

# Arkansas Medicare Advantage Prior Authorization List



| Responsible Party                                                        | Category                                  | CPT Code                              | Description                                                                                                                                                                                                                                                                                                                                                        |
|--------------------------------------------------------------------------|-------------------------------------------|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Medical Facility inpatient and observation authorizations</b>         |                                           |                                       |                                                                                                                                                                                                                                                                                                                                                                    |
| ArkBCBS UM                                                               | ALL INPATIENT FACILITY ADMISSIONS         | Use Rev Codes appropriate for service | Please Submit Inpt Stay ASAP Upon Admission. Post Discharge Notificaton Cannot Be Processed By The Preservice Team And Would Require Post Service Medical Necessity Review.                                                                                                                                                                                        |
| ArkBCBS UM                                                               | All skilled care facility admissions      | Use appropriate facility code         | SNF, Rehab, and LTAC                                                                                                                                                                                                                                                                                                                                               |
| ArkBCBS UM                                                               | All observation stays                     | G0378                                 | Hospital observation service, per hour                                                                                                                                                                                                                                                                                                                             |
| ArkBCBS UM                                                               | All observation stays                     | G0379                                 | Direct admission of patient for hospital observation care                                                                                                                                                                                                                                                                                                          |
| ArkBCBS UM                                                               | Air Ambulance                             | A0430                                 | Ambulance service, conventional air services, transport, one way (fixed wing) <b>(requires post service retrospective record review)</b>                                                                                                                                                                                                                           |
| ArkBCBS UM                                                               | Air Ambulance                             | A0435                                 | Fixed wing air mileage, per statute mile <b>(requires post service retrospective record review)</b>                                                                                                                                                                                                                                                                |
| <b>The following procedures and services require Prior Authorization</b> |                                           |                                       |                                                                                                                                                                                                                                                                                                                                                                    |
| <b>Medical/Surgical Procedures</b>                                       |                                           |                                       |                                                                                                                                                                                                                                                                                                                                                                    |
| ArkBCBS UM                                                               | Abdominoplasty                            | 15830                                 | Excision, Excessive Skin And Subcutaneous Tissue (Includes Lipectomy); abdomen                                                                                                                                                                                                                                                                                     |
| ArkBCBS UM                                                               | Abdominoplasty                            | 15847                                 | Excision, Excessive Skin/Subcutaneous Tissue (Includes umbilical transposition and fascial plication)                                                                                                                                                                                                                                                              |
| ArkBCBS UM                                                               | Abdominoplasty                            | 15877                                 | Suction assisted lipectomy; trunk                                                                                                                                                                                                                                                                                                                                  |
| ArkBCBS UM                                                               | Autologous Cultured Chondrocytes, Implant | J7330                                 | Autologous Cultured Chondrocytes, Implant                                                                                                                                                                                                                                                                                                                          |
| ArkBCBS UM                                                               | Bariatric Surgery                         | 43644                                 | Laparoscopy, Surgical, Gastric Restrictive Procedure; With Gastric Bypass                                                                                                                                                                                                                                                                                          |
| ArkBCBS UM                                                               | Bariatric Surgery                         | 43645                                 | Laparoscopy, Surgical, Gastric Restrictive Procedure; With Gastric Bypass                                                                                                                                                                                                                                                                                          |
| ArkBCBS UM                                                               | Bariatric Surgery                         | 43770                                 | Laparoscopy, Surgical, Gastric Restrictive Procedure; Placement Of Adjustable gastric restrictive device                                                                                                                                                                                                                                                           |
| ArkBCBS UM                                                               | Bariatric Surgery                         | 43771                                 | Laparoscopy, Surgical, Gastric Restrictive Procedure; revision of adjustable gastric device component only                                                                                                                                                                                                                                                         |
| ArkBCBS UM                                                               | Bariatric Surgery                         | 43772                                 | Laparoscopy, Surgical, Gastric Restrictive Procedure; Removal of adjustable gastric restrictive device component only                                                                                                                                                                                                                                              |
| ArkBCBS UM                                                               | Bariatric Surgery                         | 43773                                 | Laparoscopy, Surgical, Gastric Restrictive Procedure; Removal And Replacement of adjustable gastric restrictive device component only                                                                                                                                                                                                                              |
| ArkBCBS UM                                                               | Bariatric Surgery                         | 43774                                 | Laparoscopy, Surgical, Gastric Restrictive Procedure; Removal Of Adjustable gastric restrictive device and subcutaneous port components                                                                                                                                                                                                                            |
| ArkBCBS UM                                                               | Bariatric Surgery                         | 43775                                 | Laparoscopy, Surgical, Gastric Restrictive Procedure; Longitudinal Gastrectomy                                                                                                                                                                                                                                                                                     |
| ArkBCBS UM                                                               | Bariatric Surgery                         | 43842                                 | Gastric Restrictive Procedure, Without Gastric Bypass, For Morbid Obesity; vertical-banded gastroplasty                                                                                                                                                                                                                                                            |
| ArkBCBS UM                                                               | Bariatric Surgery                         | 43843                                 | Gastric Restrictive Procedure, Without Gastric Bypass, For Morbid Obesity; other than vertical-banded gastroplasty                                                                                                                                                                                                                                                 |
| ArkBCBS UM                                                               | Bariatric Surgery                         | 43845                                 | Gastric Restrictive Procedure With Partial Gastrectomy, Pylorus-Preserving duodenileostomy and ileoileostomy (50 to 100 cm common channel) to limit absorption                                                                                                                                                                                                     |
| ArkBCBS UM                                                               | Bariatric Surgery                         | 43846                                 | Gastric Restrictive Procedure, with short limb (150 cm or less) Roux-en-Y gastroenterostomy                                                                                                                                                                                                                                                                        |
| ArkBCBS UM                                                               | Bariatric Surgery                         | 43847                                 | Gastric Restrictive Procedure, with small intestine reconstruction to limit absorption                                                                                                                                                                                                                                                                             |
| ArkBCBS UM                                                               | Bariatric Surgery                         | 43848                                 | Revision, Open, Of Gastric Restrictive Procedure For Morbid Obesity, Other than adjustable gastric restrictive device (separate procedure)                                                                                                                                                                                                                         |
| ArkBCBS UM                                                               | Bariatric Surgery                         | 43886                                 | Gastric restrictive procedure, open; revision of subcutaneous port component only                                                                                                                                                                                                                                                                                  |
| ArkBCBS UM                                                               | Bariatric Surgery                         | 43887                                 | Gastric Restrictive Procedure, Open; Removal Of Subcutaneous Port component only                                                                                                                                                                                                                                                                                   |
| ArkBCBS UM                                                               | Bariatric Surgery                         | 43888                                 | Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only                                                                                                                                                                                                                                                                   |
| ArkBCBS UM                                                               | Blepharoplasty                            | 15820                                 | Blepharoplasty, Lower Eyelid                                                                                                                                                                                                                                                                                                                                       |
| ArkBCBS UM                                                               | Blepharoplasty                            | 15821                                 | Blepharoplasty, Lower Eyelid; With Extensive Herniated Fat Pad                                                                                                                                                                                                                                                                                                     |
| ArkBCBS UM                                                               | Blepharoplasty                            | 15822                                 | Blepharoplasty, Upper Eyelid                                                                                                                                                                                                                                                                                                                                       |
| ArkBCBS UM                                                               | Blepharoplasty                            | 15823                                 | Blepharoplasty, Upper Eyelid; With Excessive Skin Weighting Down Lid                                                                                                                                                                                                                                                                                               |
| ArkBCBS UM                                                               | Blepharoplasty                            | 67900                                 | Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)                                                                                                                                                                                                                                                                                             |
| ArkBCBS UM                                                               | Blepharoplasty                            | 67901                                 | Repair Of Blepharoptosis; Frontalis Muscle Technique With Suture Or other material                                                                                                                                                                                                                                                                                 |
| ArkBCBS UM                                                               | Blepharoplasty                            | 67902                                 | Repair Of Blepharoptosis; Frontalis Muscle Technique With Autologous fascial sling                                                                                                                                                                                                                                                                                 |
| ArkBCBS UM                                                               | Blepharoplasty                            | 67903                                 | Repair Of Blepharoptosis; (Tarsal) Levator Resection Or Advancement, internal approach                                                                                                                                                                                                                                                                             |
| ArkBCBS UM                                                               | Blepharoplasty                            | 67904                                 | Repair Of Blepharoptosis; (Tarsal) Levator Resection Or Advancement, external approach                                                                                                                                                                                                                                                                             |
| ArkBCBS UM                                                               | Blepharoplasty                            | 67906                                 | Repair Of Blepharoptosis; Superior Rectus Technique With Fascial Sling                                                                                                                                                                                                                                                                                             |
| ArkBCBS UM                                                               | Blepharoplasty                            | 67908                                 | Repair Of Blepharoptosis; Conjunctivo-Tarsal-Muller's Muscle-Levator Resection                                                                                                                                                                                                                                                                                     |
| ArkBCBS UM                                                               | Bone-Anchred Hearing Aid (BAHA)           | L8690                                 | Auditory osseointegrated device, includes all internal and external components                                                                                                                                                                                                                                                                                     |
| ArkBCBS UM                                                               | Bone-Anchred Hearing Aid (BAHA)           | L8691                                 | Auditory osseointegrated device, external sound processor, excludes transducer/actuator, replacement only, each                                                                                                                                                                                                                                                    |
| ArkBCBS UM                                                               | Bone-Anchred Hearing Aid (BAHA)           | L8692                                 | Auditory osseointegrated device, external sound processor, used without osseointegration, body worn, includes headband or other means of external attachment                                                                                                                                                                                                       |
| ArkBCBS UM                                                               | Botulinum Toxin Injection                 | 64612                                 | Chemodenervation of muscle(s); muscle(s) innervated by facial nerve, unilateral (eg, for blepharospasm, hemifacial spasm)                                                                                                                                                                                                                                          |
| ArkBCBS UM                                                               | Botulinum Toxin Injection                 | 64615                                 | Chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine)                                                                                                                                                                                                              |
| ArkBCBS UM                                                               | Breast Procedures                         | 19300                                 | Mastectomy For Gynecomastia                                                                                                                                                                                                                                                                                                                                        |
| ArkBCBS UM                                                               | Breast Procedures                         | 19303                                 | Mastectomy, Simple, Complete                                                                                                                                                                                                                                                                                                                                       |
| ArkBCBS UM                                                               | Breast Procedures                         | 19318                                 | Reduction Mammoplasty                                                                                                                                                                                                                                                                                                                                              |
| ArkBCBS UM                                                               | Breast Procedures                         | 19350                                 | Nipple/Areola Reconstruction                                                                                                                                                                                                                                                                                                                                       |
| ArkBCBS UM                                                               | Chelation Therapy                         | M0300                                 | IV chelation therapy (chemical endarterectomy)                                                                                                                                                                                                                                                                                                                     |
| ArkBCBS UM                                                               | Cochlear Implant                          | L8614                                 | Cochlear device, includes all internal and external components                                                                                                                                                                                                                                                                                                     |
| ArkBCBS UM                                                               | Cochlear Implant                          | L8619                                 | Cochlear Implant, External Speech Processor And Controller, Integrated System, Replacement                                                                                                                                                                                                                                                                         |
| ArkBCBS UM                                                               | Epidural injections                       | 62320                                 | Nix Interlaminar Crv/Thrc; without imaging guidance                                                                                                                                                                                                                                                                                                                |
| ArkBCBS UM                                                               | Epidural injections                       | 62321                                 | Nix Interlaminar Crv/Thrc; with imaging guidance                                                                                                                                                                                                                                                                                                                   |
| ArkBCBS UM                                                               | Epidural injections                       | 62322                                 | Nix Interlaminar Lmbr/Sac; without imaging guidance                                                                                                                                                                                                                                                                                                                |
| ArkBCBS UM                                                               | Epidural injections                       | 62323                                 | Nix Interlaminar Lmbr/Sac; with imaging guidance                                                                                                                                                                                                                                                                                                                   |
| ArkBCBS UM                                                               | Epidural injections                       | 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                           |
| ArkBCBS UM                                                               | Epidural injections                       | 62325                                 | 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; with imaging guidance (ie, fluoroscopy or CT)      |
| ArkBCBS UM                                                               | Epidural injections                       | 62326                                 | 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, lumbar or sacral (caudal); without imaging guidance                      |
| ArkBCBS UM                                                               | Epidural injections                       | 62327                                 | 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, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT) |
| ArkBCBS UM                                                               | Epidural injections                       | 64479                                 | Injection, Anesthetic Agent And/Or Steroid, Transforaminal with imaging guidance, cervical or thoracic, single level                                                                                                                                                                                                                                               |
| ArkBCBS UM                                                               | Epidural injections                       | 64480                                 | Injection, Anesthetic Agent And/Or Steroid, Transforaminal with imaging guidance, cervical or thoracic, each additional                                                                                                                                                                                                                                            |
| ArkBCBS UM                                                               | Epidural injections                       | 64483                                 | Injection, Anesthetic Agent And/Or Steroid, Transforaminal with imaging guidance, lumbar or sacral, single level                                                                                                                                                                                                                                                   |
| ArkBCBS UM                                                               | Epidural injections                       | 64484                                 | Injection, Anesthetic Agent And/Or Steroid, Transforaminal with imaging guidance, cervical or thoracic, each additional                                                                                                                                                                                                                                            |
| ArkBCBS UM                                                               | Epidural injections                       | 62280                                 | Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; subarachnoid                                                                                                                                                                                                                 |
| ArkBCBS UM                                                               | Epidural injections                       | 62281                                 | Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, cervical or thoracic                                                                                                                                                                                               |
| ArkBCBS UM                                                               | Epidural injections                       | 62282                                 | Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, lumbar, sacral (caudal)                                                                                                                                                                                            |

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| Responsible Party      | Category                    | CPT Code | Description                                                                                                                                                                                                                                                                                                                 |
|------------------------|-----------------------------|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ArkBCBS UM             | Epidural injections         | 62292    | Injection procedure for chemonucleolysis, including discography, intervertebral disc, single or multiple levels, lumbar                                                                                                                                                                                                     |
| ArkBCBS UM             | Facet injections            | 02137    | Njx Dx or Tx Agent, Paravertebral Facet joint with ultrasound guidance, cervical or thoracic; single level                                                                                                                                                                                                                  |
| ArkBCBS UM             | Facet injections            | 02147    | Njx Dx or Tx Agent, Paravertebral Facet joint with ultrasound guidance, cervical or thoracic; second level                                                                                                                                                                                                                  |
| ArkBCBS UM             | Facet injections            | 02157    | Njx Dx or Tx Agent, Paravertebral Facet joint with ultrasound guidance, cervical or thoracic; each additional                                                                                                                                                                                                               |
| ArkBCBS UM             | Facet injections            | 02167    | Njx Dx or Tx Agent, Paravertebral Facet joint with ultrasound guidance, lumbar or sacral; single level                                                                                                                                                                                                                      |
| ArkBCBS UM             | Facet injections            | 02177    | Njx Dx or Tx Agent, Paravertebral Facet joint, lumbar or sacral; second level                                                                                                                                                                                                                                               |
| ArkBCBS UM             | Facet injections            | 02187    | Njx Dx or Tx Agent, Paravertebral Facet joint, lumbar or sacral; each additional                                                                                                                                                                                                                                            |
| ArkBCBS UM             | Facet injections            | 64490    | Njx Dx or Tx Agent, Paravertebral Facet joint with ultrasound guidance, cervical or thoracic; single level                                                                                                                                                                                                                  |
| ArkBCBS UM             | Facet injections            | 64491    | Njx Dx or Tx Agent, Paravertebral Facet joint with ultrasound guidance, cervical or thoracic; second level                                                                                                                                                                                                                  |
| ArkBCBS UM             | Facet injections            | 64492    | Njx Dx or Tx Agent, Paravertebral Facet joint with ultrasound guidance, cervical or thoracic; each additional                                                                                                                                                                                                               |
| ArkBCBS UM             | Facet injections            | 64493    | Njx Dx or Tx Agent, Paravertebral Facet joint with ultrasound guidance, lumbar or sacral; single level                                                                                                                                                                                                                      |
| ArkBCBS UM             | Facet injections            | 64494    | Njx Dx or Tx Agent, Paravertebral Facet joint, lumbar or sacral; second level                                                                                                                                                                                                                                               |
| ArkBCBS UM             | Facet injections            | 64495    | Njx Dx or Tx Agent, Paravertebral Facet joint, lumbar or sacral; each additional                                                                                                                                                                                                                                            |
| ArkBCBS UM             | Facet injections            | 64633    | Destruct Neurolytic Agent, Paravertebral Facet Joint Nerve(S), W/ guidance; cervical or thoracic, single facet joint                                                                                                                                                                                                        |
| ArkBCBS UM             | Facet injections            | 64634    | Destruct Neurolytic Agent, Paravertebral Facet Joint Nerve(S), W/ guidance; cervical or thoracic, each additional                                                                                                                                                                                                           |
| ArkBCBS UM             | Facet injections            | 64635    | Destruct By Neurolytic Agent, Paravertebral Facet Joint Nerve, W/ guidance; lumbar or sacral, single facet joint                                                                                                                                                                                                            |
| ArkBCBS UM             | Facet injections            | 64636    | Destruct By Neurolytic Agent, Paravertebral Facet Joint Nerve, W/ guidance; lumbar or sacral, each additional                                                                                                                                                                                                               |
| ArkBCBS UM             | Gender Affirming Procedures | 15734    | Muscle, Myocutaneous, Or Fasciocutaneous Flap; Trunk                                                                                                                                                                                                                                                                        |
| ArkBCBS UM             | Gender Affirming Procedures | 15738    | Muscle, Myocutaneous, Or Fasciocutaneous Flap; Lower Extremity                                                                                                                                                                                                                                                              |
| ArkBCBS UM             | Gender Affirming Procedures | 15750    | Flap; Neurovascular Pedicle                                                                                                                                                                                                                                                                                                 |
| ArkBCBS UM             | Gender Affirming Procedures | 15757    | Free Skin Flap With Microvascular Anastomosis                                                                                                                                                                                                                                                                               |
| ArkBCBS UM             | Gender Affirming Procedures | 15758    | Free Fascial Flap With Microvascular Anastomosis                                                                                                                                                                                                                                                                            |
| ArkBCBS UM             | Gender Affirming Procedures | 53410    | Urethroplasty, 1-stage reconstruction of male anterior urethra                                                                                                                                                                                                                                                              |
| ArkBCBS UM             | Gender Affirming Procedures | 53430    | Urethroplasty, Reconstruction Of Female Urethra                                                                                                                                                                                                                                                                             |
| ArkBCBS UM             | Gender Affirming Procedures | 54125    | Amputation Of Penis; Complete                                                                                                                                                                                                                                                                                               |
| ArkBCBS UM             | Gender Affirming Procedures | 54520    | Orchiectomy, Simple (Including Subcapsular), With Or Without Testicula                                                                                                                                                                                                                                                      |
| ArkBCBS UM             | Gender Affirming Procedures | 54660    | Insertion Of Testicular Prosthesis (Separate Procedure)                                                                                                                                                                                                                                                                     |
| ArkBCBS UM             | Gender Affirming Procedures | 54690    | Laparoscopy, Surgical; Orchiectomy                                                                                                                                                                                                                                                                                          |
| ArkBCBS UM             | Gender Affirming Procedures | 55180    | Scrotoplasty; Complicated                                                                                                                                                                                                                                                                                                   |
| ArkBCBS UM             | Gender Affirming Procedures | 55970    | Intersex Surgery; Male To Female                                                                                                                                                                                                                                                                                            |
| ArkBCBS UM             | Gender Affirming Procedures | 55980    | Intersex Surgery; Female To Male                                                                                                                                                                                                                                                                                            |
| ArkBCBS UM             | Gender Affirming Procedures | 56625    | Vulvectomy Simple; Complete                                                                                                                                                                                                                                                                                                 |
| ArkBCBS UM             | Gender Affirming Procedures | 56800    | Plastic Repair Of Introitus                                                                                                                                                                                                                                                                                                 |
| ArkBCBS UM             | Gender Affirming Procedures | 56805    | Clitoroplasty For Intersex State                                                                                                                                                                                                                                                                                            |
| ArkBCBS UM             | Gender Affirming Procedures | 57110    | Vaginectomy, Complete Removal Of Vaginal Wall;                                                                                                                                                                                                                                                                              |
| ArkBCBS UM             | Gender Affirming Procedures | 57291    | Construction Of Artificial Vagina; Without Graft                                                                                                                                                                                                                                                                            |
| ArkBCBS UM             | Gender Affirming Procedures | 57292    | Construction Of Artificial Vagina; With Graft                                                                                                                                                                                                                                                                               |
| ArkBCBS UM             | Gender Affirming Procedures | 57295    | Revision (Including Removal) Of Prosthetic Vaginal Graft; Vaginal Approach                                                                                                                                                                                                                                                  |
| ArkBCBS UM             | Gender Affirming Procedures | 57296    | Revision (Including Removal) Of Prosthetic Vaginal Graft; Open Abdominal approach                                                                                                                                                                                                                                           |
| ArkBCBS UM             | Gender Affirming Procedures | 57335    | Vaginoplasty For Intersex State                                                                                                                                                                                                                                                                                             |
| ArkBCBS UM             | Gender Affirming Procedures | 57426    | Revision (Including Removal) Of Prosthetic Vaginal Graft, Laparoscopic                                                                                                                                                                                                                                                      |
| <b>Genetic Testing</b> |                             |          |                                                                                                                                                                                                                                                                                                                             |
| ArkBCBS UM             | Genetic Testing             | 0005U    | Oncology (Prostate) Gene Expression Profile By Real-Time Rt-Pcr Of 3 Genes (Erg,Pca3, And Spdef), Urine, Algorithm Reported As Risk Score                                                                                                                                                                                   |
| ArkBCBS UM             | Genetic Testing             | 0022U    | Targeted Genomic Sequence Analysis Panel, Non Small Cell Lung Neoplasia, Dna And Rna Analysis, 23 Genes, Interrogation For Sequence Variants And Rearrangements, Reported As Presence/Absence Of Variants And Associated Therapy(ies) To Consider                                                                           |
| ArkBCBS UM             | Genetic Testing             | 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 Fit3 Mutation And Indication For Or Against The Use Of Midostaurin                                                                                |
| ArkBCBS UM             | Genetic Testing             | 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")                                                          |
| ArkBCBS UM             | Genetic Testing             | 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)                                                                                                                         |
| ArkBCBS UM             | Genetic Testing             | 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                                                                                      |
| ArkBCBS UM             | Genetic Testing             | 0040U    | BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis, major breakpoint, quantitative                                                                                                                                                                                                                |
| ArkBCBS UM             | Genetic Testing             | 0058U    | Oncology (Merkel Cell Carcinoma), Detection Of Antibodies To The Merkel Cell Polyoma Virus Oncoprotein (Small T Antigen), Serum, Quantitative                                                                                                                                                                               |
| ArkBCBS UM             | Genetic Testing             | 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)                                                    |
| ArkBCBS UM             | Genetic Testing             | 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)                                                                                                                                           |
| ArkBCBS UM             | Genetic Testing             | 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)                                                                                                      |
| ArkBCBS UM             | Genetic Testing             | 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                                                                                                                                                             |
| ArkBCBS UM             | Genetic Testing             | 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)                                                              |
| ArkBCBS UM             | Genetic Testing             | 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)                                                                                                                                            |
| ArkBCBS UM             | Genetic Testing             | 0155U    | PIK3CA(Phosphatidylinositol 4,5 Bisphosphate 3 Kinase, Catalytic Subunit Alpha) (Eg, Breast Cancer) Gene Analysis (ie,P.C420R, P.E542K, P.E545A, P.E545D [G.1635G>T Only], P.E545G, P.E545K, P.Q546E, P.Q546R, P.H1047L, P.H1047R, P.H1047Y)                                                                                |
| ArkBCBS UM             | Genetic Testing             | 0156U    | Copy Number (Eg, Intellectual Disability, Dysmorphology), Sequence Analysis                                                                                                                                                                                                                                                 |
| ArkBCBS UM             | Genetic Testing             | 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 |
| ArkBCBS UM             | Genetic Testing             | 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                                                                                                                  |
| ArkBCBS UM             | Genetic Testing             | 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)                                                |
| ArkBCBS UM             | Genetic Testing             | 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                                                                        |
| ArkBCBS UM             | Genetic Testing             | 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                                                                                                            |
| ArkBCBS UM             | Genetic Testing             | 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                                                                                       |
| ArkBCBS UM             | Genetic Testing             | 0253U    | Reproductive medicine (endometrial receptivity analysis), RNA gene expression profile, 238 genes by next-generation sequencing, endometrial tissue, predictive algorithm reported as endometrial window of implantation (eg, pre-receptive, receptive, post-receptive)                                                      |
| ArkBCBS UM             | Genetic Testing             | 0255U    | Andrology (infertility), sperm-capacitation assessment of ganglioside GM1 distribution patterns, fluorescence microscopy, fresh or frozen specimen, reported as percentage of capacitated sperm and probability of generating a pregnancy score                                                                             |
| ArkBCBS UM             | Genetic Testing             | 0268U    | Hematology (atypical hemolytic uremic syndrome [aHUS]), genomic sequence analysis of 15 genes, blood, buccal swab, or amniotic fluid                                                                                                                                                                                        |
| ArkBCBS UM             | Genetic Testing             | 0269U    | Hematology (autosomal dominant congenital thrombocytopenia), genomic sequence analysis of 14 genes, blood, buccal swab, or amniotic fluid                                                                                                                                                                                   |
| ArkBCBS UM             | Genetic Testing             | 0271U    | Hematology (congenital neutropenia), genomic sequence analysis of 23 genes, blood, buccal swab, or amniotic fluid                                                                                                                                                                                                           |
| ArkBCBS UM             | Genetic Testing             | 0273U    | Hematology (genetic hyperfibrinolysis, delayed bleeding), analysis of 9 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                                                          |
| ArkBCBS UM             | Genetic Testing             | 0274U    | Hematology (genetic platelet disorders), genomic sequence analysis of 43 genes, blood, buccal swab, or amniotic fluid                                                                                                                                                                                                       |
| ArkBCBS UM             | Genetic Testing             | 0276U    | Hematology (inherited thrombocytopenia), genomic sequence analysis of 23 genes, blood, buccal swab, or amniotic fluid                                                                                                                                                                                                       |
| ArkBCBS UM             | Genetic Testing             | 0277U    | Hematology (genetic platelet function disorder), genomic sequence analysis of 31 genes, blood, buccal swab, or amniotic fluid                                                                                                                                                                                               |
| ArkBCBS UM             | Genetic Testing             | 81162    | Full Sequence Analysis And Full Duplication/Deletion Analysis                                                                                                                                                                                                                                                               |
| ArkBCBS UM             | Genetic Testing             | 81163    | Brca1 (Brca1, Dna Repair Associated), Brca2 (Brca2, Dna Repair Associated) (Eg, Hereditary Breast And Ovarian Cancer) Gene Analysis; Full Sequence Analysis                                                                                                                                                                 |
| ArkBCBS UM             | Genetic Testing             | 81165    | Brca1 (Brca1, Dna Repair Associated) (Eg, Hereditary Breast And Ovarian Cancer) Gene Analysis; Full Sequence Analysis                                                                                                                                                                                                       |

