01/2007 | | OHP - | Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare) |
| Commercial/ASO, Medicare, PEBB | K0808 | Power operated vehicle,grp 2 very heavy duty,patient weight cap 451-600 lbs | 01/01/2007 | 01/31/2022 | | Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare) |
| OHP | K0808 | Power operated vehicle,grp 2 very heavy duty,patient weight cap 451-600 lbs | 01/01/2007 | | OHP - | 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 | | | Wheelchair and Power Vehicles (Company) |
| 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 | | | 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 | | | 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 | | | Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare) |

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Providence Health Plan Combined 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 | K0816 | Power wheelchair,grp 1 standard,captains chair,patient weight cap up to and incl 300 lbs | 01/01/2007 | | | Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare) |
| 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 | | | 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 | | | 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 | | | 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 | | | 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 | | | 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 | | | 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 | | | 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 | | | 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 | | | Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare) |
| 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 | | | Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare) |

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Providence Health Plan Combined 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 | K0830 | Power wheelchair,grp 2 stnd,seat elevator,sling/solid seat/back,patient weight cap up to and incl 300 lbs | 07/01/2020 | | OHP follows Oregon Administrative Rules (OAR) 410-122-0325 to 0340 for coverage of Power Wheelchairs. | |
| Medicare | K0830 | Power wheelchair,grp 2 stnd,seat elevator,sling/solid seat/back,patient weight cap up to and incl 300 lbs | 07/01/2020 | 01/31/2022 | | Wheelchair and Power Vehicles (Medicare) |
| Commercial/ASO, PEBB | K0830 | Power wheelchair,grp 2 stnd,seat elevator,sling/solid seat/back,patient weight cap up to and incl 300 lbs | 07/01/2020 | 09/30/2024 | | Wheelchair and Power Vehicles (Company) |
| OHP | K0831 | Power wheelchair,grp 2 stnd,seat elevator,captains chair,patient weight cap up to and incl 300 lbs | 07/01/2020 | | OHP follows Oregon Administrative Rules (OAR) 410-122-0325 to 0340 for coverage of Power Wheelchairs. | |
| Medicare | K0831 | Power wheelchair,grp 2 stnd,seat elevator,captains chair,patient weight cap up to and incl 300 lbs | 07/01/2020 | 01/31/2022 | | Wheelchair and Power Vehicles (Medicare) |
| Commercial/ASO, PEBB | K0831 | Power wheelchair,grp 2 stnd,seat elevator,captains chair,patient weight cap up to and incl 300 lbs | 07/01/2020 | 09/30/2024 | | Wheelchair and Power Vehicles (Company) |
| 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 | | | 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 | | | 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 | | | 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 | | | Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare) |

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Providence Health Plan Combined 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 | K0839 | Power wheelchair,grp 2 very heavy duty,single power option,sling/solid seat/back,patient weight cap 451-600 lbs | 01/01/2007 | | | 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 | | | 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 | | | 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 | | | 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 | | | Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare) |
| 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 | | | 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 | | | 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 | | | 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 | | | 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 | | | Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare) |

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| 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 | K0853 | Power wheelchair,grp 3 very heavy duty,captains chair,patient weight cap 451-600 lbs | 01/01/2007 | | | 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 | | | 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 | | | Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare) |
| Commercial/ASO, Medicare, OHP, PEBB | K0856 | Power wheelchair,grp 3 std, single power option,sling/solid seat/back,patient weight cap up to and incl 300 lbs | 01/01/2007 | | | Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare) |
| Commercial/ASO, Medicare, OHP, PEBB | K0857 | Power wheelchair,grp 3 std, single power option,captains chair,patient weight cap up to and incl 300 lbs | 01/01/2007 | | | Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare) |
| 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 | | | 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 | | | 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 | | | Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare) |
| Commercial/ASO, Medicare, OHP, PEBB | K0861 | Power wheelchair,grp 3 std, mult power option,sling/solid seat/back,patient weight cap up to and incl 300 lbs | 01/01/2007 | | | 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 | | | Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare) |