# Arkansas Medicare Advantage Prior Authorization List



| Responsible Party | Category        | CPT Code | Description                                                                                                                                                                                                              |
|-------------------|-----------------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ArkBCBS UM        | Genetic Testing | 81166    | Brc1 (Brca1, Dna Repair Associated) (Eg, Hereditary Breast And Ovarian Cancer) Gene Analysis; Full Duplication/Deletion Analysis (Ie, Detection Of Large Gene Rearrangements)                                            |
| ArkBCBS UM        | Genetic Testing | 81167    | Brc2 (Brca2, Dna Repair Associated) (Eg, Hereditary Breast And Ovarian Cancer) Gene Analysis; Full Duplication/Deletion Analysis (Ie, Detection Of Large Gene Rearrangements)                                            |
| ArkBCBS UM        | Genetic Testing | 81168    | CCND1/IGH (t(11;14)) (eg, mantle cell lymphoma) translocation analysis, major breakpoint, qualitative and quantitative, if performed                                                                                     |
| ArkBCBS UM        | Genetic Testing | 81170    | ABL1 (ABL proto-oncogene 1, non-receptor tyrosine kinase) (eg, acquired imatinib tyrosine kinase inhibitor resistance), gene analysis, variants in the kinase domain                                                     |
| ArkBCBS UM        | Genetic Testing | 81175    | Asx1 (Additional Sex Combs Like 1, Transcriptional Regulator) (Eg, Myelodysplastic Syndrome, Myeloproliferative Neoplasms, Chronic Myelomonocytic Leukemia), Gene Analysis; Full Gene Sequence                           |
| ArkBCBS UM        | Genetic Testing | 81176    | Asx1 (Additional Sex Combs Like 1, Transcriptional Regulator) (Eg, Myelodysplastic Syndrome, Myeloproliferative Neoplasms, Chronic Myelomonocytic Leukemia), Gene Analysis; Targeted Sequence Analysis (Eg, Exon 12)     |
| ArkBCBS UM        | Genetic Testing | 81191    | NTRK1 (neurotrophic receptor tyrosine kinase 1) (eg, solid tumors) translocation analysis                                                                                                                                |
| ArkBCBS UM        | Genetic Testing | 81192    | NTRK2 (neurotrophic receptor tyrosine kinase 2) (eg, solid tumors) translocation analysis                                                                                                                                |
| ArkBCBS UM        | Genetic Testing | 81193    | NTRK3 (neurotrophic receptor tyrosine kinase 3) (eg, solid tumors) translocation analysis                                                                                                                                |
| ArkBCBS UM        | Genetic Testing | 81194    | NTRK (neurotrophic receptor tyrosine kinase 1, 2, and 3) (eg, solid tumors) translocation analysis                                                                                                                       |
| ArkBCBS UM        | Genetic Testing | 81201    | Apc (Adenomatous Polyposis Coli) (Eg, Familial Adenomatosis Polyposis [FAP], attenuated FAP) gene analysis; full gene sequence                                                                                           |
| ArkBCBS UM        | Genetic Testing | 81202    | Apc (Adenomatous Polyposis Coli) (Eg, Familial Adenomatosis Polyposis [FAP], attenuated FAP) gene analysis; known familial variants                                                                                      |
| ArkBCBS UM        | Genetic Testing | 81203    | Apc (Adenomatous Polyposis Coli) (Eg, Familial Adenomatosis Polyposis [FAP], attenuated FAP) gene analysis; duplication/deletion variants                                                                                |
| ArkBCBS UM        | Genetic Testing | 81206    | BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; major breakpoint, qualitative or quantitative                                                                                              |
| ArkBCBS UM        | Genetic Testing | 81207    | BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; minor breakpoint, qualitative or quantitative                                                                                              |
| ArkBCBS UM        | Genetic Testing | 81210    | Braf (V-Raf Murine Sarcoma Viral Oncogene Homolog B1) (Eg, Colon Cancer)                                                                                                                                                 |
| ArkBCBS UM        | Genetic Testing | 81212    | Brca1, Brca2 (Breast Cancer 1 And 2) (Eg, Hereditary Breast And Ovarian Cancer)                                                                                                                                          |
| ArkBCBS UM        | Genetic Testing | 81215    | Brca1 (Breast Cancer 1) (Eg, Hereditary Breast And Ovarian Cancer) gene analysis; known familial variant                                                                                                                 |
| ArkBCBS UM        | Genetic Testing | 81216    | Brca2 (Breast Cancer 2) (Eg, Hereditary Breast And Ovarian Cancer) gene analysis; full sequence analysis                                                                                                                 |
| ArkBCBS UM        | Genetic Testing | 81217    | Brca2 (Breast Cancer 2) (Eg, Hereditary Breast And Ovarian Cancer) gene analysis; known familial variant                                                                                                                 |
| ArkBCBS UM        | Genetic Testing | 81218    | Cebpa, Gene Analysis, Full Gene Sequence                                                                                                                                                                                 |
| ArkBCBS UM        | Genetic Testing | 81219    | Calr, Gene Analysis, Common Variants In Exon 9                                                                                                                                                                           |
| ArkBCBS UM        | Genetic Testing | 81220    | Cftr (Cystic Fibrosis Transmembrane Conductance Regulator) gene analysis; common variants                                                                                                                                |
| ArkBCBS UM        | Genetic Testing | 81221    | Cftr (Cystic Fibrosis Transmembrane Conductance Regulator) gene analysis; known familial variants                                                                                                                        |
| ArkBCBS UM        | Genetic Testing | 81222    | Cftr (Cystic Fibrosis Transmembrane Conductance Regulator) gene analysis; duplication/deletion variants                                                                                                                  |
| ArkBCBS UM        | Genetic Testing | 81223    | Cftr (Cystic Fibrosis Transmembrane Conductance Regulator) gene analysis; full gene sequence                                                                                                                             |
| ArkBCBS UM        | Genetic Testing | 81225    | Cyp2C19 (Cytochrome P450, Family 2, Subfamily C, Polypeptide 19), gene analysis, common variants                                                                                                                         |
| ArkBCBS UM        | Genetic Testing | 81226    | Cyp2D6 (Cytochrome P450, Family 2, Subfamily D, Polypeptide 6), gene analysis, common variants                                                                                                                           |
| ArkBCBS UM        | Genetic Testing | 81227    | Cyp2C9 (Cytochrome P450, Family 2, Subfamily C, Polypeptide 9), gene analysis, common variants                                                                                                                           |
| ArkBCBS UM        | Genetic Testing | 81228    | Cytogenomic Constitutional (Genome-Wide) Microarray Analysis; Interrogation of genomic regions for variants                                                                                                              |
| ArkBCBS UM        | Genetic Testing | 81229    | Cytogenomic Constitutional, Microarray Analysis; Interrogation of genomic regions for copy number and SNP variants                                                                                                       |
| ArkBCBS UM        | Genetic Testing | 81231    | Cyp3A5 (Cytochrome P450 Family 3 Subfamily A Member 5) (Eg, Drug Metabolism), Gene Analysis, Common Variants (Eg, *2, *3, *4, *5, *6, *7)                                                                                |
| ArkBCBS UM        | Genetic Testing | 81232    | Dpyd (Dihydropyrimidine Dehydrogenase) (Eg, 5 Fluorouracil/5 Fu And Capecitabine Drug Metabolism), Gene Analysis, Common Variant(S) (Eg, *2A, *4, *5, *6)                                                                |
| ArkBCBS UM        | Genetic Testing | 81233    | Btk (Bcr/Tyrosine Kinase) (Eg, Chronic Lymphocytic Leukemia) Gene Analysis, Common Variants (Eg, C481S, C481R, C481F)                                                                                                    |
| ArkBCBS UM        | Genetic Testing | 81235    | Egfr (Epidermal Growth Factor Receptor) (Eg, Non-Small Cell Lung Cancer)                                                                                                                                                 |
| ArkBCBS UM        | Genetic Testing | 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)                                                                    |
| ArkBCBS UM        | Genetic Testing | 81240    | F2 (Prothrombin, Coagulation Factor II) gene analysis, 20210G>A variant                                                                                                                                                  |
| ArkBCBS UM        | Genetic Testing | 81241    | F5 (Coagulation Factor V) (Eg, Hereditary Hypercoagulability) Gene analysis, Leiden variant                                                                                                                              |
| ArkBCBS UM        | Genetic Testing | 81243    | Fmr1 (Fragile X Mental Retardation 1) gene analysis; evaluation to detect abnormal (eg, expanded) alleles                                                                                                                |
| ArkBCBS UM        | Genetic Testing | 81244    | Fmr1 (Fragile X Mental Retardation 1) gene analysis; characterization of alleles                                                                                                                                         |
| ArkBCBS UM        | Genetic Testing | 81245    | Flt3 (Fms-Related Tyrosine Kinase 3) (Eg, Acute Myeloid Leukemia), gene analysis; (ITD) variants                                                                                                                         |
| ArkBCBS UM        | Genetic Testing | 81246    | FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; tyrosine kinase domain (TKD) variants (eg, D835, I836)                                                                                 |
| ArkBCBS UM        | Genetic Testing | 81261    | IGH@ (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); amplified methodology (eg, polymerase chain reaction)                |
| ArkBCBS UM        | Genetic Testing | 81262    | IGH@ (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); direct probe methodology (eg, Southern blot)                         |
| ArkBCBS UM        | Genetic Testing | 81263    | IGH@ (Immunoglobulin heavy chain locus) (eg, leukemia and lymphoma, B-cell), variable region somatic mutation analysis                                                                                                   |
| ArkBCBS UM        | Genetic Testing | 81264    | IGK@ (Immunoglobulin kappa light chain locus) (eg, leukemia and lymphoma, B-cell), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)                                                       |
| ArkBCBS UM        | Genetic Testing | 81270    | JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) gene analysis, p.Val617Phe (V617F) variant                                                                                                                       |
| ArkBCBS UM        | Genetic Testing | 81272    | Kit, Gene Analysis, Targeted Sequence Analysis gene analysis, targeted sequence analysis                                                                                                                                 |
| ArkBCBS UM        | Genetic Testing | 81275    | Kras (V-Ki-Ras2 Kirsten Rat Sarcoma Viral Oncogene) (Eg, Carcinoma) gene analysis; variants in exon 2                                                                                                                    |
| ArkBCBS UM        | Genetic Testing | 81276    | Kras Gene Analysis; Additional Variant(S) (Eg, Codon 61, Codon 146)                                                                                                                                                      |
| ArkBCBS UM        | Genetic Testing | 81277    | Cytogenomic Neoplasia (Genome Wide) Microarray Analysis, Interrogation Of Genomic Regions For Copy Number And Loss Of Heterozygosity Variants For Chromosomal Abnormalities                                              |
| ArkBCBS UM        | Genetic Testing | 81278    | IGH@/BCL2 (t(14;18)) (eg, follicular lymphoma) translocation analysis, major breakpoint region (MBR) and minor cluster region (mcr) breakpoints, qualitative or quantitative                                             |
| ArkBCBS UM        | Genetic Testing | 81279    | JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) targeted sequence analysis (eg, exons 12 and 13)                                                                                                                 |
| ArkBCBS UM        | Genetic Testing | 81287    | Mgmt (O-6-Methylguanine-Dna Methyltransferase) promoter methylation analysis                                                                                                                                             |
| ArkBCBS UM        | Genetic Testing | 81288    | Mlh1 (Mutl Homolog 1, Colon Cancer, Nonpolyposis Type 2) gene analysis; promoter methylation analysis                                                                                                                    |
| ArkBCBS UM        | Genetic Testing | 81292    | Mlh1 (Mutl Homolog 1, Colon Cancer, Nonpolyposis Type 2) gene analysis; full sequence analysis                                                                                                                           |
| ArkBCBS UM        | Genetic Testing | 81293    | Mlh1 (Mutl Homolog 1, Colon Cancer, Nonpolyposis Type 2) gene analysis; known familial variants                                                                                                                          |
| ArkBCBS UM        | Genetic Testing | 81294    | Mlh1 (Mutl Homolog 1, Colon Cancer, Nonpolyposis Type 2) gene analysis; duplication/deletion variants                                                                                                                    |
| ArkBCBS UM        | Genetic Testing | 81295    | Msh2 (Muts Homolog 2, Colon Cancer, Nonpolyposis Type 1) gene analysis; full sequence analysis                                                                                                                           |
| ArkBCBS UM        | Genetic Testing | 81296    | Msh2 (Muts Homolog 2, Colon Cancer, Nonpolyposis Type 1) gene analysis; known familial variants                                                                                                                          |
| ArkBCBS UM        | Genetic Testing | 81297    | Msh2 (Muts Homolog 2, Colon Cancer, Nonpolyposis Type 1) gene analysis; duplication/deletion variants                                                                                                                    |
| ArkBCBS UM        | Genetic Testing | 81298    | Msh6 (Muts Homolog 6 [E. Coli]) (Eg, Hereditary Non-Polyposis Colorectal) gene analysis; full sequence analysis                                                                                                          |
| ArkBCBS UM        | Genetic Testing | 81299    | Msh6 (Muts Homolog 6 [E. Coli]) (Eg, Hereditary Non-Polyposis Colorectal) gene analysis; known familial variants                                                                                                         |
| ArkBCBS UM        | Genetic Testing | 81300    | Msh6 (Muts Homolog 6 [E. Coli]) (Eg, Hereditary Non-Polyposis Colorectal) gene analysis; duplication/deletion variants                                                                                                   |
| ArkBCBS UM        | Genetic Testing | 81301    | Microsatellite Instability Analysis (Eg, Hereditary Non-Polyposis Colo                                                                                                                                                   |
| ArkBCBS UM        | Genetic Testing | 81305    | Myd88 (Myeloid Differentiation Primary Response 88) (Eg, Waldenstrom'S Macroglobulinemia, Lymphoplasmacytic Leukemia) Gene Analysis, P.Leu265Pro (L265P) Variant                                                         |
| ArkBCBS UM        | Genetic Testing | 81306    | Nudt15 (Nudix Hydrolase 15) (Eg, Drug Metabolism) Gene Analysis, Common Variant(S) (Eg, *2, *3, *4, *5, *6)                                                                                                              |
| ArkBCBS UM        | Genetic Testing | 81307    | Palb2 (Partner And Localizer Of Brca2) (Eg, Breast And Pancreatic Cancer) Gene Analysis; Full Gene Sequence                                                                                                              |
| ArkBCBS UM        | Genetic Testing | 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)                                       |
| ArkBCBS UM        | Genetic Testing | 81310    | Npm1 (Nucleophosmin) (Eg, Acute Myeloid Leukemia) Gene Analysis, Exon 12 variants                                                                                                                                        |
| ArkBCBS UM        | Genetic Testing | 81311    | Nras Gene Variants Exon 2&3                                                                                                                                                                                              |
| ArkBCBS UM        | Genetic Testing | 81313    | Pca3/Klk3 (Prostate Cancer Antigen 3 [Non-Protein Coding]/Kallikrein-Related peptidase 3 [prostate specific antigen]) ratio                                                                                              |
| ArkBCBS UM        | Genetic Testing | 81314    | Pdgfra Gene Analysis, Targeted Sequence Analysis                                                                                                                                                                         |
| ArkBCBS UM        | Genetic Testing | 81315    | Pml/Raralpa, (T(15;17)), translocation analysis; common breakpoints, qualitative or quantitative                                                                                                                         |
| ArkBCBS UM        | Genetic Testing | 81316    | Pml/Raralpa, (T(15;17)), translocation analysis; single breakpoint, qualitative or quantitative                                                                                                                          |
| ArkBCBS UM        | Genetic Testing | 81317    | Pms2 (Postmeiotic Segregation Increased 2 [S. Cerevisiae]) gene analysis; full sequence analysis                                                                                                                         |
| ArkBCBS UM        | Genetic Testing | 81318    | Pms2 (Postmeiotic Segregation Increased 2 [S. Cerevisiae]) gene analysis; known familial variants                                                                                                                        |
| ArkBCBS UM        | Genetic Testing | 81319    | Pms2 (Postmeiotic Segregation Increased 2 [S. Cerevisiae]) gene analysis; duplication/deletion variants                                                                                                                  |
| ArkBCBS UM        | Genetic Testing | 81320    | Plg2 (Phospholipase C Gamma 2) (Eg, Chronic Lymphocytic Leukemia) Gene Analysis, Common Variants (Eg, R665W, S707F, L845F)                                                                                               |
| ArkBCBS UM        | Genetic Testing | 81321    | Pten (Phosphatase And Tensin Homolog) gene analysis; full sequence analysis                                                                                                                                              |
| ArkBCBS UM        | Genetic Testing | 81323    | Pten (Phosphatase And Tensin Homolog) gene analysis; duplication/deletion variant                                                                                                                                        |
| ArkBCBS UM        | Genetic Testing | 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 |
| ArkBCBS UM        | Genetic Testing | 81335    | Tpmt (Thiopurine S Methyltransferase) (Eg, Drug Metabolism), Gene Analysis, Common Variants (Eg, *2, *3)                                                                                                                 |

# Arkansas Medicare Advantage Prior Authorization List



| Responsible Party                        | Category                          | CPT Code | Description                                                                                                                                                                                                                                                                   |
|------------------------------------------|-----------------------------------|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ArkBCBS UM                               | Genetic Testing                   | 81338    | MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; common variants (eg, W515A, W515K, W515L, W515R)                                                                                                                           |
| ArkBCBS UM                               | Genetic Testing                   | 81339    | MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; sequence analysis, exon 10                                                                                                                                                 |
| ArkBCBS UM                               | Genetic Testing                   | 81340    | TRB@ (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using amplification methodology (eg, polymerase chain reaction)                                                                        |
| ArkBCBS UM                               | Genetic Testing                   | 81341    | TRB@ (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using direct probe methodology (eg, Southern blot)                                                                                     |
| ArkBCBS UM                               | Genetic Testing                   | 81342    | TRG@ (T cell antigen receptor, gamma) (eg, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)                                                                                                                            |
| ArkBCBS UM                               | Genetic Testing                   | 81345    | Tert (Telomerase Reverse Transcriptase) (Eg, Thyroid Carcinoma, Glioblastoma Multiforme) Gene Analysis, Targeted Sequence Analysis (Eg, Promoter Region)                                                                                                                      |
| ArkBCBS UM                               | Genetic Testing                   | 81347    | SF3B1 (splicing factor [3b] subunit B1) (eg, myelodysplastic syndrome/acute myeloid leukemia) gene analysis, common variants (eg, A672T, E622D, L833F, R625C, R625L)                                                                                                          |
| ArkBCBS UM                               | Genetic Testing                   | 81348    | SRSF2 (serine and arginine-rich splicing factor 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, P95H, P95L)                                                                                                                     |
| ArkBCBS UM                               | Genetic Testing                   | 81349    | Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number and loss-of-heterozygosity variants, low-pass sequencing analysis                                                                           |
| ArkBCBS UM                               | Genetic Testing                   | 81350    | Ugt1A1 (Udp Glucuronosyltransferase 1 Family, Polypeptide A1) gene analysis, common variants                                                                                                                                                                                  |
| ArkBCBS UM                               | Genetic Testing                   | 81351    | Tp53 (Tumor Protein 53) (Eg, Li Fraumeni Syndrome) Gene Analysis; Full Gene Sequence                                                                                                                                                                                          |
| ArkBCBS UM                               | Genetic Testing                   | 81352    | TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; targeted sequence analysis (eg, 4 oncology)                                                                                                                                                                 |
| ArkBCBS UM                               | Genetic Testing                   | 81353    | TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; known familial variant                                                                                                                                                                                      |
| ArkBCBS UM                               | Genetic Testing                   | 81355    | Vkorc1 (Vitamin K Epoxide Reductase Complex, Subunit 1) gene analysis, common variant(s)                                                                                                                                                                                      |
| ArkBCBS UM                               | Genetic Testing                   | 81357    | U2AF1 (U2 small nuclear RNA auxiliary factor 1) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, S34F, S34Y, Q157R, Q157P)                                                                                                          |
| ArkBCBS UM                               | Genetic Testing                   | 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)                                                                               |
| ArkBCBS UM                               | Genetic Testing                   | 81403    | Molecular Pathology Procedure, Level 4                                                                                                                                                                                                                                        |
| ArkBCBS UM                               | Genetic Testing                   | 81404    | Molecular Pathology Procedure, Level 5                                                                                                                                                                                                                                        |
| ArkBCBS UM                               | Genetic Testing                   | 81405    | Molecular Pathology Procedure, Level 6                                                                                                                                                                                                                                        |
| ArkBCBS UM                               | Genetic Testing                   | 81406    | Molecular Pathology Procedure, Level 7                                                                                                                                                                                                                                        |
| ArkBCBS UM                               | Genetic Testing                   | 81407    | Molecular Pathology Procedure, Level 8                                                                                                                                                                                                                                        |
| ArkBCBS UM                               | Genetic Testing                   | 81408    | Molecular Pathology Procedure, Level 9                                                                                                                                                                                                                                        |
| ArkBCBS UM                               | Genetic Testing                   | 81412    | Ashkenazi Jewish Assoc Dis, Genomic Sequence Gene Analys (>=9 Genes)                                                                                                                                                                                                          |
| ArkBCBS UM                               | Genetic Testing                   | 81413    | Car Ion Chnlnpth Inc 10 Gns                                                                                                                                                                                                                                                   |
| ArkBCBS UM                               | Genetic Testing                   | 81414    | Car Ion Chnlnpth Inc 2 Gns                                                                                                                                                                                                                                                    |
| ArkBCBS UM                               | Genetic Testing                   | 81415    | Exome (Eg, Unexplained Constitutional Or Heritable Disorder Or Syndrome); sequence analysis                                                                                                                                                                                   |
| ArkBCBS UM                               | Genetic Testing                   | 81416    | Exome (Unexplained Constitutional Or Heritable Disorder Or Syndrome) sequence analysis, each comparator exome                                                                                                                                                                 |
| ArkBCBS UM                               | Genetic Testing                   | 81417    | Exome (Eg, Unexplained Constitutional Or Heritable Disorder Or Syndrome); re-evaluation of previous sequence                                                                                                                                                                  |
| ArkBCBS UM                               | Genetic Testing                   | 81420    | Fetal Chromosomal Aneuploidy (Eg, Trisomy 21, Monosomy X) analysis, must include chromosomes 13, 18, and 21                                                                                                                                                                   |
| ArkBCBS UM                               | Genetic Testing                   | 81432    | Hered Brst Ca-Related Dsordrs, Genomic Sequence Gene Analys (>=14 Genes)                                                                                                                                                                                                      |
| ArkBCBS UM                               | Genetic Testing                   | 81433    | Hrdtry Brst Ca-Related Dsordrs, Duplication/Deletion Gene Analysis                                                                                                                                                                                                            |
| ArkBCBS UM                               | Genetic Testing                   | 81435    | Hereditary Colon Cancer, panel at least 10 gns (APC, BMPR1A, CDH1, MLH1, MSH2, MSH6, MUTYH, PTEN, SMAD4, STK11)                                                                                                                                                               |
| ArkBCBS UM                               | Genetic Testing                   | 81436    | Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatous polyposis); duplication/deletion analysis panel, must include analysis of at least 5 genes, including MLH1, MSH2, EPCAM, SMAD4, and STK11               |
| ArkBCBS UM                               | Genetic Testing                   | 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                                     |
| ArkBCBS UM                               | Genetic Testing                   | 81439    | Hereditary cardiomyopathy (eg, hypertrophic cardiomyopathy, dilated cardiomyopathy, arrhythmogenic right ventricular cardiomyopathy), genomic sequence analysis panel, must include sequencing of at least 5 cardiomyopathy-related genes (eg, DSG2, MYBPC3, MYH7, PKP2, TTN) |
| ArkBCBS UM                               | Genetic Testing                   | 81450    | Targeted Genomic Sequence Analysis Panel, Hematolymphoid Neoplasm DNA analysis, and RNA analysis when performed, 5-50 genes                                                                                                                                                   |
| ArkBCBS UM                               | Genetic Testing                   | 81479    | Unlisted Molecular Pathology Procedure                                                                                                                                                                                                                                        |
| ArkBCBS UM                               | Genetic Testing                   | 81519    | Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 21 genes, utilizing formalin-fixed paraffin embedded tissue                                                                                                                                         |
| ArkBCBS UM                               | Genetic Testing                   | 81520    | Oncology (Breast), Mrna Gene Expression Profiling By Hybrid Capture Of 58 Genes (50 Content And 8 Housekeeping), Utilizing Formalin Fixed Paraffin Embedded Tissue                                                                                                            |
| ArkBCBS UM                               | Genetic Testing                   | 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                            |
| ArkBCBS UM                               | Genetic Testing                   | 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                                                                       |
| ArkBCBS UM                               | Genetic Testing                   | 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)                                                                                                     |
| ArkBCBS UM                               | Genetic Testing                   | 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                                     |
| ArkBCBS UM                               | Genetic Testing                   | 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                               |
| <b>Home Health Care</b>                  |                                   |          |                                                                                                                                                                                                                                                                               |
| ArkBCBS UM                               | Home Health Care                  | 99506    | Home visit for intramuscular injections                                                                                                                                                                                                                                       |
| ArkBCBS UM                               | Home Health Care                  | 99507    | Home visit for care and maintenance of catheter(s) (eg, urinary, drainage, and enteral)                                                                                                                                                                                       |
| <b>Hyperbaric Oxygen Treatment</b>       |                                   |          |                                                                                                                                                                                                                                                                               |
| ArkBCBS UM                               | Hyperbaric Oxygen Treatment       | G0277    | Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval                                                                                                                                                                                                   |
| ArkBCBS UM                               | Hyperbaric Oxygen Treatment       | 99183    | Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session                                                                                                                                                    |
| <b>Incontinence Services and Devices</b> |                                   |          |                                                                                                                                                                                                                                                                               |
| ArkBCBS UM                               | Incontinence Services and Devices | 53451    | Periurethral transperineal adjustable balloon continence device; bilateral insertion, including cystourethroscopy and imaging guidance                                                                                                                                        |
| ArkBCBS UM                               | Incontinence Services and Devices | 53452    | Periurethral transperineal adjustable balloon continence device; unilateral insertion, including cystourethroscopy and imaging guidance                                                                                                                                       |
| ArkBCBS UM                               | Incontinence Services and Devices | 53453    | Periurethral transperineal adjustable balloon continence device; removal, each balloon                                                                                                                                                                                        |
| ArkBCBS UM                               | Incontinence Services and Devices | 53454    | Periurethral transperineal adjustable balloon continence device; percutaneous adjustment of balloon(s) fluid volume                                                                                                                                                           |
| ArkBCBS UM                               | Incontinence Services and Devices | L8603    | Injectable bulking agent, collagen implant, urinary tract, 2.5 ml syringe, includes shipping and necessary supplies                                                                                                                                                           |
| ArkBCBS UM                               | Incontinence Services and Devices | L8605    | Injectable bulking agent, dextranomer/hyaluronic acid copolymer implant, anal canal, 1 ml, includes shipping and necessary supplies                                                                                                                                           |
| ArkBCBS UM                               | Incontinence Services and Devices | L8606    | Injectable bulking agent, synthetic implant, urinary tract, 1 ml syringe, includes shipping and necessary supplies                                                                                                                                                            |
| <b>Neurostimulators</b>                  |                                   |          |                                                                                                                                                                                                                                                                               |
| ArkBCBS UM                               | Neurostimulators                  | 61860    | Craniectomy or craniotomy for implantation of neurostimulator electrodes, cerebral, cortical                                                                                                                                                                                  |
| ArkBCBS UM                               | Neurostimulators                  | 61885    | Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array                                                                                                                    |
| ArkBCBS UM                               | Neurostimulators                  | 61886    | Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to 2 or more electrode arrays                                                                                                                  |
| ArkBCBS UM                               | Neurostimulators                  | 61888    | Revision or removal of cranial neurostimulator pulse generator or receiver                                                                                                                                                                                                    |
| ArkBCBS UM                               | Neurostimulators                  | 63650    | Percutaneous implantation of neurostimulator electrode array, epidural                                                                                                                                                                                                        |
| ArkBCBS UM                               | Neurostimulators                  | 64553    | Percutaneous implantation of neurostimulator electrode array; cranial nerve                                                                                                                                                                                                   |
| ArkBCBS UM                               | Neurostimulators                  | 64568    | Open implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator                                                                                                                                                                      |

# Arkansas Medicare Advantage Prior Authorization List



| Responsible Party            | Category                | CPT Code | Description                                                                                                                                                                                                                                                                                                                                                           |
|------------------------------|-------------------------|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ArkBCBS UM                   | Neurostimulators        | 64569    | Revision or replacement of cranial nerve (e.g. vagus nerve) neurostimulator electrode array, including connection to existing pulse generator                                                                                                                                                                                                                         |
| ArkBCBS UM                   | Neurostimulators        | 64582    | Open implantation of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array                                                                                                                                                                                                                             |
| <b>Orthopedic Surgeries</b>  |                         |          |                                                                                                                                                                                                                                                                                                                                                                       |
| ArkBCBS UM                   | Orthopedic surgeries    | 02007    | Percutaneous Sacral Augmentation (Sacroplasty), Unilateral Injections                                                                                                                                                                                                                                                                                                 |
| ArkBCBS UM                   | Orthopedic surgeries    | 02011    | Percutaneous Sacral Augmentation (Sacroplasty), Bilateral Injections                                                                                                                                                                                                                                                                                                  |
| ArkBCBS UM                   | Orthopedic surgeries    | 22206    | Osteotomy Of Spine, Posterior Or Posterolateral Approach, 3 Columns, 1 segment, thoracic                                                                                                                                                                                                                                                                              |
| ArkBCBS UM                   | Orthopedic surgeries    | 22207    | Osteotomy Of Spine, Posterior Or Posterolateral Approach, 3 Columns, 1 segment, lumbar                                                                                                                                                                                                                                                                                |
| ArkBCBS UM                   | Orthopedic surgeries    | 22208    | Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); each additional vertebral segment (List separately in addition to code for primary procedure)                                                                                                                                      |
| ArkBCBS UM                   | Orthopedic surgeries    | 22210    | Osteotomy Of Spine, Posterior Or Posterolateral Approach, 1 Vertebral segment, cervical                                                                                                                                                                                                                                                                               |
| ArkBCBS UM                   | Orthopedic surgeries    | 22212    | Osteotomy Of Spine, Posterior Or Posterolateral Approach, 1 Vertebral segment, thoracic                                                                                                                                                                                                                                                                               |
| ArkBCBS UM                   | Orthopedic surgeries    | 22214    | Osteotomy Of Spine, Posterior Or Posterolateral Approach, 1 Vertebral segment, lumbar                                                                                                                                                                                                                                                                                 |
| ArkBCBS UM                   | Orthopedic surgeries    | 22216    | Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; each additional vertebral segment (List separately in addition to primary procedure)                                                                                                                                                                                                   |
| ArkBCBS UM                   | Orthopedic surgeries    | 22220    | Osteotomy Of Spine, Including Discectomy, Anterior Approach, Single Vertebral segment, cervical                                                                                                                                                                                                                                                                       |
| ArkBCBS UM                   | Orthopedic surgeries    | 22222    | Osteotomy Of Spine, Including Discectomy, Anterior Approach, Single Vertebral segment, thoracic                                                                                                                                                                                                                                                                       |
| ArkBCBS UM                   | Orthopedic surgeries    | 22224    | Osteotomy Of Spine, Including Discectomy, Anterior Approach, Single Vertebral segment, lumbar                                                                                                                                                                                                                                                                         |
| ArkBCBS UM                   | Orthopedic surgeries    | 22226    | Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure)                                                                                                                                                                                  |
| ArkBCBS UM                   | Orthopedic surgeries    | 27412    | Autologous Chondrocyte Implantation, Knee                                                                                                                                                                                                                                                                                                                             |
| ArkBCBS UM                   | Orthopedic surgeries    | 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                                                                                                                                                                      |
| ArkBCBS UM                   | Orthopedic surgeries    | 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                                                                                                                                          |
| ArkBCBS UM                   | Orthopedic surgeries    | 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)                                                                                                                                                                                      |
| ArkBCBS UM                   | Orthopedic surgeries    | 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                                                                                                                                                                 |
| ArkBCBS UM                   | Orthopedic surgeries    | 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                                                                                                                                                                   |
| ArkBCBS UM                   | Orthopedic surgeries    | 63020    | Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical                                                                                                                                                                               |
| ArkBCBS UM                   | Orthopedic surgeries    | 63030    | Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar                                                                                                                                                                                 |
| ArkBCBS UM                   | Orthopedic surgeries    | 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)                                                                                           |
| ArkBCBS UM                   | Orthopedic surgeries    | 63040    | Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; cervical                                                                                                                                                           |
| ArkBCBS UM                   | Orthopedic surgeries    | 63042    | Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar                                                                                                                                                             |
| ArkBCBS UM                   | Orthopedic surgeries    | 64510    | Injection, anesthetic agent; stellate ganglion (cervical sympathetic)                                                                                                                                                                                                                                                                                                 |
| ArkBCBS UM                   | Orthopedic surgeries    | 64520    | Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)                                                                                                                                                                                                                                                                                           |
| ArkBCBS UM                   | Orthopedic surgeries    | 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 |
| <b>Reproductive Medicine</b> |                         |          |                                                                                                                                                                                                                                                                                                                                                                       |
| ArkBCBS UM                   | Reproductive Medicine   | 55870    | Electroejaculation                                                                                                                                                                                                                                                                                                                                                    |
| ArkBCBS UM                   | Reproductive Medicine   | 55400    | Vasovasostomy, vasovasorrhaphy                                                                                                                                                                                                                                                                                                                                        |
| ArkBCBS UM                   | Reproductive Medicine   | 89240    | Unlisted miscellaneous pathology test                                                                                                                                                                                                                                                                                                                                 |
| ArkBCBS UM                   | Reproductive Medicine   | 89250    | Culture of oocyte(s)/embryo(s), less than 4 days;                                                                                                                                                                                                                                                                                                                     |
| ArkBCBS UM                   | Reproductive Medicine   | 89251    | Culture of oocyte(s)/embryo(s), less than 4 days; with co-culture of oocyte(s)/embryos                                                                                                                                                                                                                                                                                |
| ArkBCBS UM                   | Reproductive Medicine   | 89253    | Assisted embryo hatching, microtechniques (any method)                                                                                                                                                                                                                                                                                                                |
| ArkBCBS UM                   | Reproductive Medicine   | 89254    | Oocyte identification from follicular fluid                                                                                                                                                                                                                                                                                                                           |
| ArkBCBS UM                   | Reproductive Medicine   | 89255    | Preparation of embryo for transfer (any method)                                                                                                                                                                                                                                                                                                                       |
| ArkBCBS UM                   | Reproductive Medicine   | 89257    | Sperm identification from aspiration (other than seminal fluid)                                                                                                                                                                                                                                                                                                       |
| ArkBCBS UM                   | Reproductive Medicine   | 89258    | Cryopreservation; embryo(s)                                                                                                                                                                                                                                                                                                                                           |
| ArkBCBS UM                   | Reproductive Medicine   | 89259    | Cryopreservation; sperm                                                                                                                                                                                                                                                                                                                                               |
| ArkBCBS UM                   | Reproductive Medicine   | 89260    | Sperm isolation; simple prep (eg, sperm wash and swim-up) for insemination or diagnosis with semen analysis                                                                                                                                                                                                                                                           |
| ArkBCBS UM                   | Reproductive Medicine   | 89261    | Sperm isolation; complex prep (eg, Percoll gradient, albumin gradient) for insemination or diagnosis with semen analysis                                                                                                                                                                                                                                              |
| ArkBCBS UM                   | Reproductive Medicine   | 89264    | Sperm identification from testis tissue, fresh or cryopreserved                                                                                                                                                                                                                                                                                                       |
| ArkBCBS UM                   | Reproductive Medicine   | 89268    | Insemination of oocytes                                                                                                                                                                                                                                                                                                                                               |
| ArkBCBS UM                   | Reproductive Medicine   | 89272    | Extended culture of oocyte(s)/embryo(s), 4-7 days                                                                                                                                                                                                                                                                                                                     |
| ArkBCBS UM                   | Reproductive Medicine   | 89280    | Assisted oocyte fertilization, microtechnique; less than or equal to 10 oocytes                                                                                                                                                                                                                                                                                       |
| ArkBCBS UM                   | Reproductive Medicine   | 89281    | Assisted oocyte fertilization, microtechnique; greater than 10 oocytes                                                                                                                                                                                                                                                                                                |
| ArkBCBS UM                   | Reproductive Medicine   | 89290    | Biopsy, oocyte polar body or embryo blastomere, microtechnique (for pre-implantation genetic diagnosis); less than or equal to 5 embryos                                                                                                                                                                                                                              |
| ArkBCBS UM                   | Reproductive Medicine   | 89291    | Biopsy, oocyte polar body or embryo blastomere, microtechnique (for pre-implantation genetic diagnosis); greater than 5 embryos                                                                                                                                                                                                                                       |
| ArkBCBS UM                   | Reproductive Medicine   | 89300    | Semen analysis; presence and/or motility of sperm including Huhner test (post coital)                                                                                                                                                                                                                                                                                 |
| ArkBCBS UM                   | Reproductive Medicine   | 89310    | Semen analysis; motility and count (not including Huhner test)                                                                                                                                                                                                                                                                                                        |
| ArkBCBS UM                   | Reproductive Medicine   | 89320    | Semen analysis; volume, count, motility, and differential                                                                                                                                                                                                                                                                                                             |
| ArkBCBS UM                   | Reproductive Medicine   | 89321    | Semen analysis; sperm presence and motility of sperm, if performed                                                                                                                                                                                                                                                                                                    |
| ArkBCBS UM                   | Reproductive Medicine   | 89322    | Semen analysis; volume, count, motility, and differential using strict morphologic criteria (eg, Kruger)                                                                                                                                                                                                                                                              |
| ArkBCBS UM                   | Reproductive Medicine   | 89329    | Sperm evaluation, for retrograde ejaculation, urine (sperm concentration, motility, and morphology, as indicated)                                                                                                                                                                                                                                                     |
| ArkBCBS UM                   | Reproductive Medicine   | 89330    | Sperm evaluation; cervical mucus penetration test, with or without spinnbarkeit test                                                                                                                                                                                                                                                                                  |
| ArkBCBS UM                   | Reproductive Medicine   | 89331    | Sperm evaluation, for retrograde ejaculation, urine (sperm concentration, motility, and morphology, as indicated)                                                                                                                                                                                                                                                     |
| ArkBCBS UM                   | Reproductive Medicine   | 89335    | Cryopreservation, reproductive tissue, testicular                                                                                                                                                                                                                                                                                                                     |
| ArkBCBS UM                   | Reproductive Medicine   | 89337    | Cryopreservation, mature oocyte(s)                                                                                                                                                                                                                                                                                                                                    |
| ArkBCBS UM                   | Reproductive Medicine   | 89342    | Storage (per year); embryo(s)                                                                                                                                                                                                                                                                                                                                         |
| ArkBCBS UM                   | Reproductive Medicine   | 89343    | Storage (per year); sperm/semen                                                                                                                                                                                                                                                                                                                                       |
| ArkBCBS UM                   | Reproductive Medicine   | 89344    | Storage (per year); reproductive tissue, testicular/ovarian                                                                                                                                                                                                                                                                                                           |
| ArkBCBS UM                   | Reproductive Medicine   | 89346    | Storage (per year); oocyte(s)                                                                                                                                                                                                                                                                                                                                         |
| ArkBCBS UM                   | Reproductive Medicine   | 89352    | Thawing of cryopreserved; embryo(s)                                                                                                                                                                                                                                                                                                                                   |
| ArkBCBS UM                   | Reproductive Medicine   | 89353    | Thawing of cryopreserved; sperm/semen, each aliquot                                                                                                                                                                                                                                                                                                                   |
| ArkBCBS UM                   | Reproductive Medicine   | 89354    | Thawing of cryopreserved; reproductive tissue, testicular/ovarian                                                                                                                                                                                                                                                                                                     |
| ArkBCBS UM                   | Reproductive Medicine   | 89356    | Thawing of cryopreserved; oocytes, each aliquot                                                                                                                                                                                                                                                                                                                       |
| ArkBCBS UM                   | Reproductive Medicine   | 89398    | Unlisted reproductive medicine laboratory procedure                                                                                                                                                                                                                                                                                                                   |
| ArkBCBS UM                   | Reproductive Medicine   | 58321    | Artificial insemination; intra-cervical                                                                                                                                                                                                                                                                                                                               |
| ArkBCBS UM                   | Reproductive Medicine   | 58322    | Artificial insemination; intra-uterine                                                                                                                                                                                                                                                                                                                                |
| ArkBCBS UM                   | Reproductive Medicine   | 58323    | Sperm washing for artificial insemination                                                                                                                                                                                                                                                                                                                             |
| ArkBCBS UM                   | Reproductive Medicine   | 58340    | Catheterization and introduction of saline or contrast material for saline infusion sonohysterography (SIS) or hysterosalpingography                                                                                                                                                                                                                                  |
| ArkBCBS UM                   | Reproductive Medicine   | 58970    | Follicle puncture for oocyte retrieval, any method                                                                                                                                                                                                                                                                                                                    |
| ArkBCBS UM                   | Reproductive Medicine   | 58974    | Embryo transfer, intrauterine                                                                                                                                                                                                                                                                                                                                         |
| ArkBCBS UM                   | Reproductive Medicine   | 58976    | Gamete, zygote, or embryo intrafallopian transfer, any method                                                                                                                                                                                                                                                                                                         |
| ArkBCBS UM                   | Reproductive Medicine   | 58999    | Unlisted procedure, female genital system (nonobstetrical)                                                                                                                                                                                                                                                                                                            |
| ArkBCBS UM                   | Reproductive Medicine   | 20912    | Cartilage graft; nasal septum                                                                                                                                                                                                                                                                                                                                         |
| ArkBCBS UM                   | Reproductive Medicine   | 21210    | Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)                                                                                                                                                                                                                                                                                               |
| <b>Reproductive Medicine</b> |                         |          |                                                                                                                                                                                                                                                                                                                                                                       |
| ArkBCBS UM                   | Rhinoplasty/Septoplasty | 30400    | Rhinoplasty, Primary; Lateral And Alar Cartilages And/Or Elevation Of nasal tip                                                                                                                                                                                                                                                                                       |