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| 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 | K0863 | Power wheelchair,grp 3 very heavy duty,mult power option,sling/solid seat/back,patient weight cap 451-600 lbs | 01/01/2007 | | | 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 | | | Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare) |
| Commercial/ASO, Medicare, PEBB | K0868 | Power wheelchair,grp 4 stnd,sling/solid seat/back,patient weight cap up to and incl 300 lbs | 01/01/2007 | 01/31/2022 | | Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare) |
| OHP | K0868 | Power wheelchair,grp 4 stnd,sling/solid seat/back,patient weight cap up to and incl 300 lbs | 01/01/2007 | | OHP - | Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare) |
| Commercial/ASO, Medicare, PEBB | K0869 | Power wheelchair,grp 4 stnd,captains chair,patient weight cap up to and incl 300 lbs | 01/01/2007 | 01/31/2022 | | Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare) |
| OHP | K0869 | Power wheelchair,grp 4 stnd,captains chair,patient weight cap up to and incl 300 lbs | 01/01/2007 | | OHP - | Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare) |
| Commercial/ASO, Medicare, PEBB | K0870 | Power wheelchair,grp 4 heavy duty,sling/solid seat/back,patient weight cap 301-450 lbs | 01/01/2007 | 01/31/2022 | | Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare) |
| OHP | K0870 | Power wheelchair,grp 4 heavy duty,sling/solid seat/back,patient weight cap 301-450 lbs | 01/01/2007 | | OHP - | Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare) |
| Commercial/ASO, Medicare, PEBB | K0871 | Power wheelchair,grp 4 very heavy duty,sling/solid seat/back,patient weight cap 451-600 lbs | 01/01/2007 | 01/31/2022 | | Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare) |
| OHP | K0871 | Power wheelchair,grp 4 very heavy duty,sling/solid seat/back,patient weight cap 451-600 lbs | 01/01/2007 | | OHP - | Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare) |
| Commercial/ASO, Medicare, PEBB | K0877 | Power wheelchair,grp 4 stnd,single power option,sling/solid seat/back,patient weight cap up to and incl 300 lbs | 01/01/2007 | 01/31/2022 | | Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare) |

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| Combined PA List | Code | Code Description | Prior Authorization Effective Date | Prior Authorization Termination Date | Combined Additional Notes | Medical Policy Name: Policy |
|--------------------------------|-------|---|------------------------------------|--------------------------------------|---------------------------|--|
| OHP | K0877 | Power wheelchair,grp 4 stnd,single power option,sling/solid seat/back,patient weight cap up to and incl 300 lbs | 01/01/2007 | | | Wheelchair and Power Vehicles (Company) |
| Commercial/ASO, Medicare, PEBB | K0878 | Power wheelchair,grp 4 stnd,single power option,captains chair,patient weight cap up to and incl 300 lbs | 01/01/2007 | 01/31/2022 | | Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare) |
| OHP | K0878 | Power wheelchair,grp 4 stnd,single power option,captains chair,patient weight cap up to and incl 300 lbs | 01/01/2007 | | OHP - | Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare) |
| Commercial/ASO, Medicare, PEBB | K0879 | Power wheelchair,grp 4 heavy duty,single power option,sling/solid seat/back, patient weight cap 301-450 lbs | 01/01/2007 | 01/31/2022 | | Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare) |
| OHP | K0879 | Power wheelchair,grp 4 heavy duty,single power option,sling/solid seat/back, patient weight cap 301-450 lbs | 01/01/2007 | | OHP - | Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare) |
| Commercial/ASO, Medicare, PEBB | K0880 | Power wheelchair,grp 4 very heavy duty,single power option,sling/solid seat/back,patient weight 451-600 lbs | 01/01/2007 | 01/31/2022 | | Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare) |
| OHP | K0880 | Power wheelchair,grp 4 very heavy duty,single power option,sling/solid seat/back,patient weight 451-600 lbs | 01/01/2007 | | OHP - | Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare) |
| Commercial/ASO, Medicare, PEBB | K0884 | Power wheelchair,grp 4 stnd,mult power potion,sling/solid seat/back,patient weight cap up to and incl 300 lbs | 01/01/2007 | 01/31/2022 | | Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare) |
| OHP | K0884 | Power wheelchair,grp 4 stnd,mult power potion,sling/solid seat/back,patient weight cap up to and incl 300 lbs | 01/01/2007 | | OHP - | Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare) |
| Commercial/ASO, Medicare, PEBB | K0885 | Power wheelchair,grp 4 stnd,mult power option,captains chair,weight cap up to and incl 300 lbs | 01/01/2007 | 01/31/2022 | | Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare) |