# Arkansas Medicare Advantage Prior Authorization List



| Responsible Party                   | Category                                | CPT Code | Description                                                                                                                                                                                                                                                                                                            |
|-------------------------------------|-----------------------------------------|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ArkBCBS UM                          | Rhinoplasty/Septoplasty                 | 30410    | Rhinoplasty, Primary; Complete, External Parts Including Bony Pyramid,                                                                                                                                                                                                                                                 |
| ArkBCBS UM                          | Rhinoplasty/Septoplasty                 | 30420    | Rhinoplasty, Primary; Including Major Septal Repair                                                                                                                                                                                                                                                                    |
| ArkBCBS UM                          | Rhinoplasty/Septoplasty                 | 30430    | Rhinoplasty, Secondary; Minor Revision (Small Amount Of Nasal Tip Work                                                                                                                                                                                                                                                 |
| ArkBCBS UM                          | Rhinoplasty/Septoplasty                 | 30435    | Rhinoplasty, Secondary; Intermediate Revision (Bony Work With Osteotom                                                                                                                                                                                                                                                 |
| ArkBCBS UM                          | Rhinoplasty/Septoplasty                 | 30450    | Rhinoplasty, Secondary; Major Revision (Nasal Tip Work And Osteotomies                                                                                                                                                                                                                                                 |
| ArkBCBS UM                          | Rhinoplasty/Septoplasty                 | 30460    | Rhinoplasty For Nasal Deformity Secondary To Congenital Cleft Lip And/                                                                                                                                                                                                                                                 |
| ArkBCBS UM                          | Rhinoplasty/Septoplasty                 | 30462    | Rhinoplasty For Nasal Deformity Secondary To Congenital Cleft Lip And/                                                                                                                                                                                                                                                 |
| ArkBCBS UM                          | Rhinoplasty/Septoplasty                 | 30465    | Repair Of Nasal Vestibular Stenosis (Eg, Spreader Grafting, Lateral Na                                                                                                                                                                                                                                                 |
| ArkBCBS UM                          | Rhinoplasty/Septoplasty                 | 30468    | Repair of nasal valve collapse with subcutaneous/submucosal lateral wall implant(s)                                                                                                                                                                                                                                    |
| ArkBCBS UM                          | Rhinoplasty/Septoplasty                 | 30520    | Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft                                                                                                                                                                                                            |
| <b>Spinal Fusion, Decompression</b> |                                         |          |                                                                                                                                                                                                                                                                                                                        |
| ArkBCBS UM                          | Spinal fusion, decompression            | 0095T    | Removal Of Total Disc Arthroplasty (Artificial Disc), Anterior Approac                                                                                                                                                                                                                                                 |
| ArkBCBS UM                          | Spinal fusion, decompression            | 0098T    | Revision Including Replacement Of Total Disc Arthroplasty (Artificial                                                                                                                                                                                                                                                  |
| ArkBCBS UM                          | Spinal fusion, decompression            | 22510    | Percutaneous Vertebroplasty (Bone Biopsy Included When Performed), 1 V                                                                                                                                                                                                                                                 |
| ArkBCBS UM                          | Spinal fusion, decompression            | 22511    | Percutaneous Vertebroplasty (Bone Biopsy Included When Performed), 1 V                                                                                                                                                                                                                                                 |
| ArkBCBS UM                          | Spinal fusion, decompression            | 22512    | Percutaneous Vertebroplasty (Bone Biopsy Included When Performed), 1 V                                                                                                                                                                                                                                                 |
| ArkBCBS UM                          | Spinal fusion, decompression            | 22513    | Percutaneous Vertebral Augmentation, Including Cavity Creation (Fractu                                                                                                                                                                                                                                                 |
| ArkBCBS UM                          | Spinal fusion, decompression            | 22514    | Percutaneous Vertebral Augmentation, Including Cavity Creation (Fractu                                                                                                                                                                                                                                                 |
| ArkBCBS UM                          | Spinal fusion, decompression            | 22515    | Percutaneous Vertebral Augmentation, Including Cavity Creation (Fractu                                                                                                                                                                                                                                                 |
| ArkBCBS UM                          | Spinal fusion, decompression            | 22533    | Arthrodesis, Lateral Extracavitary Technique, Including Minimal Discec                                                                                                                                                                                                                                                 |
| ArkBCBS UM                          | Spinal fusion, decompression            | 22534    | Arthrodesis, Lateral Extracavitary Technique, Including Minimal Discec                                                                                                                                                                                                                                                 |
| ArkBCBS UM                          | Spinal fusion, decompression            | 22548    | Arthrodesis, Anterior Transoral Or Extraoral Technique, C1v3-C1-C2 (                                                                                                                                                                                                                                                   |
| ArkBCBS UM                          | Spinal fusion, decompression (cervical) | 22551    | Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctectomy and decompression of spinal cord and/or nerve roots; cervical below C2                                                                                                                                                 |
| ArkBCBS UM                          | Spinal fusion, decompression (cervical) | 22552    | Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace                                                                                                                     |
| ArkBCBS UM                          | Spinal fusion, decompression            | 22554    | Arthrodesis, Anterior Interbody Technique, Including Minimal Discectom                                                                                                                                                                                                                                                 |
| ArkBCBS UM                          | Spinal fusion, decompression            | 22558    | Arthrodesis, Anterior Interbody Technique, Including Minimal Discectom                                                                                                                                                                                                                                                 |
| ArkBCBS UM                          | Spinal fusion, decompression            | 22585    | Arthrodesis, Anterior Interbody Technique, Including Minimal Discectom                                                                                                                                                                                                                                                 |
| ArkBCBS UM                          | Spinal fusion, decompression            | 22590    | Arthrodesis, Posterior Technique, Craniocervical (Occiput-C2)                                                                                                                                                                                                                                                          |
| ArkBCBS UM                          | Spinal fusion, decompression            | 22595    | Arthrodesis, Posterior Technique, Atlas-Axis (C1-C2)                                                                                                                                                                                                                                                                   |
| ArkBCBS UM                          | Spinal fusion, decompression            | 22600    | Arthrodesis, Posterior Or Posterolateral Technique, Single Level; Cerv                                                                                                                                                                                                                                                 |
| ArkBCBS UM                          | Spinal fusion, decompression            | 22610    | Arthrodesis, Posterior Or Posterolateral Technique, Single Level; Thor                                                                                                                                                                                                                                                 |
| ArkBCBS UM                          | Spinal fusion, decompression            | 22612    | Arthrodesis, Posterior Or Posterolateral Technique, Single Level; Lumb                                                                                                                                                                                                                                                 |
| ArkBCBS UM                          | Spinal fusion, decompression            | 22614    | Arthrodesis, Posterior Or Posterolateral Technique, Single Level; Each                                                                                                                                                                                                                                                 |
| ArkBCBS UM                          | Spinal fusion, decompression            | 22630    | Arthrodesis, Posterior Interbody Technique, Including Laminectomy And/                                                                                                                                                                                                                                                 |
| ArkBCBS UM                          | Spinal fusion, decompression            | 22632    | Arthrodesis, Posterior Interbody Technique, Including Laminectomy And/                                                                                                                                                                                                                                                 |
| ArkBCBS UM                          | Spinal fusion, decompression            | 22633    | Arthrodesis, Combined Posterior Or Posterolateral Technique With Poste                                                                                                                                                                                                                                                 |
| ArkBCBS UM                          | Spinal fusion, decompression            | 22634    | Arthrodesis, Combined Posterior Or Posterolateral Technique With Poste                                                                                                                                                                                                                                                 |
| ArkBCBS UM                          | Spinal fusion, decompression            | 22800    | Arthrodesis, Posterior, For Spinal Deformity, With Or Without Cast; Up                                                                                                                                                                                                                                                 |
| ArkBCBS UM                          | Spinal fusion, decompression            | 22802    | Arthrodesis, Posterior, For Spinal Deformity, With Or Without Cast; 7                                                                                                                                                                                                                                                  |
| ArkBCBS UM                          | Spinal fusion, decompression            | 22804    | Arthrodesis, Posterior, For Spinal Deformity, With Or Without Cast; 13                                                                                                                                                                                                                                                 |
| ArkBCBS UM                          | Spinal fusion, decompression            | 22808    | Arthrodesis, Anterior, For Spinal Deformity, With Or Without Cast; 2 T                                                                                                                                                                                                                                                 |
| ArkBCBS UM                          | Spinal fusion, decompression            | 22810    | Arthrodesis, Anterior, For Spinal Deformity, With Or Without Cast; 4 T                                                                                                                                                                                                                                                 |
| ArkBCBS UM                          | Spinal fusion, decompression            | 22812    | Arthrodesis, Anterior, For Spinal Deformity, With Or Without Cast; 8 O                                                                                                                                                                                                                                                 |
| ArkBCBS UM                          | Spinal fusion, decompression            | 22818    | Kyphectomy, Circumferential Exposure Of Spine And Resection Of Vertebr                                                                                                                                                                                                                                                 |
| ArkBCBS UM                          | Spinal fusion, decompression            | 22819    | Kyphectomy, Circumferential Exposure Of Spine And Resection Of Vertebr                                                                                                                                                                                                                                                 |
| ArkBCBS UM                          | Spinal fusion, decompression            | 22830    | Exploration Of Spinal Fusion                                                                                                                                                                                                                                                                                           |
| ArkBCBS UM                          | Spinal fusion, decompression            | 22840    | Posterior Non-Segmental Instrumentation (Eg, Harrington Rod Technique,                                                                                                                                                                                                                                                 |
| ArkBCBS UM                          | Spinal fusion, decompression            | 22841    | Internal Spinal Fixation By Wiring Of Spinous Processes (List Separate                                                                                                                                                                                                                                                 |
| ArkBCBS UM                          | Spinal fusion, decompression            | 22842    | Posterior Segmental Instrumentation (Eg, Pedicle Fixation, Dual Rods W                                                                                                                                                                                                                                                 |
| ArkBCBS UM                          | Spinal fusion, decompression            | 22843    | Posterior Segmental Instrumentation (Eg, Pedicle Fixation, Dual Rods W                                                                                                                                                                                                                                                 |
| ArkBCBS UM                          | Spinal fusion, decompression            | 22844    | Posterior Segmental Instrumentation (Eg, Pedicle Fixation, Dual Rods W                                                                                                                                                                                                                                                 |
| ArkBCBS UM                          | Spinal fusion, decompression            | 22845    | Anterior Instrumentation; 2 To 3 Vertebral Segments (List Separately I                                                                                                                                                                                                                                                 |
| ArkBCBS UM                          | Spinal fusion, decompression            | 22846    | Anterior Instrumentation; 4 To 7 Vertebral Segments (List Separately I                                                                                                                                                                                                                                                 |
| ArkBCBS UM                          | Spinal fusion, decompression            | 22847    | Anterior Instrumentation; 8 Or More Vertebral Segments (List Separatel                                                                                                                                                                                                                                                 |
| ArkBCBS UM                          | Spinal fusion, decompression            | 22848    | Pelvic Fixation (Attachment Of Caudal End Of Instrumentation To Pelvic                                                                                                                                                                                                                                                 |
| ArkBCBS UM                          | Spinal fusion, decompression            | 22849    | Reinsertion Of Spinal Fixation Device                                                                                                                                                                                                                                                                                  |
| ArkBCBS UM                          | Spinal fusion, decompression            | 22853    | Insj Biomechanical Device                                                                                                                                                                                                                                                                                              |
| ArkBCBS UM                          | Spinal fusion, decompression            | 22854    | Insj Biomechanical Device                                                                                                                                                                                                                                                                                              |
| ArkBCBS UM                          | Spinal fusion, decompression            | 22856    | Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Includin                                                                                                                                                                                                                                                 |
| ArkBCBS UM                          | Spinal fusion, decompression            | 22857    | Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Includin                                                                                                                                                                                                                                                 |
| ArkBCBS UM                          | Spinal fusion, decompression            | 22858    | Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Includin                                                                                                                                                                                                                                                 |
| ArkBCBS UM                          | Spinal fusion, decompression            | 22859    | Insj Biomechanical Device                                                                                                                                                                                                                                                                                              |
| ArkBCBS UM                          | Spinal fusion, decompression            | 22862    | Revision Including Replacement Of Total Disc Arthroplasty (Artificial                                                                                                                                                                                                                                                  |
| ArkBCBS UM                          | Spinal fusion, decompression            | 22864    | Removal Of Total Disc Arthroplasty (Artificial Disc), Anterior Approac                                                                                                                                                                                                                                                 |
| ArkBCBS UM                          | Spinal fusion, decompression            | 22865    | Removal Of Total Disc Arthroplasty (Artificial Disc), Anterior Approac                                                                                                                                                                                                                                                 |
| ArkBCBS UM                          | Spinal fusion, decompression            | 27279    | Arthrodesis, Sacroiliac Joint, Percutaneous Or Minimally Invasive (Ind                                                                                                                                                                                                                                                 |
| ArkBCBS UM                          | Spinal fusion, decompression            | 63043    | Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Inc                                                                                                                                                                                                                                                 |
| ArkBCBS UM                          | Spinal fusion, decompression            | 63044    | Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Inc                                                                                                                                                                                                                                                 |
| ArkBCBS UM                          | Spinal fusion, decompression            | 63045    | Laminectomy, Facetectomy And Foraminotomy (Unilateral Or Bilateral Wit                                                                                                                                                                                                                                                 |
| ArkBCBS UM                          | Spinal fusion, decompression            | 63047    | Laminectomy, Facetectomy And Foraminotomy (Unilateral Or Bilateral Wit                                                                                                                                                                                                                                                 |
| ArkBCBS UM                          | Spinal fusion, decompression            | 63048    | Laminectomy, Facetectomy And Foraminotomy (Unilateral Or Bilateral Wit                                                                                                                                                                                                                                                 |
| ArkBCBS UM                          | Spinal fusion, decompression            | 63050    | Laminoplasty, Cervical, With Decompression Of The Spinal Cord, 2 Or Mo                                                                                                                                                                                                                                                 |
| ArkBCBS UM                          | Spinal fusion, decompression            | 63051    | Laminoplasty, Cervical, With Decompression Of The Spinal Cord, 2 Or Mo                                                                                                                                                                                                                                                 |
| ArkBCBS UM                          | Spinal fusion, decompression            | 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) |
| ArkBCBS UM                          | Spinal fusion, decompression            | 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)  |
| ArkBCBS UM                          | Spinal fusion, decompression            | 63056    | Transpedicular Approach With Decompression Of Spinal Cord, Equina And/                                                                                                                                                                                                                                                 |
| ArkBCBS UM                          | Spinal fusion, decompression            | 63057    | Transpedicular Approach With Decompression Of Spinal Cord, Equina And/                                                                                                                                                                                                                                                 |
| ArkBCBS UM                          | Spinal fusion, decompression            | 63075    | Discectomy, Anterior, With Decompression Of Spinal Cord And/Or Nerve R                                                                                                                                                                                                                                                 |
| ArkBCBS UM                          | Spinal fusion, decompression            | 63076    | Discectomy, Anterior, With Decompression Of Spinal Cord And/Or Nerve R                                                                                                                                                                                                                                                 |
| ArkBCBS UM                          | Spinal fusion, decompression            | 63081    | Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete,                                                                                                                                                                                                                                                  |
| ArkBCBS UM                          | Spinal fusion, decompression            | 63082    | Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete,                                                                                                                                                                                                                                                  |
| ArkBCBS UM                          | Spinal fusion, decompression            | 63085    | Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete,                                                                                                                                                                                                                                                  |
| ArkBCBS UM                          | Spinal fusion, decompression            | 63086    | Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete,                                                                                                                                                                                                                                                  |
| ArkBCBS UM                          | Spinal fusion, decompression            | 63087    | Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete,                                                                                                                                                                                                                                                  |
| ArkBCBS UM                          | Spinal fusion, decompression            | 63088    | Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete,                                                                                                                                                                                                                                                  |
| ArkBCBS UM                          | Spinal fusion, decompression            | 63090    | Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete,                                                                                                                                                                                                                                                  |
| ArkBCBS UM                          | Spinal fusion, decompression            | 63091    | Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete,                                                                                                                                                                                                                                                  |
| ArkBCBS UM                          | Spinal fusion, decompression            | 63101    | Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete,                                                                                                                                                                                                                                                  |
| ArkBCBS UM                          | Spinal fusion, decompression            | 63102    | Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete,                                                                                                                                                                                                                                                  |
| ArkBCBS UM                          | Spinal fusion, decompression            | 63103    | Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete,                                                                                                                                                                                                                                                  |
| ArkBCBS UM                          | Spinal fusion, decompression            | 63185    | Laminectomy With Rhizotomy; 1 Or 2 Segments                                                                                                                                                                                                                                                                            |
| ArkBCBS UM                          | Spinal fusion, decompression            | 63190    | Laminectomy With Rhizotomy; More Than 2 Segments                                                                                                                                                                                                                                                                       |

# Arkansas Medicare Advantage Prior Authorization List



| Responsible Party              | Category                     | CPT Code | Description                                                                                                                                                                                                                                                      |
|--------------------------------|------------------------------|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ArkBCBS UM                     | Spinal fusion, decompression | 63191    | Laminectomy With Section Of Spinal Accessory Nerve                                                                                                                                                                                                               |
| ArkBCBS UM                     | Spinal fusion, decompression | 63200    | Laminectomy, With Release Of Tethered Spinal Cord, Lumbar                                                                                                                                                                                                        |
| ArkBCBS UM                     | Spinal fusion, decompression | 63252    | Laminectomy For Excision Or Occlusion Of Arteriovenous Malformation Of                                                                                                                                                                                           |
| ArkBCBS UM                     | Spinal fusion, decompression | 63267    | Laminectomy For Excision Or Evacuation Of Intraspinal Lesion Other Than                                                                                                                                                                                          |
| ArkBCBS UM                     | Spinal fusion, decompression | 63272    | Laminectomy For Excision Of Intraspinal Lesion Other Than Neoplasm, In                                                                                                                                                                                           |
| ArkBCBS UM                     | Spinal fusion, decompression | 63277    | Laminectomy For Biopsy/Excision Of Intraspinal Neoplasm; Extradural, L                                                                                                                                                                                           |
| ArkBCBS UM                     | Spinal fusion, decompression | 63282    | Laminectomy For Biopsy/Excision Of Intraspinal Neoplasm; Intradural, E                                                                                                                                                                                           |
| ArkBCBS UM                     | Spinal fusion, decompression | 63287    | Laminectomy For Biopsy/Excision Of Intraspinal Neoplasm; Intradural, I                                                                                                                                                                                           |
| ArkBCBS UM                     | Spinal fusion, decompression | 63290    | Laminectomy For Biopsy/Excision Of Intraspinal Neoplasm; Combined Extr                                                                                                                                                                                           |
| ArkBCBS UM                     | Spinal fusion, decompression | 63301    | Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete,                                                                                                                                                                                            |
| ArkBCBS UM                     | Spinal fusion, decompression | 63302    | Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete,                                                                                                                                                                                            |
| ArkBCBS UM                     | Spinal fusion, decompression | 63303    | Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete,                                                                                                                                                                                            |
| ArkBCBS UM                     | Spinal fusion, decompression | 63305    | Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete,                                                                                                                                                                                            |
| ArkBCBS UM                     | Spinal fusion, decompression | 63306    | Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete,                                                                                                                                                                                            |
| ArkBCBS UM                     | Spinal fusion, decompression | 63307    | Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete,                                                                                                                                                                                            |
| ArkBCBS UM                     | Spinal fusion, decompression | 63308    | Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete,                                                                                                                                                                                            |
| <b>TMJ Surgeries</b>           |                              |          |                                                                                                                                                                                                                                                                  |
| ArkBCBS UM                     | TMJ surgeries                | 21010    | Arthrotomy, Temporomandibular Joint                                                                                                                                                                                                                              |
| ArkBCBS UM                     | TMJ surgeries                | 21050    | Condylectomy, Temporomandibular Joint (Separate Procedure)                                                                                                                                                                                                       |
| ArkBCBS UM                     | TMJ surgeries                | 21060    | Menisectomy, Partial Or Complete, Temporomandibular Joint (Separate Procedure)                                                                                                                                                                                   |
| ArkBCBS UM                     | TMJ surgeries                | 21073    | Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (ie, general or monitored anesthesia care)                                                                                                                        |
| ArkBCBS UM                     | TMJ surgeries                | 21085    | Impression And Custom Preparation; Oral Surgical Splint                                                                                                                                                                                                          |
| ArkBCBS UM                     | TMJ surgeries                | 21116    | Injection Procedure For Temporomandibular Joint Arthrography                                                                                                                                                                                                     |
| ArkBCBS UM                     | TMJ surgeries                | 21240    | Arthroplasty, Temporomandibular Joint, With Or Without Autograft                                                                                                                                                                                                 |
| ArkBCBS UM                     | TMJ surgeries                | 21242    | Arthroplasty, Temporomandibular Joint, With Allograft                                                                                                                                                                                                            |
| ArkBCBS UM                     | TMJ surgeries                | 21243    | Arthroplasty, Temporomandibular Joint, With Prosthetic Joint Replacement                                                                                                                                                                                         |
| ArkBCBS UM                     | TMJ surgeries                | 29800    | Arthroscopy, Temporomandibular Joint, Diagnostic, With Or Without Synovial Biopsy                                                                                                                                                                                |
| ArkBCBS UM                     | TMJ surgeries                | 29804    | Arthroscopy, Temporomandibular Joint, Surgical                                                                                                                                                                                                                   |
| <b>Transplant Surgeries</b>    |                              |          |                                                                                                                                                                                                                                                                  |
| ArkBCBS UM                     | Transplant surgeries         | 0584T    | Islet Cell Transplant, Includes Portal Vein Catheterization And Infusion, Including All Imaging, Including Guidance, And Radiological Supervision And Interpretation, When Performed; Percutaneous                                                               |
| ArkBCBS UM                     | Transplant surgeries         | 0585T    | Islet Cell Transplant, Includes Portal Vein Catheterization And Infusion, Including All Imaging, Including Guidance, And Radiological Supervision And Interpretation, When Performed; Laparoscopic                                                               |
| ArkBCBS UM                     | Transplant surgeries         | 0586T    | Islet Cell Transplant, Includes Portal Vein Catheterization And Infusion, Including All Imaging, Including Guidance, And Radiological Supervision And Interpretation, When Performed; Open                                                                       |
| ArkBCBS UM                     | Transplant surgeries         | 32851    | Lung Transplant, Single; Without Cardiopulmonary Bypass                                                                                                                                                                                                          |
| ArkBCBS UM                     | Transplant surgeries         | 32852    | Lung Transplant, Single; With Cardiopulmonary Bypass                                                                                                                                                                                                             |
| ArkBCBS UM                     | Transplant surgeries         | 32853    | Lung Transplant, Double (Bilateral Sequential Or En Bloc); Without Car                                                                                                                                                                                           |
| ArkBCBS UM                     | Transplant surgeries         | 32854    | Lung Transplant, Double (Bilateral Sequential Or En Bloc); With Cardio                                                                                                                                                                                           |
| ArkBCBS UM                     | Transplant surgeries         | 33927    | Implantation Of A Total Replacement Heart System (Artificial Heart) With Recipient Cardiotomy                                                                                                                                                                    |
| ArkBCBS UM                     | Transplant surgeries         | 33928    | Removal And Replacement Of Total Replacement Heart System (Artificial Heart)                                                                                                                                                                                     |
| ArkBCBS UM                     | Transplant surgeries         | 33929    | Removal Of A Total Replacement Heart System (Artificial Heart) For Heart Transplantation (List Separately In Addition To Code For Primary Procedure)                                                                                                             |
| ArkBCBS UM                     | Transplant surgeries         | 33935    | Heart-Lung Transplant With Recipient Cardiotomy-Pneumonectomy                                                                                                                                                                                                    |
| ArkBCBS UM                     | Transplant surgeries         | 33945    | Heart Transplant, With Or Without Recipient Cardiotomy                                                                                                                                                                                                           |
| ArkBCBS UM                     | Transplant surgeries         | 33975    | Insertion of ventricular assist device; extracorporeal, single ventricle                                                                                                                                                                                         |
| ArkBCBS UM                     | Transplant surgeries         | 33976    | Insertion of ventricular assist device; extracorporeal, biventricular                                                                                                                                                                                            |
| ArkBCBS UM                     | Transplant surgeries         | 33979    | Insertion of ventricular assist device, implantable intracorporeal, single ventricle                                                                                                                                                                             |
| ArkBCBS UM                     | Transplant surgeries         | 33981    | Insertion of ventricular assist device, implantable intracorporeal, single ventricle                                                                                                                                                                             |
| ArkBCBS UM                     | Transplant surgeries         | 33982    | Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, without cardiopulmonary bypass                                                                                                                                   |
| ArkBCBS UM                     | Transplant surgeries         | 33983    | Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, with cardiopulmonary bypass                                                                                                                                      |
| ArkBCBS UM                     | Transplant surgeries         | 33990    | Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; left heart, arterial access only                                                                                                                    |
| ArkBCBS UM                     | Transplant surgeries         | 33991    | Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; left heart, both arterial and venous access, with transeptal puncture                                                                               |
| ArkBCBS UM                     | Transplant surgeries         | 33992    | Removal of percutaneous left heart ventricular assist device, arterial or arterial and venous cannula(s), at separate and distinct session from insertion                                                                                                        |
| ArkBCBS UM                     | Transplant surgeries         | 33993    | Repositioning of percutaneous right or left heart ventricular assist device with imaging guidance at separate and distinct session from insertion                                                                                                                |
| ArkBCBS UM                     | Transplant surgeries         | 33995    | Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; right heart, venous access only                                                                                                                     |
| ArkBCBS UM                     | Transplant surgeries         | 38204    | Management of recipient hematopoietic progenitor cell donor search and cell acquisition                                                                                                                                                                          |
| ArkBCBS UM                     | Transplant surgeries         | 38205    | Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; allogeneic                                                                                                                                                           |
| ArkBCBS UM                     | Transplant surgeries         | 38208    | Transplant Preparation Of Hematopoietic Progenitor Cells; Thawing Of P                                                                                                                                                                                           |
| ArkBCBS UM                     | Transplant surgeries         | 38209    | Transplant Preparation Of Hematopoietic Progenitor Cells; Thawing Of P                                                                                                                                                                                           |
| ArkBCBS UM                     | Transplant surgeries         | 38210    | Transplant Preparation Of Hematopoietic Progenitor Cells; Specific Cel                                                                                                                                                                                           |
| ArkBCBS UM                     | Transplant surgeries         | 38212    | Transplant Preparation Of Hematopoietic Progenitor Cells; Red Blood Ce                                                                                                                                                                                           |
| ArkBCBS UM                     | Transplant surgeries         | 38213    | Transplant Preparation Of Hematopoietic Progenitor Cells; Platelet Dep                                                                                                                                                                                           |
| ArkBCBS UM                     | Transplant surgeries         | 38214    | Transplant Preparation Of Hematopoietic Progenitor Cells; Plasma (Volu                                                                                                                                                                                           |
| ArkBCBS UM                     | Transplant surgeries         | 38215    | Transplant Preparation Of Hematopoietic Progenitor Cells; Cell Concent                                                                                                                                                                                           |
| ArkBCBS UM                     | Transplant surgeries         | 38230    | Bone Marrow Harvesting For Transplantation; Allogeneic                                                                                                                                                                                                           |
| ArkBCBS UM                     | Transplant surgeries         | 38232    | Bone Marrow Harvesting For Transplantation; Autologous                                                                                                                                                                                                           |
| ArkBCBS UM                     | Transplant surgeries         | 38240    | Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor                                                                                                                                                                                        |
| ArkBCBS UM                     | Transplant surgeries         | 38241    | Hematopoietic progenitor cell (HPC); autologous transplantation                                                                                                                                                                                                  |
| ArkBCBS UM                     | Transplant surgeries         | 38242    | Allogeneic lymphocyte infusions                                                                                                                                                                                                                                  |
| ArkBCBS UM                     | Transplant surgeries         | 38243    | Hematopoietic Progenitor Cell (Hpc); Hpc Boost                                                                                                                                                                                                                   |
| ArkBCBS UM                     | Transplant surgeries         | 44135    | Intestinal Allotransplantation; From Cadaver Donor                                                                                                                                                                                                               |
| ArkBCBS UM                     | Transplant surgeries         | 44136    | Intestinal Allotransplantation; From Living Donor                                                                                                                                                                                                                |
| ArkBCBS UM                     | Transplant surgeries         | 47135    | Liver Allotransplantation; Orthotopic, Partial Or Whole, From Cadaver                                                                                                                                                                                            |
| ArkBCBS UM                     | Transplant surgeries         | 48160    | Pancreatectomy, Total Or Subtotal, With Autologous Transplantation Of                                                                                                                                                                                            |
| ArkBCBS UM                     | Transplant surgeries         | 50360    | Renal Allotransplantation, Implantation Of Graft; Without Recipient Ne                                                                                                                                                                                           |
| ArkBCBS UM                     | Transplant surgeries         | 50365    | Renal Allotransplantation, Implantation Of Graft; With Recipient Neph                                                                                                                                                                                            |
| ArkBCBS UM                     | Transplant surgeries         | 81595    | Cardiology (Hear Trnsp) Mrna Gene Profile                                                                                                                                                                                                                        |
| ArkBCBS UM                     | Transplant surgeries         | G0341    | Percutaneous islet cell transplant, includes portal vein catheterization and infusion                                                                                                                                                                            |
| ArkBCBS UM                     | Transplant surgeries         | G0342    | Laparoscopy for islet cell transplant, includes portal vein catheterization and infusion                                                                                                                                                                         |
| ArkBCBS UM                     | Transplant surgeries         | G0343    | Laparotomy for islet cell transplant, includes portal vein catheterization and infusion                                                                                                                                                                          |
| ArkBCBS UM                     | Transplant surgeries         | Q2041    | Yescarta (axicabtagene ciloleucel)                                                                                                                                                                                                                               |
| ArkBCBS UM                     | Transplant surgeries         | Q2042    | Kymriah (tisagenlecleucel)                                                                                                                                                                                                                                       |
| <b>Varicose Vein Treatment</b> |                              |          |                                                                                                                                                                                                                                                                  |
| ArkBCBS UM                     | Varicose vein treatment      | 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                             |
| ArkBCBS UM                     | Varicose vein treatment      | 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 Sapheno |
| ArkBCBS UM                     | Varicose vein treatment      | 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 |
| ArkBCBS UM                     | Varicose vein treatment      | 36468    | Single Or Multiple Injections Of Sclerosing Solutions, Spider Veins T                                                                                                                                                                                            |
| ArkBCBS UM                     | Varicose vein treatment      | 36470    | Injection Of Sclerosing Solution; Single Vein                                                                                                                                                                                                                    |
| ArkBCBS UM                     | Varicose vein treatment      | 36471    | Injection Of Sclerosing Solution; Multiple Veins, Same Leg                                                                                                                                                                                                       |
| ArkBCBS UM                     | Varicose vein treatment      | 36473    | Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated                                                                                                  |

# Arkansas Medicare Advantage Prior Authorization List



| Responsible Party                                                                      | Category                | CPT Code | Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|----------------------------------------------------------------------------------------|-------------------------|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ArkBCBS UM                                                                             | Varicose vein treatment | 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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| ArkBCBS UM                                                                             | Varicose vein treatment | 36475    | Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| ArkBCBS UM                                                                             | Varicose vein treatment | 36476    | Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| ArkBCBS UM                                                                             | Varicose vein treatment | 36478    | Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| ArkBCBS UM                                                                             | Varicose vein treatment | 36479    | Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| ArkBCBS UM                                                                             | Varicose vein treatment | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| ArkBCBS UM                                                                             | Varicose vein treatment | 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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| ArkBCBS UM                                                                             | Varicose vein treatment | 37500    | Vascular Endoscopy, Surgical, With Ligation Of Perforator Veins, Subfa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| ArkBCBS UM                                                                             | Varicose vein treatment | 37700    | Ligation And Division Of Long Saphenous Vein At Saphenofemoral Junctio                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| ArkBCBS UM                                                                             | Varicose vein treatment | 37718    | Ligation, Division, And Stripping, Short Saphenous Vein                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| ArkBCBS UM                                                                             | Varicose vein treatment | 37722    | Ligation, Division, And Stripping, Long (Greater) Saphenous Veins From                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| ArkBCBS UM                                                                             | Varicose vein treatment | 37735    | Ligation And Division And Complete Stripping Of Long Or Short Saphenou                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| ArkBCBS UM                                                                             | Varicose vein treatment | 37760    | Ligation Of Perforator Veins, Subfascial, Radical (Linton Type), Inclu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| ArkBCBS UM                                                                             | Varicose vein treatment | 37761    | Ligation Of Perforator Vein(S), Subfascial, Open, Including Ultrasound                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| ArkBCBS UM                                                                             | Varicose vein treatment | 37765    | Stab Phlebectomy Of Varicose Veins, 1 Extremity; 10-20 Stab Incisions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| ArkBCBS UM                                                                             | Varicose vein treatment | 37766    | Stab Phlebectomy Of Varicose Veins, 1 Extremity; More Than 20 Incision                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| ArkBCBS UM                                                                             | Varicose vein treatment | 37780    | Ligation And Division Of Short Saphenous Vein At Saphenopopliteal Junc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| ArkBCBS UM                                                                             | Varicose vein treatment | 37785    | Ligation, Division, And/Or Excision Of Varicose Vein Cluster(S), 1 Leg                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| ArkBCBS UM                                                                             | Varicose vein treatment | 37799    | Unlisted procedure, vascular surgery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Physical Therapy and Occupational Therapy require authorization after 30 visits</b> |                         |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| ArkBCBS UM                                                                             | Biofeedback             | 90901    | Biofeedback training by any modality                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| ArkBCBS UM                                                                             | Biofeedback             | 90912    | Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; initial 15 minutes of one-on-one physician or other qualified health care professional contact with the patient                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| ArkBCBS UM                                                                             | Biofeedback             | 90913    | Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; each additional 15 minutes of one-on-one physician or other qualified health care professional contact with the patient (List separately in addition to code for primary procedure)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| ArkBCBS UM                                                                             | PT/OT/SP                | 97012    | Application of a modality to 1 or more areas; traction, mechanical                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| ArkBCBS UM                                                                             | PT/OT/SP                | 97016    | Application of a modality to 1 or more areas; vasopneumatic devices                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| ArkBCBS UM                                                                             | PT/OT/SP                | 97018    | Application of a modality to 1 or more areas; paraffin bath                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| ArkBCBS UM                                                                             | PT/OT/SP                | 97022    | Application of a modality to 1 or more areas; whirlpool                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| ArkBCBS UM                                                                             | PT/OT/SP                | 97024    | Application of a modality to 1 or more areas; diathermy (eg, microwave)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| ArkBCBS UM                                                                             | PT/OT/SP                | 97026    | Application of a modality to 1 or more areas; infrared                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| ArkBCBS UM                                                                             | PT/OT/SP                | 97028    | Application of a modality to 1 or more areas; ultraviolet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| ArkBCBS UM                                                                             | PT/OT/SP                | 97032    | Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| ArkBCBS UM                                                                             | PT/OT/SP                | 97033    | Application of a modality to 1 or more areas; iontophoresis, each 15 minutes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| ArkBCBS UM                                                                             | PT/OT/SP                | 97034    | Application of a modality to 1 or more areas; contrast baths, each 15 minutes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| ArkBCBS UM                                                                             | PT/OT/SP                | 97035    | Application of a modality to 1 or more areas; ultrasound, each 15 minutes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| ArkBCBS UM                                                                             | PT/OT/SP                | 97036    | Application of a modality to 1 or more areas; Hubbard tank, each 15 minutes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| ArkBCBS UM                                                                             | PT/OT/SP                | 97139    | Unlisted therapeutic procedure (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| ArkBCBS UM                                                                             | PT/OT/SP                | 97110    | Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| ArkBCBS UM                                                                             | PT/OT/SP                | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| ArkBCBS UM                                                                             | PT/OT/SP                | 97113    | Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| ArkBCBS UM                                                                             | PT/OT/SP                | 97116    | Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| ArkBCBS UM                                                                             | PT/OT/SP                | 97124    | Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| ArkBCBS UM                                                                             | PT/OT/SP                | 97124    | Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| ArkBCBS UM                                                                             | PT/OT/SP                | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| ArkBCBS UM                                                                             | PT/OT/SP                | 97140    | Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| ArkBCBS UM                                                                             | PT/OT/SP                | 97150    | Therapeutic procedure(s), group (2 or more individuals)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| ArkBCBS UM                                                                             | PT/OT/SP                | 97161    | Physical therapy evaluation: low complexity, requiring these components: A history with no personal factors and/or comorbidities that impact the plan of care; An examination of body system(s) using standardized tests and measures addressing 1-2 elements from any of the following: body structures and functions, 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.                                                                                                                                                                                                                                                                                                                                                                                       |
| ArkBCBS UM                                                                             | PT/OT/SP                | 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.                                                                                                                                                                                                                                                                                                                                                |
| ArkBCBS UM                                                                             | PT/OT/SP                | 97163    | Physical therapy evaluation: high complexity, requiring these components: A history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical 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.                                                                                                                                                                                                                                                                                                                                             |
| ArkBCBS UM                                                                             | PT/OT/SP                | 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| ArkBCBS UM                                                                             | PT/OT/SP                | 97165    | Occupational therapy evaluation, low complexity, requiring these components: An occupational profile and medical and therapy history, which includes a brief history including review of medical and/or therapy records relating to the presenting problem; An assessment(s) that identifies 1-3 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of low complexity, which includes an analysis of the occupational profile, analysis of data from problem-focused assessment(s), and consideration of a limited number of treatment options. Patient presents with no comorbidities that affect occupational performance. Modification of tasks or assistance (eg, physical or verbal) with assessment(s) is not necessary to enable completion of evaluation component. Typically, 30 minutes are spent face-to-face with the patient and/or family.                                                                                      |
| ArkBCBS UM                                                                             | PT/OT/SP                | 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. |
| ArkBCBS UM                                                                             | PT/OT/SP                | 97167    | Occupational therapy evaluation, high complexity, requiring these components: An occupational profile and medical and therapy history, which includes review of medical and/or therapy records and extensive additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that 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.               |



# Arkansas Medicare Advantage Prior Authorization List



| Responsible Party                                                      | Category                                | CPT Code | Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|------------------------------------------------------------------------|-----------------------------------------|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ArkBCBS UM                                                             | PT/OT/SP                                | 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. |
| ArkBCBS UM                                                             | PT/OT/SP                                | 97530    | Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| ArkBCBS UM                                                             | PT/OT/SP                                | 97533    | Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes                                                                                                                                                                                                                                                                                                                                                                                                                      |
| ArkBCBS UM                                                             | PT/OT/SP                                | 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                                                                                                                                                                                                                                                                                                                                 |
| ArkBCBS UM                                                             | PT/OT/SP                                | 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                                                                                                                                                                                                                                                                                                             |
| ArkBCBS UM                                                             | PT/OT/SP                                | 97542    | Wheelchair management (eg, assessment, fitting, training), each 15 minutes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| ArkBCBS UM                                                             | PT/OT/SP                                | 97750    | Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| ArkBCBS UM                                                             | PT/OT/SP                                | 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                                                                                                                                                                                                                                                                                                                                                           |
| ArkBCBS UM                                                             | PT/OT/SP                                | 97760    | Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes                                                                                                                                                                                                                                                                                                                                                                                     |
| ArkBCBS UM                                                             | PT/OT/SP                                | 97761    | Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| ArkBCBS UM                                                             | PT/OT/SP                                | 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                                                                                                                                                                                                                                                                                                                                                                                                                 |
| ArkBCBS UM                                                             | PT/OT/SP                                | 92524    | Behavioral and qualitative analysis of voice and resonance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| ArkBCBS UM                                                             | PT/OT/SP                                | 92597    | Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| ArkBCBS UM                                                             | PT/OT/SP                                | 92607    | Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| ArkBCBS UM                                                             | PT/OT/SP                                | 92609    | Therapeutic services for the use of speech-generating device, including programming and modification                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| ArkBCBS UM                                                             | PT/OT/SP                                | 96125    | Standardized cognitive performance testing (eg, Ross Information Processing Assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report                                                                                                                                                                                                                                                                                                                    |
| <b>Rehabilitation Services</b>                                         |                                         |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| ArkBCBS UM                                                             | PAD Rehabilitation                      | 93668    | Peripheral arterial disease (PAD) rehabilitation, per session                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| ArkBCBS UM                                                             | Cardiac Rehabilitation                  | 93797    | Physician or other qualified health care professional services for outpatient cardiac rehabilitation; without continuous ECG monitoring (per session)                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| ArkBCBS UM                                                             | Cardiac Rehabilitation                  | 93798    | Physician or other qualified health care professional services for outpatient cardiac rehabilitation; with continuous ECG monitoring (per session)                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| ArkBCBS UM                                                             | Cardiac Rehabilitation                  | G0422    | Intensive cardiac rehabilitation; with or without continuous ECG monitoring with exercise, per session                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| ArkBCBS UM                                                             | Cardiac Rehabilitation                  | G0423    | Intensive cardiac rehabilitation; with or without continuous ECG monitoring; without exercise, per session                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| ArkBCBS UM                                                             | Pulmonary Rehabilitation                | G0237    | Therapeutic procedures to increase strength or endurance of respiratory muscles, face to face, one on one, each 15 minutes (includes monitoring)                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| ArkBCBS UM                                                             | Pulmonary Rehabilitation                | G0238    | Therapeutic procedures to improve respiratory function, other than described by G0237, one on one, face to face, per 15 minutes (includes monitoring)                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| ArkBCBS UM                                                             | Pulmonary Rehabilitation                | G0239    | Therapeutic procedures to improve respiratory function or increase strength or endurance of respiratory muscles, two or more individuals (includes monitoring)                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| ArkBCBS UM                                                             | Pulmonary Rehabilitation                | 94625    | Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; without continuous oximetry monitoring (per session)                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| ArkBCBS UM                                                             | Pulmonary Rehabilitation                | 94626    | Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; with continuous oximetry monitoring (per session)                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>Sleep Services</b>                                                  |                                         |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| ArkBCBS UM                                                             | Sleeping Disorder Testing and Treatment | 42145    | Palatopharyngoplasty (Eg, Uvulopalatopharyngoplasty, Uvulopharyngoplas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| ArkBCBS UM                                                             | Sleeping Disorder Testing and Treatment | 95805    | Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness                                                                                                                                                                                                                                                                                                                                                                                                         |
| ArkBCBS UM                                                             | Sleeping Disorder Testing and Treatment | 95807    | Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| ArkBCBS UM                                                             | Sleeping Disorder Testing and Treatment | 95808    | Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| ArkBCBS UM                                                             | Sleeping Disorder Testing and Treatment | 95810    | Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| ArkBCBS UM                                                             | Sleeping Disorder Testing and Treatment | 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                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Part B Drugs Requiring Prior Authorization for non-oncology use</b> |                                         |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Ark Pharmacy UM                                                        | Part B Drugs                            | J0129    | ORENCIA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Ark Pharmacy UM                                                        | Part B Drugs                            | J0172    | ADUHELM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Ark Pharmacy UM                                                        | Part B Drugs                            | J0174    | LEQEMBI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Ark Pharmacy UM                                                        | Part B Drugs                            | J0178    | EYLEA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Ark Pharmacy UM                                                        | Part B Drugs                            | J0179    | BEOVU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Ark Pharmacy UM                                                        | Part B Drugs                            | J0180    | FABRAZYME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Ark Pharmacy UM                                                        | Part B Drugs                            | J0185    | CINVANTI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Ark Pharmacy UM                                                        | Part B Drugs                            | J0202    | LEMTRADA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Ark Pharmacy UM                                                        | Part B Drugs                            | J0221    | LUMIZYME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Ark Pharmacy UM                                                        | Part B Drugs                            | J0222    | ONPATTRO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Ark Pharmacy UM                                                        | Part B Drugs                            | J0223    | GIVLAARI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Ark Pharmacy UM                                                        | Part B Drugs                            | J0256    | ZEMAIRA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Ark Pharmacy UM                                                        | Part B Drugs                            | J0257    | GLASSIA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Ark Pharmacy UM                                                        | Part B Drugs                            | J0470    | DIMERCAPROL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Ark Pharmacy UM                                                        | Part B Drugs                            | J0490    | BENLYSTA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Ark Pharmacy UM                                                        | Part B Drugs                            | J0517    | FASENRA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Ark Pharmacy UM                                                        | Part B Drugs                            | J0570    | PROBUPHINE IMPLANT KIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Ark Pharmacy UM                                                        | Part B Drugs                            | J0584    | CRYSVITA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Ark Pharmacy UM                                                        | Part B Drugs                            | J0585    | BOTOX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Ark Pharmacy UM                                                        | Part B Drugs                            | J0586    | DYSPORT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Ark Pharmacy UM                                                        | Part B Drugs                            | J0587    | MYOBLOC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Ark Pharmacy UM                                                        | Part B Drugs                            | J0588    | XEOMIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Ark Pharmacy UM                                                        | Part B Drugs                            | J0596    | RUCONEST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Ark Pharmacy UM                                                        | Part B Drugs                            | J0597    | BERINERT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Ark Pharmacy UM                                                        | Part B Drugs                            | J0598    | CINRYZE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Ark Pharmacy UM                                                        | Part B Drugs                            | J0600    | edetate calcium disodium                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Ark Pharmacy UM                                                        | Part B Drugs                            | J0606    | PARSABIV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Ark Pharmacy UM                                                        | Part B Drugs                            | J0640    | leucovorin calcium, per 50 mg                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Ark Pharmacy UM                                                        | Part B Drugs                            | J0641    | levoleucovorin, not otherwise specified                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Ark Pharmacy UM                                                        | Part B Drugs                            | J0642    | levoleucovorin (Khapzory)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Ark Pharmacy UM                                                        | Part B Drugs                            | J0717    | CIMZIA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Ark Pharmacy UM                                                        | Part B Drugs                            | J0775    | XIAFLEX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Ark Pharmacy UM                                                        | Part B Drugs                            | J0791    | ADAKVEO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Ark Pharmacy UM                                                        | Part B Drugs                            | J0800    | ACTHAR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Ark Pharmacy UM                                                        | Part B Drugs                            | J0881    | ARANESP ALBUMIN FREE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Ark Pharmacy UM                                                        | Part B Drugs                            | J0882    | DARBEPOETIN ALFA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Ark Pharmacy UM                                                        | Part B Drugs                            | J0885    | EPOGEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Ark Pharmacy UM                                                        | Part B Drugs                            | J0887    | MIRCERA, EPOETIN BETA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Ark Pharmacy UM                                                        | Part B Drugs                            | J0888    | MIRCERA, EPOETIN BETA non-ESRD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Ark Pharmacy UM                                                        | Part B Drugs                            | J0894    | DACOGEN (decitabine)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