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| Combined PA List | Code | Code Description | Prior Authorization Effective Date | Prior Authorization Termination Date | Combined Additional Notes | Medical Policy Name: Policy |
|-------------------------------------|-------|--|------------------------------------|--------------------------------------|---------------------------|---|
| OHP | K0885 | Power wheelchair,grp 4 stnd,mult power option,captains chair,weight cap up to and incl 300 lbs | 01/01/2007 | | OHP - | Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare) |
| Commercial/ASO, Medicare, PEBB | K0886 | Power wheelchair,grp 4 heavy duty,mult power option,sling/solid seat/back,patent weight cap 301-450 lbs | 01/01/2007 | 01/31/2022 | | Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare) |
| OHP | K0886 | Power wheelchair,grp 4 heavy duty,mult power option,sling/solid seat/back,patent weight cap 301-450 lbs | 01/01/2007 | | OHP - | 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 | | | 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 | | | Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare) |
| Commercial/ASO, Medicare, OHP, PEBB | K0898 | Power wheelchair,not otherwise classified | 01/01/2007 | | | Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare) |
| Commercial/ASO, Medicare, OHP, PEBB | K0899 | Power mobility device, not coded by DME PDAC or does not meet criteria | 01/01/2007 | 06/30/2020 | | Wheelchair and Power Vehicles (Company) |
| Commercial/ASO, Medicare, OHP, PEBB | K1022 | Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type | 10/01/2021 | 12/31/2023 | | Lower Limb Prosthesis (Company); Lower Limb Prosthesis (Medicare) |
| Medicare | K1027 | Oral device/appliance used to reduce upper airway collapsibility, without fixed mechanical hinge, custom fabricated, includes fitting and adjustment | 10/01/2021 | 04/30/2022 | | Oral and Sleep Position Appliances for Sleep Disorder Treatment (Medicare) |

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|-------------------------------------|-------|--|------------------------------------|--------------------------------------|---------------------------|--|
| Medicare | L2006 | Knee ankle foot device, any material, single or double upright, swing and/or stance phase microprocessor control with adjustability, includes all components (e.g., sensors, batteries, charger), any type activation, with or without ankle joint(s), custom fabricated | 01/01/2020 | | | Ankle-Foot and Knee-Ankle-Foot Orthotics (Company); Ankle-Foot and Knee-Ankle-Foot Orthotics (Medicare); Lower Limb Prosthesis (Company) |
| Commercial/ASO, OHP, PEBB | L2006 | Knee ankle foot device, any material, single or double upright, swing and/or stance phase microprocessor control with adjustability, includes all components (e.g., sensors, batteries, charger), any type activation, with or without ankle joint(s), custom fabricated | 01/01/2020 | 06/30/2023 | | Ankle-Foot and Knee-Ankle-Foot Orthotics (Company); Lower Limb Prosthesis (Company) |
| 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) |

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| 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 | 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) |
| 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) |

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| 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 | L5841 | Addition, endoskeletal knee-shin system, polycentric, pneumatic swing, and stance phase control | 04/01/2024 | | | Lower Limb Prosthesis (Company); Lower Limb Prosthesis (Medicare) |
| 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) |

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| Combined PA List | Code | Code Description | Prior Authorization Effective Date | Prior Authorization Termination Date | Combined Additional Notes | Medical Policy Name: Policy |
|-------------------------------------|-------|---|------------------------------------|--------------------------------------|---------------------------|---|
| 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) |
| 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 | L5930 | Addition, endoskeletal system, high activity knee control frame | 02/01/2014 | 02/01/2014 | | Lower Limb Prosthesis (Company) |
| 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) |

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| 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 | 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) |
| 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) |
| 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) |

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| 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 | 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 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) |

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|-------------------------------------|-------|--|------------------------------------|--------------------------------------|---------------------------|---|
| 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) |
| 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) |

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| 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 | 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 | 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, OHP, PEBB | L8605 | Injectable bulking agent, dextranomer/hyaluronic acid copolymer implant, anal canal, 1 ml, includes shipping and necessary supplies | 08/01/2015 | 03/31/2016 | | Drug: Solesta (Dextranomer in Stabilized Sodium Hyaluronate) for Fecal Incontinence |
| 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) |

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|-------------------------------------|-------|--|------------------------------------|--------------------------------------|---------------------------|--|
| 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 | L8621 | Zinc air battery for use w/ cochlear implant device, replacement, each | 05/01/2010 | 06/30/2017 | | Cochlear Implants and Auditory Brainstem Implants (Company) |
| Commercial/ASO, Medicare, OHP, PEBB | L8622 | Alkaline battery for use w/ cochlear implant device, any size, replacement | 05/01/2010 | 06/30/2017 | | Cochlear Implants and Auditory Brainstem Implants (Company) |
| 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) |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|---------------------------|---|
| 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) |
| 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) |
| Medicare | L8680 | Implantable neurostimulator electrode, each | 07/01/2010 | 08/31/2022 | | Electrical Stimulation and Electromagnetic Therapies (Medicare); Fecal Incontinence Treatments (Medicare); Gastric Electrical Stimulation (Company); Urinary Dysfunction Treatments (Medicare) |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|---------------------------|--|
| 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) |
| 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) |