# Arkansas Medicare Advantage Prior Authorization List



| Responsible Party | Category     | CPT Code | Description                      |
|-------------------|--------------|----------|----------------------------------|
| Ark Pharmacy UM   | Part B Drugs | J0895    | DESFERAL (deferoxamine mesylate) |
| Ark Pharmacy UM   | Part B Drugs | J0896    | REBLOZYL                         |
| Ark Pharmacy UM   | Part B Drugs | J0897    | PROLIA                           |
| Ark Pharmacy UM   | Part B Drugs | J1071    | DEPO-TESTOSTERONE                |
| Ark Pharmacy UM   | Part B Drugs | J1290    | KALBITOR                         |
| Ark Pharmacy UM   | Part B Drugs | J1300    | SOLIRIS                          |
| Ark Pharmacy UM   | Part B Drugs | J1301    | RADICAVA                         |
| Ark Pharmacy UM   | Part B Drugs | J1303    | ULTOMIRIS                        |
| Ark Pharmacy UM   | Part B Drugs | J1306    | LEQVIO                           |
| Ark Pharmacy UM   | Part B Drugs | J1322    | VIMIZIM                          |
| Ark Pharmacy UM   | Part B Drugs | J1325    | FLOLAN                           |
| Ark Pharmacy UM   | Part B Drugs | J1428    | EXONDYS 51                       |
| Ark Pharmacy UM   | Part B Drugs | J1437    | FERRIC DERISOMALTOSE, 10 MG      |
| Ark Pharmacy UM   | Part B Drugs | J1439    | INJECTAFER                       |
| Ark Pharmacy UM   | Part B Drugs | J1442    | NEUPOGEN                         |
| Ark Pharmacy UM   | Part B Drugs | J1447    | GRANIX                           |
| Ark Pharmacy UM   | Part B Drugs | J1453    | EMEND                            |
| Ark Pharmacy UM   | Part B Drugs | J1454    | AKYNZEO                          |
| Ark Pharmacy UM   | Part B Drugs | J1458    | NAGLAZYME                        |
| Ark Pharmacy UM   | Part B Drugs | J1459    | PRIVIGEN                         |
| Ark Pharmacy UM   | Part B Drugs | J1460    | GAMASTAN                         |
| Ark Pharmacy UM   | Part B Drugs | J1555    | CUVITRU                          |
| Ark Pharmacy UM   | Part B Drugs | J1556    | BIVIGAM                          |
| Ark Pharmacy UM   | Part B Drugs | J1557    | GAMMAPLEX                        |
| Ark Pharmacy UM   | Part B Drugs | J1558    | XEMBIFY                          |
| Ark Pharmacy UM   | Part B Drugs | J1559    | HIZENTRA                         |
| Ark Pharmacy UM   | Part B Drugs | J1561    | GAMUNEX-C                        |
| Ark Pharmacy UM   | Part B Drugs | J1566    | CARIMUNE NANOFILTERED            |
| Ark Pharmacy UM   | Part B Drugs | J1568    | OCTAGAM                          |
| Ark Pharmacy UM   | Part B Drugs | J1569    | GAMMAGARD LIQUID                 |
| Ark Pharmacy UM   | Part B Drugs | J1572    | FLEBOGAMMA DIF                   |
| Ark Pharmacy UM   | Part B Drugs | J1575    | HYQVIA                           |
| Ark Pharmacy UM   | Part B Drugs | J1602    | SIMPONI ARIA                     |
| Ark Pharmacy UM   | Part B Drugs | J1627    | SUSTOL                           |
| Ark Pharmacy UM   | Part B Drugs | J1726    | MAKENA                           |
| Ark Pharmacy UM   | Part B Drugs | J1743    | ELAPRASE                         |
| Ark Pharmacy UM   | Part B Drugs | J1744    | FIRAZYR                          |
| Ark Pharmacy UM   | Part B Drugs | J1745    | REMICADE                         |
| Ark Pharmacy UM   | Part B Drugs | J1756    | VENOFER                          |
| Ark Pharmacy UM   | Part B Drugs | J1786    | CEREZYME                         |
| Ark Pharmacy UM   | Part B Drugs | J1823    | UPLIZNA                          |
| Ark Pharmacy UM   | Part B Drugs | J1930    | SOMATULINE DEPOT                 |
| Ark Pharmacy UM   | Part B Drugs | J1931    | ALDURAZYME                       |
| Ark Pharmacy UM   | Part B Drugs | J2182    | NUCALA                           |
| Ark Pharmacy UM   | Part B Drugs | J2315    | VIVITROL                         |
| Ark Pharmacy UM   | Part B Drugs | J2323    | TYSABRI                          |
| Ark Pharmacy UM   | Part B Drugs | J2326    | SPINRAZA                         |
| Ark Pharmacy UM   | Part B Drugs | J2327    | SKYRIZI                          |
| Ark Pharmacy UM   | Part B Drugs | J2350    | OCREVUS                          |
| Ark Pharmacy UM   | Part B Drugs | J2353    | SANDOSTATIN LAR DEPOT            |
| Ark Pharmacy UM   | Part B Drugs | J2354    | OCTREOTIDE ACETATE               |
| Ark Pharmacy UM   | Part B Drugs | J2357    | XOLAIR                           |
| Ark Pharmacy UM   | Part B Drugs | J2430    | pamidronate disodium             |
| Ark Pharmacy UM   | Part B Drugs | J2469    | ALOXI                            |
| Ark Pharmacy UM   | Part B Drugs | J2502    | SIGNIFOR LAR                     |
| Ark Pharmacy UM   | Part B Drugs | J2503    | MACUGEN                          |
| Ark Pharmacy UM   | Part B Drugs | J2507    | KRYSTEXXA                        |
| Ark Pharmacy UM   | Part B Drugs | J2562    | MOZOBI                           |
| Ark Pharmacy UM   | Part B Drugs | J2777    | VABSYMO                          |
| Ark Pharmacy UM   | Part B Drugs | J2778    | LUCENTIS                         |
| Ark Pharmacy UM   | Part B Drugs | J2779    | SUSVIMO                          |
| Ark Pharmacy UM   | Part B Drugs | J2786    | CINQAIR                          |
| Ark Pharmacy UM   | Part B Drugs | J2796    | NPLATE                           |
| Ark Pharmacy UM   | Part B Drugs | J2820    | LEUKINE                          |
| Ark Pharmacy UM   | Part B Drugs | J2840    | KANUMA                           |
| Ark Pharmacy UM   | Part B Drugs | J2860    | siltuximab                       |
| Ark Pharmacy UM   | Part B Drugs | J2916    | FERRLECIT                        |
| Ark Pharmacy UM   | Part B Drugs | J3032    | VVEPTI                           |
| Ark Pharmacy UM   | Part B Drugs | J3304    | ZILRETTA                         |
| Ark Pharmacy UM   | Part B Drugs | J3060    | ELELYSO                          |
| Ark Pharmacy UM   | Part B Drugs | J3111    | EVENTY                           |
| Ark Pharmacy UM   | Part B Drugs | J3145    | AVEED                            |
| Ark Pharmacy UM   | Part B Drugs | J3241    | TEPEZZA                          |
| Ark Pharmacy UM   | Part B Drugs | J3245    | ILUMYA                           |
| Ark Pharmacy UM   | Part B Drugs | J3262    | ACTEMRA                          |
| Ark Pharmacy UM   | Part B Drugs | J3285    | REMODULIN                        |
| Ark Pharmacy UM   | Part B Drugs | J3315    | triptorelin pamoate              |
| Ark Pharmacy UM   | Part B Drugs | J3358    | STELARA                          |
| Ark Pharmacy UM   | Part B Drugs | J3380    | ENTYVIO                          |
| Ark Pharmacy UM   | Part B Drugs | J3385    | VPRIV                            |
| Ark Pharmacy UM   | Part B Drugs | J3396    | VISUDYNE                         |
| Ark Pharmacy UM   | Part B Drugs | J3397    | MEPSEVII                         |
| Ark Pharmacy UM   | Part B Drugs | J3398    | LUXTURNA                         |
| Ark Pharmacy UM   | Part B Drugs | J3399    | ZOLGENSMA                        |
| Ark Pharmacy UM   | Part B Drugs | J3489    | RECLAST                          |
| Ark Pharmacy UM   | Part B Drugs | J7170    | HEMLIBRA                         |
| Ark Pharmacy UM   | Part B Drugs | J7175    | COAGADEX                         |
| Ark Pharmacy UM   | Part B Drugs | J7177    | FIBRYGA                          |
| Ark Pharmacy UM   | Part B Drugs | J7178    | RIASTAP                          |
| Ark Pharmacy UM   | Part B Drugs | J7182    | NOVOEIGHT                        |
| Ark Pharmacy UM   | Part B Drugs | J7185    | XYNTHA                           |
| Ark Pharmacy UM   | Part B Drugs | J7190    | KOATE                            |
| Ark Pharmacy UM   | Part B Drugs | J7192    | HELIKATE FS                      |
| Ark Pharmacy UM   | Part B Drugs | J7193    | ALPHANINE SD                     |
| Ark Pharmacy UM   | Part B Drugs | J7194    | Factor IX complex                |
| Ark Pharmacy UM   | Part B Drugs | J7195    | IXINITY                          |
| Ark Pharmacy UM   | Part B Drugs | J7200    | RIXUBIS                          |
| Ark Pharmacy UM   | Part B Drugs | J7201    | ALPROLIX                         |

# Arkansas Medicare Advantage Prior Authorization List



| Responsible Party                                                | Category            | CPT Code | Description                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|------------------------------------------------------------------|---------------------|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Ark Pharmacy UM                                                  | Part B Drugs        | J7202    | IDELVION                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Ark Pharmacy UM                                                  | Part B Drugs        | J7203    | REBINYN                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Ark Pharmacy UM                                                  | Part B Drugs        | J7204    | ESPEROCT                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Ark Pharmacy UM                                                  | Part B Drugs        | J7205    | ELOCTATE                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Ark Pharmacy UM                                                  | Part B Drugs        | J7207    | ADYNOVATE                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Ark Pharmacy UM                                                  | Part B Drugs        | J7208    | JIVI                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Ark Pharmacy UM                                                  | Part B Drugs        | J7209    | NUWIQ                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Ark Pharmacy UM                                                  | Part B Drugs        | J7210    | AFSTYLA                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Ark Pharmacy UM                                                  | Part B Drugs        | J7211    | KOVALTRY                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Ark Pharmacy UM                                                  | Part B Drugs        | J7312    | OZURDEX                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Ark Pharmacy UM                                                  | Part B Drugs        | J7318    | DUROLANE                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Ark Pharmacy UM                                                  | Part B Drugs        | J7320    | GENVISC 850                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Ark Pharmacy UM                                                  | Part B Drugs        | J7321    | HYALGAN                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Ark Pharmacy UM                                                  | Part B Drugs        | J7322    | HYMOVIS                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Ark Pharmacy UM                                                  | Part B Drugs        | J7323    | EUFLEXXA                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Ark Pharmacy UM                                                  | Part B Drugs        | J7324    | ORTHOVISC                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Ark Pharmacy UM                                                  | Part B Drugs        | J7325    | SYNVISC, SYNVISC ONE                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Ark Pharmacy UM                                                  | Part B Drugs        | J7326    | GEL-ONE                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Ark Pharmacy UM                                                  | Part B Drugs        | J7327    | MONOVISC                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Ark Pharmacy UM                                                  | Part B Drugs        | J7328    | GELSYN-3                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Ark Pharmacy UM                                                  | Part B Drugs        | J7329    | TRIVISC                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Ark Pharmacy UM                                                  | Part B Drugs        | J7331    | SYNOJOYNT                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Ark Pharmacy UM                                                  | Part B Drugs        | J7332    | TRILURON                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Ark Pharmacy UM                                                  | Part B Drugs        | J7351    | DURYSTA                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Ark Pharmacy UM                                                  | Part B Drugs        | J8520    | Capecitabine - oral, Xeloda                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Ark Pharmacy UM                                                  | Part B Drugs        | J8521    | Capecitabine - oral, Xeloda                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Ark Pharmacy UM                                                  | Part B Drugs        | J8560    | Etoposide - oral, Toposar                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Ark Pharmacy UM                                                  | Part B Drugs        | J8700    | Temozolomide - oral, Temodar                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Ark Pharmacy UM                                                  | Part B Drugs        | J9210    | GAMIFANT (emapalumab-lzsg)                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Ark Pharmacy UM                                                  | Part B Drugs        | J9281    | Mitomycin, Jelmyto                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Ark Pharmacy UM                                                  | Part B Drugs        | Q0138    | FERAHEME non-ESRD                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Ark Pharmacy UM                                                  | Part B Drugs        | Q0139    | FERAHEME, ESRD on dialysis                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Ark Pharmacy UM                                                  | Part B Drugs        | Q2053    | Brexucabtagene autoleuce, up to 200 million autologous anti-CD19 CAR positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose                                                                                                                                                                                                                                                                                 |
| Ark Pharmacy UM                                                  | Part B Drugs        | Q2054    | Lisocabtagene maraleuce, up to 110 million autologous anti-CD19 CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose                                                                                                                                                                                                                                                                                  |
| Ark Pharmacy UM                                                  | Part B Drugs        | Q2055    | Idecabtagene vicleuce, up to 460 million autologous B-cell maturation antigen (BCMA) directed CAR-positive T cells, including leukapheresis and dose preparation procedures, per therapeutic dose                                                                                                                                                                                                                                                           |
| Ark Pharmacy UM                                                  | Part B Drugs        | Q4081    | EPOGEN/PROCIT                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Ark Pharmacy UM                                                  | Part B Drugs        | Q5101    | ZARXIO                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Ark Pharmacy UM                                                  | Part B Drugs        | Q5103    | INFLECTRA                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Ark Pharmacy UM                                                  | Part B Drugs        | Q5104    | RENFLEXIS                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Ark Pharmacy UM                                                  | Part B Drugs        | Q5105    | RETACRIT, ESRD on dialysis                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Ark Pharmacy UM                                                  | Part B Drugs        | Q5106    | RETACRIT, non-ESRD                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Ark Pharmacy UM                                                  | Part B Drugs        | Q5108    | FULPHILA                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Ark Pharmacy UM                                                  | Part B Drugs        | Q5110    | NIVESTYM                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Ark Pharmacy UM                                                  | Part B Drugs        | Q5111    | UDENYCA                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Ark Pharmacy UM                                                  | Part B Drugs        | Q5120    | ZIEXTENZO                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Ark Pharmacy UM                                                  | Part B Drugs        | Q5121    | AVSOLA                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Ark Pharmacy UM                                                  | Part B Drugs        | Q5122    | NYVEPRIA                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Ark Pharmacy UM                                                  | Part B Drugs        | Q5124    | BYOOVIZ                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Ark Pharmacy UM                                                  | Part B Drugs        | Q9991    | SUBLOCADE                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Ark Pharmacy UM                                                  | Part B Drugs        | Q9992    | SUBLOCADE                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Ark Pharmacy UM                                                  | Part B Drugs        | J3490    | TESTOPEL                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>High-Tech Radiology, DME/Prosthetics and Medical Oncology</b> |                     |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| eviCore                                                          | High-Tech Radiology | 0042T    | Cerebral Perfusion Analysis Using Computed Tomography With Contrast Ad                                                                                                                                                                                                                                                                                                                                                                                      |
| eviCore                                                          | High-Tech Radiology | 0609T    | Magnetic Resonance Spectroscopy, Determination And Localization Of Discogenic Pain (Cervical, Thoracic, Or Lumbar); Acquisition Of Single Voxel Data, Per Disc, On Biomarkers (Ie, Lactic Acid, Carbohydrate, Alanine, Laal, Propionic Acid, Proteoglycan, And Collagen) In At Least 3 Discs                                                                                                                                                                |
| eviCore                                                          | High-Tech Radiology | 0610T    | Magnetic Resonance Spectroscopy, Determination And Localization Of Discogenic Pain (Cervical, Thoracic, Or Lumbar); Transmission Of Biomarker Data For Software Analysis                                                                                                                                                                                                                                                                                    |
| eviCore                                                          | High-Tech Radiology | 0611T    | Magnetic Resonance Spectroscopy, Determination And Localization Of Discogenic Pain (Cervical, Thoracic, Or Lumbar); Postprocessing For Algorithmic Analysis Of Biomarker Data For Determination Of Relative Chemical Differences Between Discs                                                                                                                                                                                                              |
| eviCore                                                          | High-Tech Radiology | 0612T    | Magnetic Resonance Spectroscopy, Determination And Localization Of Discogenic Pain (Cervical, Thoracic, Or Lumbar); Interpretation And Report                                                                                                                                                                                                                                                                                                               |
| eviCore                                                          | High-Tech Radiology | 0633T    | Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast material                                                                                                                                                                                                                                                                                                                                                  |
| eviCore                                                          | High-Tech Radiology | 0634T    | Computed tomography, breast, including 3D rendering, when performed, unilateral; with contrast material(s)                                                                                                                                                                                                                                                                                                                                                  |
| eviCore                                                          | High-Tech Radiology | 0635T    | Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast, followed by contrast material(s)                                                                                                                                                                                                                                                                                                                         |
| eviCore                                                          | High-Tech Radiology | 0636T    | Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast material(s)                                                                                                                                                                                                                                                                                                                                                |
| eviCore                                                          | High-Tech Radiology | 0637T    | Computed tomography, breast, including 3D rendering, when performed, bilateral; with contrast material(s)                                                                                                                                                                                                                                                                                                                                                   |
| eviCore                                                          | High-Tech Radiology | 0638T    | Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast, followed by contrast material(s)                                                                                                                                                                                                                                                                                                                          |
| eviCore                                                          | High-Tech Radiology | 0648T    | Quantitative Magnetic Resonance For Analysis Of Tissue Composition, Including Multiparametric Data Acquisition, Data Preparation And Transmission, Interpretation, And Report, Obtained Without Diagnostic Mri Examination Of The Same Anatomy During The Same Session.                                                                                                                                                                                     |
| eviCore                                                          | High-Tech Radiology | 0649T    | Quantitative Magnetic Resonance For Analysis Of Tissue Composition, Including Multiparametric Data Acquisition, Data Preparation And Transmission, Interpretation, And Report, Obtained With Diagnostic Mri Examination Of The Same Anatomy During The Same Session.                                                                                                                                                                                        |
| eviCore                                                          | High-Tech Radiology | 0697T    | 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; multiple organs                                                                                          |
| eviCore                                                          | High-Tech Radiology | 0698T    | 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); multiple organs (List separately in addition to code for primary procedure)                                                         |
| eviCore                                                          | High-Tech Radiology | 0865T    | Quantitative magnetic resonance image (MRI) analysis of the brain with comparison to prior magnetic resonance (MR) study(ies), including lesion identification, characterization, and quantification, with brain volume(s) quantification and/or severity score, when performed, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the brain during the same session                             |
| eviCore                                                          | High-Tech Radiology | 0866T    | Quantitative magnetic resonance image (MRI) analysis of the brain with comparison to prior magnetic resonance (MR) study(ies), including lesion detection, characterization, and quantification, with brain volume(s) quantification and/or severity score, when performed, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the brain (List separately in addition to code for primary procedure) |
| eviCore                                                          | High-Tech Radiology | 70336    | Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)                                                                                                                                                                                                                                                                                                                                                                                         |
| eviCore                                                          | High-Tech Radiology | 70450    | Computed Tomography, Head Or Brain; Without Contrast Material                                                                                                                                                                                                                                                                                                                                                                                               |
| eviCore                                                          | High-Tech Radiology | 70460    | Computed Tomography, Head Or Brain; With Contrast Material(S)                                                                                                                                                                                                                                                                                                                                                                                               |
| eviCore                                                          | High-Tech Radiology | 70470    | Computed Tomography, Head Or Brain; Without Contrast Material, Followe                                                                                                                                                                                                                                                                                                                                                                                      |
| eviCore                                                          | High-Tech Radiology | 70480    | Computed Tomography, Orbit, Sella, Or Posterior Fossa Or Outer, Middle                                                                                                                                                                                                                                                                                                                                                                                      |
| eviCore                                                          | High-Tech Radiology | 70481    | Computed Tomography, Orbit, Sella, Or Posterior Fossa Or Outer, Middle                                                                                                                                                                                                                                                                                                                                                                                      |
| eviCore                                                          | High-Tech Radiology | 70482    | Computed Tomography, Orbit, Sella, Or Posterior Fossa Or Outer, Middle                                                                                                                                                                                                                                                                                                                                                                                      |
| eviCore                                                          | High-Tech Radiology | 70486    | Computed Tomography, Maxillofacial Area; Without Contrast Material                                                                                                                                                                                                                                                                                                                                                                                          |
| eviCore                                                          | High-Tech Radiology | 70487    | Computed Tomography, Maxillofacial Area; With Contrast Material(S)                                                                                                                                                                                                                                                                                                                                                                                          |
| eviCore                                                          | High-Tech Radiology | 70488    | Computed Tomography, Maxillofacial Area; Without Contrast Material, Fo                                                                                                                                                                                                                                                                                                                                                                                      |
| eviCore                                                          | High-Tech Radiology | 70490    | Computed Tomography, Soft Tissue Neck; Without Contrast Material                                                                                                                                                                                                                                                                                                                                                                                            |