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|---------------------------|-------|------------------------------|------------------------------------|--------------------------------------|---------------------------|---|
| 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) |
| Medicare | L8685 | Implt nrostm pls gen sng rec | 07/01/2010 | 08/31/2022 | | Electrical Stimulation and Electromagnetic Therapies (Medicare); Fecal Incontinence Treatments (Medicare); Gastric Electrical Stimulation (Company); Urinary Dysfunction Treatments (Medicare) |
| 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) |
| Medicare | L8686 | Implt nrostm pls gen sng non | 07/01/2010 | 08/31/2022 | | Electrical Stimulation and Electromagnetic Therapies (Medicare); Fecal Incontinence Treatments (Medicare); Gastric Electrical Stimulation (Company); Urinary Dysfunction Treatments (Medicare) |

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|---------------------------|-------|---|------------------------------------|--------------------------------------|---------------------------|---|
| 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) |
| Medicare | L8687 | Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension | 07/01/2010 | 08/31/2022 | | Electrical Stimulation and Electromagnetic Therapies (Medicare); Fecal Incontinence Treatments (Medicare); Gastric Electrical Stimulation (Company); Urinary Dysfunction Treatments (Medicare) |
| 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) |
| Medicare | L8688 | Implantable neurostimulator pulse generator, dual array, non-rechargeable, includes extension | 07/01/2010 | 09/01/2022 | | Electrical Stimulation and Electromagnetic Therapies (Medicare); Fecal Incontinence Treatments (Medicare); Gastric Electrical Stimulation (Company); Urinary Dysfunction Treatments (Medicare) |
| 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) |

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|-------------------------------------|-------|--|------------------------------------|--------------------------------------|--|--|
| 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, OHP, PEBB | L8692 | Auditory osseointegrated device, external sound processor, used without osseointegration, body worn, includes headband or other means of external attachment | 11/01/2023 | | | Bone-Anchored Hearing Aids (Company) |
| Commercial/ASO, Medicare, OHP, PEBB | L8694 | Auditory osseointegrated device, transducer/actuator, replacement only, each | 01/01/2018 | 06/30/2023 | | Cochlear Implants and Auditory Brainstem Implants (Company); Cochlear Implants and Auditory Brainstem Implants (Medicare) |
| Commercial/ASO, Medicare, OHP, PEBB | L8695 | External recharge 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 |
| Medicare | M0300 | IV chelation therapy (chemical endarterectomy) | 12/01/2014 | 11/30/2017 | | Chelation Therapy for Non-Overload Conditions (Medicare) |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|---|---|
| Commercial/ASO | Q0138 | Injection, ferumoxitol, for treatment of iron deficiency anemia, 1 mg (non-esrd use) | 10/01/2024 | 10/01/2024 | Commercial/ASO - ***Feraheme NO LONGER requires prior authorization for Site of Care for location for Commercial Lines of Business*** | |
| 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 |
| Commercial/ASO, Medicare, OHP, PEBB | Q0479 | Power module combo vad, rep | 03/01/2011 | 12/31/2016 | | Cardiac: Ventricular Assist Devices (VAD/LVAD) and Artificial Heart (BIVAD) ARCHIVED 3/1/2022 |
| Commercial/ASO, Medicare, OHP, PEBB | Q0481 | Microprcsr cu elec vad, rep | 05/01/2010 | 12/31/2016 | | Cardiac: Ventricular Assist Devices (VAD/LVAD) and Artificial Heart (BIVAD) ARCHIVED 3/1/2022 |
| Commercial/ASO, Medicare, OHP, PEBB | Q0482 | Microprcsr cu combo vad, rep | 05/01/2010 | 12/31/2016 | | Cardiac: Ventricular Assist Devices (VAD/LVAD) and Artificial Heart (BIVAD) ARCHIVED 3/1/2022 |
| Commercial/ASO, Medicare, OHP, PEBB | Q0483 | Monitor elec vad, rep | 05/01/2010 | 12/31/2016 | | Cardiac: Ventricular Assist Devices (VAD/LVAD) and Artificial Heart (BIVAD) ARCHIVED 3/1/2022 |
| Commercial/ASO, Medicare, OHP, PEBB | Q0484 | Monitor elec or comb vad rep | 05/01/2010 | 12/31/2016 | | Cardiac: Ventricular Assist Devices (VAD/LVAD) and Artificial Heart (BIVAD) ARCHIVED 3/1/2022 |
| Commercial/ASO, Medicare, OHP, PEBB | Q0485 | Monitor cable elec vad, rep | 05/01/2010 | 12/31/2016 | | Cardiac: Ventricular Assist Devices (VAD/LVAD) and Artificial Heart (BIVAD) ARCHIVED 3/1/2022 |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|---------------------------|---|
| Commercial/ASO, Medicare, OHP, PEBB | Q0486 | Mon cable elec/pneum vad rep | 05/01/2010 | 12/31/2016 | | Cardiac: Ventricular Assist Devices (VAD/LVAD) and Artificial Heart (BIVAD) ARCHIVED 3/1/2022 |
| Commercial/ASO, Medicare, OHP, PEBB | Q0488 | Pwr pack base elec vad, rep | 05/01/2010 | 12/31/2016 | | Cardiac: Ventricular Assist Devices (VAD/LVAD) and Artificial Heart (BIVAD) ARCHIVED 3/1/2022 |
| Commercial/ASO, Medicare, OHP, PEBB | Q0489 | Pwr pck base combo vad, rep | 05/01/2010 | 12/31/2016 | | Cardiac: Ventricular Assist Devices (VAD/LVAD) and Artificial Heart (BIVAD) ARCHIVED 3/1/2022 |
| Commercial/ASO, Medicare, OHP, PEBB | Q0490 | EMR pwr source elec vad, rep | 05/01/2010 | 12/31/2016 | | Cardiac: Ventricular Assist Devices (VAD/LVAD) and Artificial Heart (BIVAD) ARCHIVED 3/1/2022 |
| Commercial/ASO, Medicare, OHP, PEBB | Q0491 | EMR pwr source combo vad rep | 05/01/2010 | 12/31/2016 | | Cardiac: Ventricular Assist Devices (VAD/LVAD) and Artificial Heart (BIVAD) ARCHIVED 3/1/2022 |
| Commercial/ASO, Medicare, OHP, PEBB | Q0507 | Misc supply or accessory for use with an external ventricular assist device | 07/01/2013 | 05/01/2022 | | |
| Commercial/ASO, Medicare, OHP, PEBB | Q0508 | Miscellaneous supply or accessory for use with an implanted ventricular assist device | 01/01/2015 | 05/01/2022 | | |
| Commercial/ASO, Medicare, OHP, PEBB | Q0509 | Misc supply or accessory for use with any implanted ventricular assist device for which pymt was not made under Medicare Part A | 07/01/2013 | 05/01/2022 | | |
| 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) |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|--|---|
| 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 leukapheresis and dose preparation procedures, per therapeutic dose | 01/01/2022 | | Commercial/ASO,Medicare,OHP,PEBB - Abecma® | T-Cell Therapy - Pharmacy Policy |
| 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 |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|--|---|
| 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 |
| Medicare | Q3001 | Brachytherapy Radioelements | 01/01/2022 | | | Ablation for Liver Tumors (Medicare) |
| 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) |
| Commercial/ASO, Medicare, OHP, PEBB | Q4106 | Skin substitute, Dermagraft, 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, 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) |