# Arkansas Medicare Advantage Prior Authorization List



| Responsible Party | Category            | CPT Code | Description                                                                                                                                                                                           |
|-------------------|---------------------|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| eviCore           | High-Tech Radiology | 70491    | Computed Tomography, Soft Tissue Neck; With Contrast Material(S)                                                                                                                                      |
| eviCore           | High-Tech Radiology | 70492    | Computed Tomography, Soft Tissue Neck; Without Contrast Material Follo                                                                                                                                |
| eviCore           | High-Tech Radiology | 70496    | Computed Tomographic Angiography, Head, With Contrast Material(S), Inc                                                                                                                                |
| eviCore           | High-Tech Radiology | 70498    | Computed Tomographic Angiography, Neck, With Contrast Material(S), Inc                                                                                                                                |
| eviCore           | High-Tech Radiology | 70540    | Magnetic Resonance (Eg, Proton) Imaging, Orbit, Face, And/Or Neck; Wit                                                                                                                                |
| eviCore           | High-Tech Radiology | 70542    | Magnetic Resonance (Eg, Proton) Imaging, Orbit, Face, And/Or Neck; Wit                                                                                                                                |
| eviCore           | High-Tech Radiology | 70543    | Magnetic Resonance (Eg, Proton) Imaging, Orbit, Face, And/Or Neck; Wit                                                                                                                                |
| eviCore           | High-Tech Radiology | 70544    | Magnetic Resonance Angiography, Head; Without Contrast Material(S)                                                                                                                                    |
| eviCore           | High-Tech Radiology | 70545    | Magnetic Resonance Angiography, Head; With Contrast Material(S)                                                                                                                                       |
| eviCore           | High-Tech Radiology | 70546    | Magnetic Resonance Angiography, Head; Without Contrast Material(S), Fo                                                                                                                                |
| eviCore           | High-Tech Radiology | 70547    | Magnetic Resonance Angiography, Neck; Without Contrast Material(S)                                                                                                                                    |
| eviCore           | High-Tech Radiology | 70548    | Magnetic Resonance Angiography, Neck; With Contrast Material(S)                                                                                                                                       |
| eviCore           | High-Tech Radiology | 70549    | Magnetic Resonance Angiography, Neck; Without Contrast Material(S), Fo                                                                                                                                |
| eviCore           | High-Tech Radiology | 70551    | Magnetic Resonance (Eg, Proton) Imaging, Brain (Including Brain Stem);                                                                                                                                |
| eviCore           | High-Tech Radiology | 70552    | Magnetic Resonance (Eg, Proton) Imaging, Brain (Including Brain Stem);                                                                                                                                |
| eviCore           | High-Tech Radiology | 70553    | Magnetic Resonance (Eg, Proton) Imaging, Brain (Including Brain Stem);                                                                                                                                |
| eviCore           | High-Tech Radiology | 70554    | Magnetic Resonance Imaging, Brain, Functional Mri; Including Test Sele                                                                                                                                |
| eviCore           | High-Tech Radiology | 70555    | Magnetic Resonance Imaging, Brain, Functional Mri; Requiring Physician                                                                                                                                |
| eviCore           | High-Tech Radiology | 71250    | Computed Tomography, Thorax; Without Contrast Material                                                                                                                                                |
| eviCore           | High-Tech Radiology | 71260    | Computed Tomography, Thorax; With Contrast Material(S)                                                                                                                                                |
| eviCore           | High-Tech Radiology | 71270    | Computed Tomography, Thorax; Without Contrast Material, Followed By Co                                                                                                                                |
| eviCore           | High-Tech Radiology | 71275    | Computed Tomographic Angiography, Chest (Noncoronary), With Contrast M                                                                                                                                |
| eviCore           | High-Tech Radiology | 71550    | Magnetic Resonance (Eg, Proton) Imaging, Chest (Eg, For Evaluation Of                                                                                                                                 |
| eviCore           | High-Tech Radiology | 71551    | Magnetic Resonance (Eg, Proton) Imaging, Chest (Eg, For Evaluation Of                                                                                                                                 |
| eviCore           | High-Tech Radiology | 71552    | Magnetic Resonance (Eg, Proton) Imaging, Chest (Eg, For Evaluation Of                                                                                                                                 |
| eviCore           | High-Tech Radiology | 71555    | Magnetic Resonance Angiography, Chest (Excluding Myocardium), With Or                                                                                                                                 |
| eviCore           | High-Tech Radiology | 72125    | Computed Tomography, Cervical Spine; Without Contrast Material                                                                                                                                        |
| eviCore           | High-Tech Radiology | 72126    | Computed Tomography, Cervical Spine; With Contrast Material                                                                                                                                           |
| eviCore           | High-Tech Radiology | 72127    | Computed Tomography, Cervical Spine; Without Contrast Material, Follow                                                                                                                                |
| eviCore           | High-Tech Radiology | 72128    | Computed Tomography, Thoracic Spine; Without Contrast Material                                                                                                                                        |
| eviCore           | High-Tech Radiology | 72129    | Computed Tomography, Thoracic Spine; With Contrast Material                                                                                                                                           |
| eviCore           | High-Tech Radiology | 72130    | Computed Tomography, Thoracic Spine; Without Contrast Material, Follow                                                                                                                                |
| eviCore           | High-Tech Radiology | 72131    | Computed Tomography, Lumbar Spine; Without Contrast Material                                                                                                                                          |
| eviCore           | High-Tech Radiology | 72132    | Computed Tomography, Lumbar Spine; With Contrast Material                                                                                                                                             |
| eviCore           | High-Tech Radiology | 72133    | Computed Tomography, Lumbar Spine; Without Contrast Material, Followed                                                                                                                                |
| eviCore           | High-Tech Radiology | 72141    | Magnetic Resonance (Eg, Proton) Imaging, Spinal Canal And Contents, Ce                                                                                                                                |
| eviCore           | High-Tech Radiology | 72142    | Magnetic Resonance (Eg, Proton) Imaging, Spinal Canal And Contents, Ce                                                                                                                                |
| eviCore           | High-Tech Radiology | 72146    | Magnetic Resonance (Eg, Proton) Imaging, Spinal Canal And Contents, Th                                                                                                                                |
| eviCore           | High-Tech Radiology | 72147    | Magnetic Resonance (Eg, Proton) Imaging, Spinal Canal And Contents, Th                                                                                                                                |
| eviCore           | High-Tech Radiology | 72148    | Magnetic Resonance (Eg, Proton) Imaging, Spinal Canal And Contents, Lu                                                                                                                                |
| eviCore           | High-Tech Radiology | 72149    | Magnetic Resonance (Eg, Proton) Imaging, Spinal Canal And Contents, Lu                                                                                                                                |
| eviCore           | High-Tech Radiology | 72156    | Magnetic Resonance (Eg, Proton) Imaging, Spinal Canal And Contents, Wi                                                                                                                                |
| eviCore           | High-Tech Radiology | 72157    | Magnetic Resonance (Eg, Proton) Imaging, Spinal Canal And Contents, Wi                                                                                                                                |
| eviCore           | High-Tech Radiology | 72158    | Magnetic Resonance (Eg, Proton) Imaging, Spinal Canal And Contents, Wi                                                                                                                                |
| eviCore           | High-Tech Radiology | 72159    | Magnetic Resonance Angiography, Spinal Canal And Contents, With Or Wit                                                                                                                                |
| eviCore           | High-Tech Radiology | 72191    | Computed Tomographic Angiography, Pelvis, With Contrast Material(S), I                                                                                                                                |
| eviCore           | High-Tech Radiology | 72192    | Computed Tomography, Pelvis; Without Contrast Material                                                                                                                                                |
| eviCore           | High-Tech Radiology | 72193    | Computed Tomography, Pelvis; With Contrast Material(S)                                                                                                                                                |
| eviCore           | High-Tech Radiology | 72194    | Computed Tomography, Pelvis; Without Contrast Material, Followed By Co                                                                                                                                |
| eviCore           | High-Tech Radiology | 72195    | Magnetic Resonance (Eg, Proton) Imaging, Pelvis; Without Contrast Mate                                                                                                                                |
| eviCore           | High-Tech Radiology | 72196    | Magnetic Resonance (Eg, Proton) Imaging, Pelvis; With Contrast Materia                                                                                                                                |
| eviCore           | High-Tech Radiology | 72197    | Magnetic Resonance (Eg, Proton) Imaging, Pelvis; Without Contrast Mate                                                                                                                                |
| eviCore           | High-Tech Radiology | 72198    | Magnetic Resonance Angiography, Pelvis, With Or Without Contrast Mater                                                                                                                                |
| eviCore           | High-Tech Radiology | 73200    | Computed Tomography, Upper Extremity; Without Contrast Material                                                                                                                                       |
| eviCore           | High-Tech Radiology | 73201    | Computed Tomography, Upper Extremity; With Contrast Material(S)                                                                                                                                       |
| eviCore           | High-Tech Radiology | 73202    | Computed Tomography, Upper Extremity; Without Contrast Material, Follo                                                                                                                                |
| eviCore           | High-Tech Radiology | 73206    | Computed Tomographic Angiography, Upper Extremity, With Contrast Mater                                                                                                                                |
| eviCore           | High-Tech Radiology | 73218    | Magnetic Resonance (Eg, Proton) Imaging, Upper Extremity, Other Than J                                                                                                                                |
| eviCore           | High-Tech Radiology | 73219    | Magnetic Resonance (Eg, Proton) Imaging, Upper Extremity, Other Than J                                                                                                                                |
| eviCore           | High-Tech Radiology | 73220    | Magnetic Resonance (Eg, Proton) Imaging, Upper Extremity, Other Than J                                                                                                                                |
| eviCore           | High-Tech Radiology | 73221    | Magnetic Resonance (Eg, Proton) Imaging, Any Joint Of Upper Extremity;                                                                                                                                |
| eviCore           | High-Tech Radiology | 73222    | Magnetic Resonance (Eg, Proton) Imaging, Any Joint Of Upper Extremity;                                                                                                                                |
| eviCore           | High-Tech Radiology | 73223    | Magnetic Resonance (Eg, Proton) Imaging, Any Joint Of Upper Extremity;                                                                                                                                |
| eviCore           | High-Tech Radiology | 73225    | Magnetic Resonance Angiography, Upper Extremity, With Or Without Contr                                                                                                                                |
| eviCore           | High-Tech Radiology | 73700    | Computed Tomography, Lower Extremity; Without Contrast Material                                                                                                                                       |
| eviCore           | High-Tech Radiology | 73701    | Computed Tomography, Lower Extremity; With Contrast Material(S)                                                                                                                                       |
| eviCore           | High-Tech Radiology | 73702    | Computed Tomography, Lower Extremity; Without Contrast Material, Follo                                                                                                                                |
| eviCore           | High-Tech Radiology | 73706    | Computed Tomographic Angiography, Lower Extremity, With Contrast Mater                                                                                                                                |
| eviCore           | High-Tech Radiology | 73718    | Magnetic Resonance (Eg, Proton) Imaging, Lower Extremity Other Than Jo                                                                                                                                |
| eviCore           | High-Tech Radiology | 73719    | Magnetic Resonance (Eg, Proton) Imaging, Lower Extremity Other Than Jo                                                                                                                                |
| eviCore           | High-Tech Radiology | 73720    | Magnetic Resonance (Eg, Proton) Imaging, Lower Extremity Other Than Jo                                                                                                                                |
| eviCore           | High-Tech Radiology | 73721    | Magnetic Resonance (Eg, Proton) Imaging, Any Joint Of Lower Extremity;                                                                                                                                |
| eviCore           | High-Tech Radiology | 73722    | Magnetic Resonance (Eg, Proton) Imaging, Any Joint Of Lower Extremity;                                                                                                                                |
| eviCore           | High-Tech Radiology | 73723    | Magnetic Resonance (Eg, Proton) Imaging, Any Joint Of Lower Extremity;                                                                                                                                |
| eviCore           | High-Tech Radiology | 73725    | Magnetic Resonance Angiography, Lower Extremity, With Or Without Contr                                                                                                                                |
| eviCore           | High-Tech Radiology | 74150    | Computed Tomography, Abdomen; Without Contrast Material                                                                                                                                               |
| eviCore           | High-Tech Radiology | 74160    | Computed Tomography, Abdomen; With Contrast Material(S)                                                                                                                                               |
| eviCore           | High-Tech Radiology | 74170    | Computed Tomography, Abdomen; Without Contrast Material, Followed By C                                                                                                                                |
| eviCore           | High-Tech Radiology | 74174    | Computed Tomographic Angiography, Abdomen And Pelvis, With Contrast Ma                                                                                                                                |
| eviCore           | High-Tech Radiology | 74175    | Computed Tomographic Angiography, Abdomen, With Contrast Material(S)                                                                                                                                  |
| eviCore           | High-Tech Radiology | 74176    | Computed Tomography, Abdomen And Pelvis; Without Contrast Material                                                                                                                                    |
| eviCore           | High-Tech Radiology | 74177    | Computed Tomography, Abdomen And Pelvis; With Contrast Material(S)                                                                                                                                    |
| eviCore           | High-Tech Radiology | 74178    | Computed Tomography, Abdomen And Pelvis; Without Contrast Material In                                                                                                                                 |
| eviCore           | High-Tech Radiology | 74181    | Magnetic Resonance (Eg, Proton) Imaging, Abdomen; Without Contrast Mat                                                                                                                                |
| eviCore           | High-Tech Radiology | 74182    | Magnetic Resonance (Eg, Proton) Imaging, Abdomen; With Contrast Materi                                                                                                                                |
| eviCore           | High-Tech Radiology | 74183    | Magnetic Resonance (Eg, Proton) Imaging, Abdomen; Without Contrast Mat                                                                                                                                |
| eviCore           | High-Tech Radiology | 74185    | Magnetic Resonance Angiography, Abdomen, With Or Without Contrast Mate                                                                                                                                |
| eviCore           | High-Tech Radiology | 74261    | Computed Tomographic (Ct) Colonography, Diagnostic, Including Image Po                                                                                                                                |
| eviCore           | High-Tech Radiology | 74262    | Computed Tomographic (Ct) Colonography, Diagnostic, Including Image Po                                                                                                                                |
| eviCore           | High-Tech Radiology | 74263    | Computed Tomographic (Ct) Colonography, Screening, Including Image Pos                                                                                                                                |
| eviCore           | High-Tech Radiology | 74710    | Pelvimetry, with or without placental localization                                                                                                                                                    |
| eviCore           | High-Tech Radiology | 74712    | Mri Fetal Sngl/1St Gestation                                                                                                                                                                          |
| eviCore           | High-Tech Radiology | 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) |
| eviCore           | High-Tech Radiology | 75557    | Cardiac magnetic resonance imaging for morphology and function without contrast material;                                                                                                             |
| eviCore           | High-Tech Radiology | 75559    | Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging                                                                                         |
| eviCore           | High-Tech Radiology | 75561    | Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences;                                                  |

# Arkansas Medicare Advantage Prior Authorization List



| Responsible Party | Category            | CPT Code | Description                                                                                                                                                                                                                                                                                                                                     |
|-------------------|---------------------|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| eviCore           | High-Tech Radiology | 75563    | Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging                                                                                                                                                                        |
| eviCore           | High-Tech Radiology | 75571    | Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium                                                                                                                                                                                                                                         |
| eviCore           | High-Tech Radiology | 75572    | Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)                                                                                                                   |
| eviCore           | High-Tech Radiology | 75573    | Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of left ventricular [LV] cardiac function, right ventricular [RV] structure and function and evaluation of vascular structures, if performed)  |
| eviCore           | High-Tech Radiology | 75580    | Noninvasive estimate of coronary fractional flow reserve (FFR) derived from augmentative software analysis of the data set from a coronary computed tomography angiography, with interpretation and report by a physician or other qualified health care professional                                                                           |
| eviCore           | High-Tech Radiology | 75635    | Computed Tomographic Angiography, Abdominal Aorta And Bilateral Iliofe                                                                                                                                                                                                                                                                          |
| eviCore           | High-Tech Radiology | 76390    | Magnetic Resonance Spectroscopy                                                                                                                                                                                                                                                                                                                 |
| eviCore           | High-Tech Radiology | 76391    | Magnetic Resonance (Eg, Vibration) Elastography                                                                                                                                                                                                                                                                                                 |
| eviCore           | High-Tech Radiology | 76497    | Unlisted computed tomography procedure (eg, diagnostic, interventional)                                                                                                                                                                                                                                                                         |
| eviCore           | High-Tech Radiology | 76498    | Unlisted magnetic resonance procedure (eg, diagnostic, interventional)                                                                                                                                                                                                                                                                          |
| eviCore           | High-Tech Radiology | 77046    | Magnetic Resonance Imaging, Breast, Without Contrast Material; Unilateral                                                                                                                                                                                                                                                                       |
| eviCore           | High-Tech Radiology | 77047    | Magnetic Resonance Imaging, Breast, Without Contrast Material; Bilateral                                                                                                                                                                                                                                                                        |
| eviCore           | High-Tech Radiology | 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                                                                                                                       |
| eviCore           | High-Tech Radiology | 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                                                                                                                        |
| eviCore           | High-Tech Radiology | 77084    | Magnetic Resonance (Eg, Proton) Imaging, Bone Marrow Blood Supply                                                                                                                                                                                                                                                                               |
| eviCore           | High-Tech Radiology | 78012    | Thyroid Uptake, Single Or Multiple Quantitative Measurement(S) (Includ                                                                                                                                                                                                                                                                          |
| eviCore           | High-Tech Radiology | 78013    | Thyroid Imaging (Including Vascular Flow, When Performed);                                                                                                                                                                                                                                                                                      |
| eviCore           | High-Tech Radiology | 78014    | Thyroid Imaging (Including Vascular Flow, When Performed); With Single                                                                                                                                                                                                                                                                          |
| eviCore           | High-Tech Radiology | 78015    | Thyroid Carcinoma Metastases Imaging; Limited Area (Eg, Neck And Chest                                                                                                                                                                                                                                                                          |
| eviCore           | High-Tech Radiology | 78016    | Thyroid Carcinoma Metastases Imaging; With Additional Studies (Eg, Uri                                                                                                                                                                                                                                                                          |
| eviCore           | High-Tech Radiology | 78018    | Thyroid Carcinoma Metastases Imaging; Whole Body                                                                                                                                                                                                                                                                                                |
| eviCore           | High-Tech Radiology | 78020    | Thyroid Carcinoma Metastases Uptake (List Separately In Addition To Co                                                                                                                                                                                                                                                                          |
| eviCore           | High-Tech Radiology | 78070    | Parathyroid Planar Imaging (Including Subtraction, When Performed);                                                                                                                                                                                                                                                                             |
| eviCore           | High-Tech Radiology | 78071    | Parathyroid Planar Imaging (Including Subtraction, When Performed); Wi                                                                                                                                                                                                                                                                          |
| eviCore           | High-Tech Radiology | 78072    | Parathyroid Planar Imaging (Including Subtraction, When Performed); Wi                                                                                                                                                                                                                                                                          |
| eviCore           | High-Tech Radiology | 78075    | Adrenal Imaging, Cortex And/Or Medulla                                                                                                                                                                                                                                                                                                          |
| eviCore           | High-Tech Radiology | 78102    | Bone Marrow Imaging; Limited Area                                                                                                                                                                                                                                                                                                               |
| eviCore           | High-Tech Radiology | 78103    | Bone Marrow Imaging; Multiple Areas                                                                                                                                                                                                                                                                                                             |
| eviCore           | High-Tech Radiology | 78104    | Bone Marrow Imaging; Whole Body                                                                                                                                                                                                                                                                                                                 |
| eviCore           | High-Tech Radiology | 78185    | Spleen Imaging Only, With Or Without Vascular Flow                                                                                                                                                                                                                                                                                              |
| eviCore           | High-Tech Radiology | 78195    | Lymphatics And Lymph Nodes Imaging                                                                                                                                                                                                                                                                                                              |
| eviCore           | High-Tech Radiology | 78201    | Liver Imaging; Static Only                                                                                                                                                                                                                                                                                                                      |
| eviCore           | High-Tech Radiology | 78202    | Liver Imaging; With Vascular Flow                                                                                                                                                                                                                                                                                                               |
| eviCore           | High-Tech Radiology | 78215    | Liver And Spleen Imaging; Static Only                                                                                                                                                                                                                                                                                                           |
| eviCore           | High-Tech Radiology | 78216    | Liver And Spleen Imaging; With Vascular Flow                                                                                                                                                                                                                                                                                                    |
| eviCore           | High-Tech Radiology | 78226    | Hepatobiliary System Imaging, Including Gallbladder When Present;                                                                                                                                                                                                                                                                               |
| eviCore           | High-Tech Radiology | 78227    | Hepatobiliary System Imaging, Including Gallbladder When Present; With                                                                                                                                                                                                                                                                          |
| eviCore           | High-Tech Radiology | 78230    | Salivary Gland Imaging;                                                                                                                                                                                                                                                                                                                         |
| eviCore           | High-Tech Radiology | 78231    | Salivary Gland Imaging; With Serial Images                                                                                                                                                                                                                                                                                                      |
| eviCore           | High-Tech Radiology | 78232    | Salivary Gland Function Study                                                                                                                                                                                                                                                                                                                   |
| eviCore           | High-Tech Radiology | 78258    | Esophageal Motility                                                                                                                                                                                                                                                                                                                             |
| eviCore           | High-Tech Radiology | 78261    | Gastric Mucosa Imaging                                                                                                                                                                                                                                                                                                                          |
| eviCore           | High-Tech Radiology | 78262    | Gastroesophageal Reflux Study                                                                                                                                                                                                                                                                                                                   |
| eviCore           | High-Tech Radiology | 78264    | Gastric Emptying Study                                                                                                                                                                                                                                                                                                                          |
| eviCore           | High-Tech Radiology | 78265    | Gastric Emptying Imaging Study, W/Small Bowel Transit                                                                                                                                                                                                                                                                                           |
| eviCore           | High-Tech Radiology | 78266    | Gastric Emptying Imag Study                                                                                                                                                                                                                                                                                                                     |
| eviCore           | High-Tech Radiology | 78278    | Acute Gastrointestinal Blood Loss Imaging                                                                                                                                                                                                                                                                                                       |
| eviCore           | High-Tech Radiology | 78290    | Intestine Imaging (Eg, Ectopic Gastric Mucosa, Meckel'S Localization,                                                                                                                                                                                                                                                                           |
| eviCore           | High-Tech Radiology | 78291    | Peritoneal-Venous Shunt Patency Test (Eg, For Leveen, Denver Shunt)                                                                                                                                                                                                                                                                             |
| eviCore           | High-Tech Radiology | 78300    | Bone And/Or Joint Imaging; Limited Area                                                                                                                                                                                                                                                                                                         |
| eviCore           | High-Tech Radiology | 78305    | Bone And/Or Joint Imaging; Multiple Areas                                                                                                                                                                                                                                                                                                       |
| eviCore           | High-Tech Radiology | 78306    | Bone And/Or Joint Imaging; Whole Body                                                                                                                                                                                                                                                                                                           |
| eviCore           | High-Tech Radiology | 78315    | Bone And/Or Joint Imaging; 3 Phase Study                                                                                                                                                                                                                                                                                                        |
| eviCore           | High-Tech Radiology | 78414    | Determination of central c-v hemodynamics (non-imaging) (eg, ejection fraction with probe technique) with or without pharmacologic intervention or exercise, single or multiple determinations                                                                                                                                                  |
| eviCore           | High-Tech Radiology | 78428    | Cardiac shunt detection                                                                                                                                                                                                                                                                                                                         |
| eviCore           | High-Tech Radiology | 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                                                                                           |
| eviCore           | High-Tech Radiology | 78430    | Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan                                                       |
| eviCore           | High-Tech Radiology | 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                                                   |
| eviCore           | High-Tech Radiology | 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);                                                                                                     |
| eviCore           | High-Tech Radiology | 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                                    |
| eviCore           | High-Tech Radiology | 78445    | Non-Cardiac Vascular Flow Imaging (Ie, Angiography, Venography)                                                                                                                                                                                                                                                                                 |
| eviCore           | High-Tech Radiology | 78451    | Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)                                                       |
| eviCore           | High-Tech Radiology | 78452    | Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection |
| eviCore           | High-Tech Radiology | 78453    | Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)                                                                                            |
| eviCore           | High-Tech Radiology | 78454    | Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection                                      |
| eviCore           | High-Tech Radiology | 78456    | Acute Venous Thrombosis Imaging, Peptide                                                                                                                                                                                                                                                                                                        |
| eviCore           | High-Tech Radiology | 78457    | Venous Thrombosis Imaging, Venogram; Unilateral                                                                                                                                                                                                                                                                                                 |
| eviCore           | High-Tech Radiology | 78458    | Venous Thrombosis Imaging, Venogram; Bilateral                                                                                                                                                                                                                                                                                                  |
| eviCore           | High-Tech Radiology | 78459    | Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study;                                                                                                                                                            |
| eviCore           | High-Tech Radiology | 78466    | Myocardial imaging, infarct avid, planar; qualitative or quantitative                                                                                                                                                                                                                                                                           |
| eviCore           | High-Tech Radiology | 78468    | Myocardial imaging, infarct avid, planar; with ejection fraction by first pass technique                                                                                                                                                                                                                                                        |
| eviCore           | High-Tech Radiology | 78469    | Myocardial imaging, infarct avid, planar; tomographic SPECT with or without quantification                                                                                                                                                                                                                                                      |
| eviCore           | High-Tech Radiology | 78472    | Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing                                                                                                                             |
| eviCore           | High-Tech Radiology | 78473    | Cardiac blood pool imaging, gated equilibrium; multiple studies, wall motion study plus ejection fraction, at rest and stress (exercise and/or pharmacologic), with or without additional quantification                                                                                                                                        |
| eviCore           | High-Tech Radiology | 78481    | Cardiac blood pool imaging (planar), first pass technique; single study, at rest or with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification                                                                                                                                       |