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|-------------------------------------|-------|--|------------------------------------|--------------------------------------|--|---|
| 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, Medicare, OHP, PEBB | Q4114 | Integra flowable wound matrix, injectable, 1 cc | 07/01/2009 | 05/31/2018 | | Skin and Tissue Substitutes (Company) |
| 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) |
| Medicare | Q4117 | Hyalomatrix | 03/01/2011 | 04/29/2015 | | Skin and Tissue Substitutes (Company) |
| Commercial/ASO, Medicare, OHP, PEBB | Q4118 | Matristem micromatrix | 03/01/2011 | 05/31/2018 | | Skin and Tissue Substitutes (Company); Skin and Tissue Substitutes (Medicare) |
| Medicare | Q4118 | Matristem micromatrix | 03/01/2011 | 04/29/2015 | | Skin and Tissue Substitutes (Company) |
| Commercial/ASO, OHP, PEBB | Q4119 | Matristem wound matrix | 03/01/2011 | 12/31/2016 | | Skin and Tissue Substitutes (Company) |
| Medicare | Q4119 | Matristem wound matrix | 03/01/2011 | 04/29/2015 | | Skin and Tissue Substitutes (Company) |
| 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) |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|--|---|
| 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) |
| Medicare | Q4123 | Alloskin rt, per square centimeter | 01/01/2012 | 04/29/2015 | | Skin and Tissue Substitutes (Company) |
| 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, OHP, PEBB | Q4129 | Unite biomatrix, per square centimeter | 01/01/2012 | 12/31/2016 | | Skin and Tissue Substitutes (Company) |
| Medicare | Q4129 | unite biomatrix, per sq cm | 01/01/2012 | 04/29/2015 | | Skin and Tissue Substitutes (Company) |
| Commercial/ASO, Medicare, OHP, PEBB | Q4131 | Epifix | 01/01/2013 | | | Skin and Tissue Substitutes (Company) |
| 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) |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|--|---|
| 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, OHP, PEBB | Q4134 | hMatrix | 01/01/2013 | 05/31/2018 | | Skin and Tissue Substitutes (Company) |
| Medicare | Q4134 | hMatrix | 01/01/2013 | 04/29/2015 | | Skin and Tissue Substitutes (Company) |
| Commercial/ASO, OHP, PEBB | Q4135 | Mediskin | 01/01/2013 | 05/31/2018 | | Skin and Tissue Substitutes (Company) |
| Medicare | Q4135 | Mediskin | 01/01/2013 | 04/29/2015 | | Skin and Tissue Substitutes (Company) |
| Medicare | Q4136 | EZderm | 01/01/2013 | 04/29/2015 | | Skin and Tissue Substitutes (Company) |
| 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 | Q4166 | Cytal, per square centimeter | 01/01/2017 | 05/31/2018 | | Skin and Tissue Substitutes (Company); Skin and Tissue Substitutes (Medicare) |
| Commercial/ASO, Medicare, OHP, PEBB | Q4167 | Truskin, per square centimeter | 01/01/2017 | 05/31/2018 | | Skin and Tissue Substitutes (Company); Skin and Tissue Substitutes (Medicare) |
| Commercial/ASO, Medicare, OHP, PEBB | Q4168 | Amnioband, 1 mg | 01/01/2017 | 05/31/2018 | | Skin and Tissue Substitutes (Company); Skin and Tissue Substitutes (Medicare) |
| Commercial/ASO, Medicare, OHP, PEBB | Q4169 | Artacent wound, per square centimeter | 01/01/2017 | 05/31/2018 | | Skin and Tissue Substitutes (Company); Skin and Tissue Substitutes (Medicare) |
| Commercial/ASO, Medicare, OHP, PEBB | Q4170 | Cygnus, per square centimeter | 01/01/2017 | 05/31/2018 | | Skin and Tissue Substitutes (Company); Skin and Tissue Substitutes (Medicare) |
| Commercial/ASO, Medicare, OHP, PEBB | Q4173 | Palingen or palingen xplus, per square centimeter | 01/01/2017 | 05/31/2018 | | Skin and Tissue Substitutes (Company); Skin and Tissue Substitutes (Medicare) |

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|-------------------------------------|-------|--|------------------------------------|--------------------------------------|--|--|
| Commercial/ASO, Medicare, OHP, PEBB | Q4174 | Palingen or promatrx, 0.36 mg per 0.25 cc | 01/01/2017 | 05/31/2018 | | Skin and Tissue Substitutes (Company); Skin and Tissue Substitutes (Medicare) |
| Commercial/ASO, Medicare, OHP, PEBB | Q4175 | Miroderm, per square centimeter | 01/01/2017 | 05/31/2018 | | Skin and Tissue Substitutes (Company); Skin and Tissue Substitutes (Medicare) |
| 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, OHP, PEBB | Q4206 | Fluid flow or fluid GF, 1 cc | 10/01/2019 | 06/30/2021 | | Skin and Tissue Substitutes (Company); Stem Cell Therapy for Orthopedic Applications (Company) |
| Medicare | Q4206 | Fluid flow or fluid GF, 1 cc | 10/01/2019 | 06/30/2021 | | Skin and Tissue Substitutes (Medicare); Stem Cell Therapy for Orthopedic Applications (Medicare) |
| Medicare | Q4251 | Vim, per square centimeter | 10/01/2021 | 02/28/2023 | | Skin and Tissue Substitutes (Medicare) |
| Medicare | Q4252 | Vendaje, per square centimeter | 10/01/2021 | 02/28/2023 | | Skin and Tissue Substitutes (Medicare) |
| Medicare | Q4253 | Zenith amniotic membrane, per square centimeter | 10/01/2021 | 02/28/2023 | | 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) |

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| Medicare, OHP | Q5103 | Injection, infliximab-dyyb, biosimilar, (inflectra), 10 mg | 04/01/2018 | | Medicare,OHP - Inflectra® | Medically Infused Therapeutic Immunomodulators (Medicare Part B) - Pharmacy Policy; Therapeutic Immunomodulators(TIMs) (Medicaid) - Pharmacy Policy |
| Commercial/ASO, PEBB | Q5103 | Injection, infliximab-dyyb, biosimilar, (inflectra), 10 mg | 04/01/2018 | | Commercial/ASO,PEBB - Inflectra® | Infusion Therapy Site of Care -Commercial-Pharmacy Policy; Medically Infused Therapeutic Immunomodulators(TIMs) (Commercial) - Pharmacy Policy |
| Medicare, OHP | Q5104 | Injection, infliximab-abda, biosimilar, (renflexis), 10 mg | 04/01/2018 | | Medicare,OHP - Renflexis® | Medically Infused Therapeutic Immunomodulators (Medicare Part B) - Pharmacy Policy; Therapeutic Immunomodulators(TIMs) (Medicaid) - Pharmacy Policy |
| Commercial/ASO, PEBB | Q5104 | Injection, infliximab-abda, biosimilar, (renflexis), 10 mg | 04/01/2018 | | Commercial/ASO,PEBB - Renflexis® | Infusion Therapy Site of Care -Commercial-Pharmacy Policy; Medically Infused Therapeutic Immunomodulators(TIMs) (Commercial) - Pharmacy 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® | Aranesp®, Epogen®, Procrit®, Retacrit® - 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 |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|---|--|
| 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; Medicare Part B Step Therapy - Pharmacy 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 | | Commercial/ASO,Medicare,OHP,PEBB - | 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 | 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 |

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| 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 |
| Commercial/ASO, PEBB | Q5121 | Injection, infliximab-axxq, biosimilar, (avsola), 10 mg | 07/01/2020 | | | Infusion Therapy Site of Care -Commercial-Pharmacy Policy; Medically Infused Therapeutic Immunomodulators(TIMs) (Commercial) - Pharmacy Policy |
| Medicare, OHP | Q5121 | Injection, infliximab-axxq, biosimilar, (avsola), 10 mg | 07/01/2020 | | | 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 | 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 |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|--|---|
| Commercial/ASO, Medicare, OHP, PEBB | Q5126 | Injection, bevacizumab-maly, biosimilar, (alymys), 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 | Injection, ranibizumab-eqrn (cimerli), biosimilar, 0.1 mg | 04/01/2023 | 08/01/2023 | | Ophthalmic Vascular Endothelial Growth Factor (VEGF) Inhibitors - Pharmacy 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 (flynetra), biosimilar, 0.5 mg | 09/01/2024 | | Commercial/ASO,Medicare,OHP,PEBB - Flynetra® | 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 | | | 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 |

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|-------------------------------------|-------|--|------------------------------------|--------------------------------------|---|---|
| Commercial/ASO, Medicare, OHP, PEBB | Q5135 | Q5135 - Injection, tocilizumab-aazg (tyenne), biosimilar, 1 mg | 10/01/2024 | | Commercial/ASO,Medicare,OHP,PEBB - TYENNE | 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 | 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 |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|---|--|
| 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 | 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 |
| Medicare | Q9980 | hyaluronan or derivative, for intra-articular injection, 1 mg (use this code for GenVisc) | 01/01/2016 | 12/31/2016 | | Viscosupplementation (Medicare) |
| 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 |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|--|---|
| Commercial/ASO, Medicare, OHP, PEBB | Q9999 | Injection, ustekinumab-aaaz (otulfi), biosimilar, 1 mg | 04/01/2025 | | | 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, 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, Medicare, PEBB | S0317 | disease management program; per diem | 01/01/2015 | 12/31/2017 | | Pain Management: Interdisciplinary Pain Management Program |
| Commercial/ASO, Medicare, OHP, PEBB | S1030 | Continuous noninvasive glucose monitoring device, purchase (for physician interpretation of data, use cpt code) | 09/01/2017 | 05/31/2023 | | Advanced Diabetes Management Technology (Company); Advanced Diabetes Management Technology (Medicare) |
| Commercial/ASO, Medicare, OHP, PEBB | S1031 | Continuous noninvasive glucose monitoring device, rental, including sensor, sensor replacement, and download to monitor (for physician interpretation of data, use cpt code) | 09/01/2017 | 05/31/2023 | | Advanced Diabetes Management Technology (Company); Advanced Diabetes Management Technology (Medicare) |
| Commercial/ASO, OHP, PEBB | S1034 | Artificial pancreas device system (e.g., low glucose suspend (lgs) feature) including continuous glucose monitor, blood glucose device, insulin pump and computer algorithm that communicates with all of the devices | 11/01/2017 | 01/31/2021 | | Diabetes: Integrated Insulin Infusion and Glucose Monitoring Systems (All Lines of Business Except Medicare) Archived 2/1/2021 |
| Commercial/ASO, OHP, PEBB | S1035 | Sensor; invasive (e.g., subcutaneous), disposable, for use with artificial pancreas device system | 11/01/2017 | 01/31/2021 | | Diabetes: Integrated Insulin Infusion and Glucose Monitoring Systems (All Lines of Business Except Medicare) Archived 2/1/2021 |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|---------------------------|---|
| Commercial/ASO, OHP, PEBB | S1036 | Transmitter; external, for use with artificial pancreas device system | 11/01/2017 | 01/31/2021 | | Diabetes: Integrated Insulin Infusion and Glucose Monitoring Systems (All Lines of Business Except Medicare) Archived 2/1/2021 |
| Commercial/ASO, OHP, PEBB | S1037 | Receiver (monitor); external, for use with artificial pancreas device system | 11/01/2017 | 01/31/2021 | | Diabetes: Integrated Insulin Infusion and Glucose Monitoring Systems (All Lines of Business Except Medicare) Archived 2/1/2021 |
| Commercial/ASO, Medicare, OHP, PEBB | S1040 | Cranial Remodeling Orthosis, Rigid W/Soft Interface Material | 08/01/2014 | 03/31/2017 | | Helmet Therapy for Cranial Remodeling |
| 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 | S2202 | Echosclerotherapy | 01/01/2018 | 02/29/2024 | | Varicose Veins (Company) |
| Medicare | S2235 | Implantation of auditory brain stem implant | 10/01/2017 | 07/31/2022 | | Cochlear Implants and Auditory Brainstem Implants (Medicare) |
| Commercial/ASO, OHP, PEBB | S2235 | Implantation of auditory brain stem implant | 10/01/2017 | 06/30/2023 | | Cochlear Implants and Auditory Brainstem Implants (Company) |
| Commercial/ASO, Medicare, OHP, PEBB | S2340 | Chemodenevation Of Abductor | 09/01/2012 | | | Botulinum Therapies (Company) |
| Commercial/ASO, Medicare, OHP, PEBB | S2341 | Chemodenevation of adductor muscle(s) of vocal cord | 09/01/2012 | | | Botulinum Therapies (Company) |
| Medicare | S2348 | Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, using radiofrequency energy, single or multiple levels, lumbar | 01/01/2022 | 12/31/2022 | | Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare) |

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|-------------------------------------|-------|---|------------------------------------|--------------------------------------|---|---|
| Commercial/ASO, Medicare, OHP, PEBB | S3854 | Gene expression profiling panel for use in the management of breast cancer treatment | 03/01/2018 | 06/30/2023 | | Gene Expression Profile Testing for Breast Cancer (Company); Gene Expression Profile Testing for Breast Cancer (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) |
| Medicare | S3870 | Comparative genomic hybridization (cgh) microarray testing for developmental delay, autism spectrum disorder and/or intellectual disability | 07/01/2018 | 12/31/2021 | | Genetic and Molecular Testing (Medicare) |
| Commercial/ASO, Medicare, OHP, PEBB | S8030 | Scleral application of tantalum ring(s) for localization of lesions for proton beam therapy | 05/01/2019 | 10/31/2021 | | Proton Beam Radiation Therapy (Company) |
| Commercial/ASO, Medicare, OHP, PEBB | S8030 | Scleral application of tantalum ring(s) for localization of lesions for proton beam therapy | 11/01/2021 | 08/31/2022 | This code will pay if billed with diagnosis code C61. Prior Authorization required for all other diagnosis codes. | Proton Beam Radiation Therapy (Medicare) |
| 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 | | | |
| 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 | | | |
| 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 | | | |

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|---------------------------|-------|---|------------------------------------|--------------------------------------|---------------------------|--|
| 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 |

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|-------------------------------------|-------|--|------------------------------------|--------------------------------------|---------------------------|--|
| Commercial/ASO, PEBB | S9432 | Medical foods for non-inborn errors of metabolism | 10/01/2021 | | Commercial/ASO,PEBB - | 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 |

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