# Arkansas Medicare Advantage Prior Authorization List



| Responsible Party | Category            | CPT Code | Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-------------------|---------------------|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| eviCore           | High-Tech Radiology | 78483    | Cardiac blood pool imaging (planar), first pass technique; multiple studies, at rest and with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification                                                                                                                                                                                                                                                                      |
| eviCore           | High-Tech Radiology | 78491    | 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)                                                                                                                                                                                                                                                             |
| eviCore           | High-Tech Radiology | 78492    | 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)                                                                                                                                                                                                                                                         |
| eviCore           | High-Tech Radiology | 78494    | Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction, with or without quantitative processing                                                                                                                                                                                                                                                                                                                                    |
| eviCore           | High-Tech Radiology | 78579    | Pulmonary Ventilation Imaging (Eg, Aerosol Or Gas)                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| eviCore           | High-Tech Radiology | 78580    | Pulmonary Perfusion Imaging (Eg, Particulate)                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| eviCore           | High-Tech Radiology | 78582    | Pulmonary Ventilation (Eg, Aerosol Or Gas) And Perfusion Imaging                                                                                                                                                                                                                                                                                                                                                                                                                    |
| eviCore           | High-Tech Radiology | 78597    | Quantitative Differential Pulmonary Perfusion, Including Imaging When                                                                                                                                                                                                                                                                                                                                                                                                               |
| eviCore           | High-Tech Radiology | 78598    | Quantitative Differential Pulmonary Perfusion And Ventilation (Eg, Aer                                                                                                                                                                                                                                                                                                                                                                                                              |
| eviCore           | High-Tech Radiology | 78600    | Brain Imaging, Less Than 4 Static Views;                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| eviCore           | High-Tech Radiology | 78601    | Brain Imaging, Less Than 4 Static Views; With Vascular Flow                                                                                                                                                                                                                                                                                                                                                                                                                         |
| eviCore           | High-Tech Radiology | 78605    | Brain Imaging, Minimum 4 Static Views;                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| eviCore           | High-Tech Radiology | 78606    | Brain Imaging, Minimum 4 Static Views; With Vascular Flow                                                                                                                                                                                                                                                                                                                                                                                                                           |
| eviCore           | High-Tech Radiology | 78608    | Brain Imaging, Positron Emission Tomography (Pet); Metabolic Evaluatio                                                                                                                                                                                                                                                                                                                                                                                                              |
| eviCore           | High-Tech Radiology | 78609    | Brain Imaging, Positron Emission Tomography (Pet); Perfusion Evaluatio                                                                                                                                                                                                                                                                                                                                                                                                              |
| eviCore           | High-Tech Radiology | 78725    | Kidney Function Study, Non-Imaging Radioisotopic Study                                                                                                                                                                                                                                                                                                                                                                                                                              |
| eviCore           | High-Tech Radiology | 78730    | Urinary Bladder Residual Study (List Separately In Addition To Code Fo                                                                                                                                                                                                                                                                                                                                                                                                              |
| eviCore           | High-Tech Radiology | 78740    | Ureteral Reflux Study (Radiopharmaceutical Voiding Cystogram)                                                                                                                                                                                                                                                                                                                                                                                                                       |
| eviCore           | High-Tech Radiology | 78761    | Testicular Imaging With Vascular Flow                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| eviCore           | High-Tech Radiology | 78800    | Radiopharmaceutical Localization Of Tumor Or Distribution Of Radiophar                                                                                                                                                                                                                                                                                                                                                                                                              |
| eviCore           | High-Tech Radiology | 78801    | Radiopharmaceutical Localization Of Tumor Or Distribution Of Radiophar                                                                                                                                                                                                                                                                                                                                                                                                              |
| eviCore           | High-Tech Radiology | 78802    | Radiopharmaceutical Localization Of Tumor Or Distribution Of Radiophar                                                                                                                                                                                                                                                                                                                                                                                                              |
| eviCore           | High-Tech Radiology | 78803    | Radiopharmaceutical Localization Of Tumor Or Distribution Of Radiophar                                                                                                                                                                                                                                                                                                                                                                                                              |
| eviCore           | High-Tech Radiology | 78804    | Radiopharmaceutical Localization Of Tumor Or Distribution Of Radiophar                                                                                                                                                                                                                                                                                                                                                                                                              |
| eviCore           | High-Tech Radiology | 78811    | Positron Emission Tomography (Pet) Imaging; Limited Area (Eg, Chest, H                                                                                                                                                                                                                                                                                                                                                                                                              |
| eviCore           | High-Tech Radiology | 78812    | Positron Emission Tomography (Pet) Imaging; Skull Base To Mid-Thigh                                                                                                                                                                                                                                                                                                                                                                                                                 |
| eviCore           | High-Tech Radiology | 78813    | Positron Emission Tomography (Pet) Imaging; Whole Body                                                                                                                                                                                                                                                                                                                                                                                                                              |
| eviCore           | High-Tech Radiology | 78814    | Positron Emission Tomography (Pet) With Concurrently Acquired Computed                                                                                                                                                                                                                                                                                                                                                                                                              |
| eviCore           | High-Tech Radiology | 78815    | Positron Emission Tomography (Pet) With Concurrently Acquired Computed                                                                                                                                                                                                                                                                                                                                                                                                              |
| eviCore           | High-Tech Radiology | 78816    | Positron Emission Tomography (Pet) With Concurrently Acquired Computed                                                                                                                                                                                                                                                                                                                                                                                                              |
| eviCore           | High-Tech Radiology | 78830    | Radiopharmaceutical Localization Of Tumor, Inflammatory Process Or Distribution Of Radiopharmaceutical Agent(S) (Includes Vascular Flow And Blood Pool Imaging, When Performed); Tomographic (Spect) With Concurrently Acquired Computed Tomography (Ct) Transmission Scan For Anatomical Review, Localization And Determination/Detection Of Pathology, Single Area (Eg, Head, Neck, Chest, Pelvis), Single Day Imaging                                                            |
| eviCore           | High-Tech Radiology | 78831    | Radiopharmaceutical Localization Of Tumor, Inflammatory Process Or Distribution Of Radiopharmaceutical Agent(S) (Includes Vascular Flow And Blood Pool imaging, When Performed); Tomographic (Spect), Minimum 2 Areas (Eg, Pelvis And Knees, Abdomen And Pelvis), Single Day Imaging, Or Single Area Imaging Over 2 Or More Days                                                                                                                                                    |
| eviCore           | High-Tech Radiology | 78832    | Radiopharmaceutical Localization Of Tumor, Inflammatory Process Or Distribution Of Radiopharmaceutical Agent(S) (Includes Vascular Flow And Blood Pool Imaging, When Performed); Tomographic (Spect) With Concurrently Acquired Computed Tomography (Ct) Transmission Scan For Anatomical Review, Localization And Determination/Detection Of Pathology, Minimum 2 Areas (Eg, Pelvis And Knees, Abdomen And Pelvis), Single Day Imaging, Or Single Area Imaging Over 2 Or More Days |
| eviCore           | High-Tech Radiology | C8900    | Magnetic Resonance Angiography With Contrast, Abdomen                                                                                                                                                                                                                                                                                                                                                                                                                               |
| eviCore           | High-Tech Radiology | C8901    | Magnetic Resonance Angiography Without Contrast, Abdomen                                                                                                                                                                                                                                                                                                                                                                                                                            |
| eviCore           | High-Tech Radiology | C8902    | Magnetic Resonance Angiography Without Contrast Followed By With Contr                                                                                                                                                                                                                                                                                                                                                                                                              |
| eviCore           | High-Tech Radiology | C8903    | Magnetic Resonance Imaging With Contrast, Breast; Unilateral                                                                                                                                                                                                                                                                                                                                                                                                                        |
| eviCore           | High-Tech Radiology | C8905    | Magnetic Resonance Imaging Without Contrast Followed By With Contrast,                                                                                                                                                                                                                                                                                                                                                                                                              |
| eviCore           | High-Tech Radiology | C8906    | Magnetic Resonance Imaging With Contrast, Breast; Bilateral                                                                                                                                                                                                                                                                                                                                                                                                                         |
| eviCore           | High-Tech Radiology | C8908    | Magnetic Resonance Imaging Without Contrast Followed By With Contrast,                                                                                                                                                                                                                                                                                                                                                                                                              |
| eviCore           | High-Tech Radiology | C8909    | Magnetic Resonance Angiography With Contrast, Chest (Excluding Myocard                                                                                                                                                                                                                                                                                                                                                                                                              |
| eviCore           | High-Tech Radiology | C8910    | Magnetic Resonance Angiography Without Contrast, Chest (Excluding Myoc                                                                                                                                                                                                                                                                                                                                                                                                              |
| eviCore           | High-Tech Radiology | C8911    | Magnetic Resonance Angiography Without Contrast Followed By With Contr                                                                                                                                                                                                                                                                                                                                                                                                              |
| eviCore           | High-Tech Radiology | C8912    | Magnetic Resonance Angiography With Contrast, Lower Extremity                                                                                                                                                                                                                                                                                                                                                                                                                       |
| eviCore           | High-Tech Radiology | C8913    | Magnetic Resonance Angiography Without Contrast, Lower Extremity                                                                                                                                                                                                                                                                                                                                                                                                                    |
| eviCore           | High-Tech Radiology | C8914    | Magnetic Resonance Angiography Without Contrast Followed By With Contr                                                                                                                                                                                                                                                                                                                                                                                                              |
| eviCore           | High-Tech Radiology | C8918    | Magnetic Resonance Angiography With Contrast, Pelvis                                                                                                                                                                                                                                                                                                                                                                                                                                |
| eviCore           | High-Tech Radiology | C8919    | Magnetic Resonance Angiography Without Contrast, Pelvis                                                                                                                                                                                                                                                                                                                                                                                                                             |
| eviCore           | High-Tech Radiology | C8920    | Magnetic Resonance Angiography Without Contrast Followed By With Contr                                                                                                                                                                                                                                                                                                                                                                                                              |
| eviCore           | High-Tech Radiology | C8931    | Magnetic Resonance Angiography With Contrast, Spinal Canal And Content                                                                                                                                                                                                                                                                                                                                                                                                              |
| eviCore           | High-Tech Radiology | C8932    | Magnetic Resonance Angiography Without Contrast, Spinal Canal And Cont                                                                                                                                                                                                                                                                                                                                                                                                              |
| eviCore           | High-Tech Radiology | C8933    | Magnetic Resonance Angiography Without Contrast Followed By With Contr                                                                                                                                                                                                                                                                                                                                                                                                              |
| eviCore           | High-Tech Radiology | C8934    | Magnetic Resonance Angiography With Contrast, Upper Extremity                                                                                                                                                                                                                                                                                                                                                                                                                       |
| eviCore           | High-Tech Radiology | C8935    | Magnetic Resonance Angiography Without Contrast, Upper Extremity                                                                                                                                                                                                                                                                                                                                                                                                                    |
| eviCore           | High-Tech Radiology | C8936    | Magnetic Resonance Angiography Without Contrast Followed By With Contr                                                                                                                                                                                                                                                                                                                                                                                                              |
| eviCore           | High-Tech Radiology | C9791    | Magnetic resonance imaging with inhaled hyperpolarized xenon-129 contrast agent, chest, including preparation and administration of agent                                                                                                                                                                                                                                                                                                                                           |
| eviCore           | High-Tech Radiology | G0219    | Pet Imaging Whole Body; Melanoma For Noncovered Indications                                                                                                                                                                                                                                                                                                                                                                                                                         |
| eviCore           | High-Tech Radiology | G0235    | Pet Imaging, Any Site, Not Otherwise Specified                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| eviCore           | Prosthetics/DME     | A4238    | Supply allowance for adjunctive continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 unit of service                                                                                                                                                                                                                                                                                                                                         |
| eviCore           | Prosthetics/DME     | A4239    | Supply allowance for non-adjunctive, non-implanted continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 unit of service                                                                                                                                                                                                                                                                                                                      |
| eviCore           | Prosthetics/DME     | A4555    | Electrode/transducer for use with electrical stimulation device used for cancer treatment, replacement only                                                                                                                                                                                                                                                                                                                                                                         |
| eviCore           | Prosthetics/DME     | A4563    | Rectal Control System For Vaginal Insertion, For Long Term Use, Includes Pump And All Supplies And Accessories, Any Type Each                                                                                                                                                                                                                                                                                                                                                       |
| eviCore           | Prosthetics/DME     | A4575    | Topical Hyperbaric Oxygen Chamber, Disposable                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| eviCore           | Prosthetics/DME     | A4649    | Surgical Supply; Miscellaneous                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| eviCore           | Prosthetics/DME     | A5500    | For diabetics only, fitting (including follow-up), custom preparation and supply of off-the-shelf depth-inlay shoe manufactured to accommodate multidensity insert(s), per shoe                                                                                                                                                                                                                                                                                                     |
| eviCore           | Prosthetics/DME     | A5501    | For diabetics only, fitting (including follow-up), custom preparation and supply of shoe molded from cast(s) of patient's foot (custom molded shoe), per shoe                                                                                                                                                                                                                                                                                                                       |
| eviCore           | Prosthetics/DME     | A5503    | For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with roller or rigid rocker bottom, per shoe                                                                                                                                                                                                                                                                                                                           |
| eviCore           | Prosthetics/DME     | A5504    | For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with wedge(s), per shoe                                                                                                                                                                                                                                                                                                                                                |
| eviCore           | Prosthetics/DME     | A5505    | For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with metatarsal bar, per shoe                                                                                                                                                                                                                                                                                                                                          |
| eviCore           | Prosthetics/DME     | A5506    | For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with off-set heel(s), per shoe                                                                                                                                                                                                                                                                                                                                         |
| eviCore           | Prosthetics/DME     | A5507    | For diabetics only, not otherwise specified modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe, per shoe                                                                                                                                                                                                                                                                                                                                      |
| eviCore           | Prosthetics/DME     | A5508    | For diabetics only, deluxe feature of off-the-shelf depth-inlay shoe or custom molded shoe, per shoe                                                                                                                                                                                                                                                                                                                                                                                |
| eviCore           | Prosthetics/DME     | A5510    | For diabetics only, direct formed, compression molded to patient's foot without external heat source, multiple-density insert(s) prefabricated, per shoe                                                                                                                                                                                                                                                                                                                            |
| eviCore           | Prosthetics/DME     | A5512    | For diabetics only, multiple density insert, direct formed, molded to foot after external heat source of 230 degrees Fahrenheit or higher, total contact with patient's foot, including arch, base layer minimum of 1/4 inch material of Shore A 35 durometer or 3/16 inch material of Shore A 40 durometer (or higher), prefabricated, each                                                                                                                                        |
| eviCore           | Prosthetics/DME     | A5513    | For diabetics only, multiple density insert, custom molded from model of patient's foot, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of Shore A 35 durometer (or higher), includes arch filler and other shaping material, custom fabricated, each                                                                                                                                                                                  |
| eviCore           | Prosthetics/DME     | A5514    | For Diabetics Only, Multiple Density Insert, Made By Direct Carving With Cam Technology From A Rectified Cad Model Created From A Digitized Scan Of The Patient, Total Contact With Patient's Foot, Including Arch, Base Layer Minimum Of 3/16 Inch Material Of Shore A 35 Durometer (Or Higher), Includes Arch Filler And Other Shaping Material, Custom Fabricated, Each                                                                                                          |
| eviCore           | Prosthetics/DME     | A7025    | High frequency chest wall oscillation system vest, replacement for use with patient-owned equipment, each                                                                                                                                                                                                                                                                                                                                                                           |
| eviCore           | Prosthetics/DME     | A9274    | External ambulatory insulin delivery system, disposable, each, includes all supplies and accessories                                                                                                                                                                                                                                                                                                                                                                                |
| eviCore           | Prosthetics/DME     | E0170    | Commode Chair With Integrated Seat Lift Mechanism, Electric, Any Type                                                                                                                                                                                                                                                                                                                                                                                                               |

# Arkansas Medicare Advantage Prior Authorization List

| Responsible Party | Category        | CPT Code | Description                                                                                                                                                                                                                                                 |
|-------------------|-----------------|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| eviCore           | Prosthetics/DME | E0193    | Powered Air Flotation Bed (Low Air Loss Therapy)                                                                                                                                                                                                            |
| eviCore           | Prosthetics/DME | E0194    | Air Fluidized Bed                                                                                                                                                                                                                                           |
| eviCore           | Prosthetics/DME | E0260    | Hospital Bed, Semi-Electric (Head And Foot Adjustment), With Any Type                                                                                                                                                                                       |
| eviCore           | Prosthetics/DME | E0261    | Hospital Bed, Semi-Electric (Head And Foot Adjustment), With Any Type                                                                                                                                                                                       |
| eviCore           | Prosthetics/DME | E0265    | Hospital Bed, Total Electric (Head, Foot, And Height Adjustments), Wit                                                                                                                                                                                      |
| eviCore           | Prosthetics/DME | E0266    | Hospital Bed, Total Electric (Head, Foot, And Height Adjustments), Wit                                                                                                                                                                                      |
| eviCore           | Prosthetics/DME | E0277    | Powered Pressure-Reducing Air Mattress                                                                                                                                                                                                                      |
| eviCore           | Prosthetics/DME | E0294    | Hospital Bed, Semi-Electric (Head And Foot Adjustment), Without Side R                                                                                                                                                                                      |
| eviCore           | Prosthetics/DME | E0295    | Hospital Bed, Semi-Electric (Head And Foot Adjustment), Without Side R                                                                                                                                                                                      |
| eviCore           | Prosthetics/DME | E0296    | Hospital Bed, Total Electric (Head, Foot, And Height Adjustments), Wit                                                                                                                                                                                      |
| eviCore           | Prosthetics/DME | E0297    | Hospital Bed, Total Electric (Head, Foot, And Height Adjustments), Wit                                                                                                                                                                                      |
| eviCore           | Prosthetics/DME | E0300    | Pediatric Crib, Hospital Grade, Fully Enclosed, With Or Without Top En                                                                                                                                                                                      |
| eviCore           | Prosthetics/DME | E0301    | Hospital Bed, Heavy-Duty, Extra Wide, With Weight Capacity Greater Tha                                                                                                                                                                                      |
| eviCore           | Prosthetics/DME | E0302    | Hospital Bed, Extra Heavy-Duty, Extra Wide, With Weight Capacity Great                                                                                                                                                                                      |
| eviCore           | Prosthetics/DME | E0303    | Hospital Bed, Heavy-Duty, Extra Wide, With Weight Capacity Greater Tha                                                                                                                                                                                      |
| eviCore           | Prosthetics/DME | E0304    | Hospital Bed, Extra Heavy-Duty, Extra Wide, With Weight Capacity Great                                                                                                                                                                                      |
| eviCore           | Prosthetics/DME | E0329    | Hospital Bed, Pediatric, Electric Or Semi-Electric, 360 Degree Side En                                                                                                                                                                                      |
| eviCore           | Prosthetics/DME | E0371    | Nonpowered Advanced Pressure Reducing Overlay For Mattress, Standard M                                                                                                                                                                                      |
| eviCore           | Prosthetics/DME | E0372    | Powered Air Overlay For Mattress, Standard Mattress Length And Width                                                                                                                                                                                        |
| eviCore           | Prosthetics/DME | E0373    | Nonpowered Advanced Pressure Reducing Mattress                                                                                                                                                                                                              |
| eviCore           | Prosthetics/DME | E0424    | Stationary Compressed Gaseous Oxygen System, Rental; Includes Containe                                                                                                                                                                                      |
| eviCore           | Prosthetics/DME | E0425    | Stationary Compressed Gas System, Purchase; Includes Regulator, Flowme                                                                                                                                                                                      |
| eviCore           | Prosthetics/DME | E0430    | Portable Gaseous Oxygen System, Purchase; Includes Regulator, Flowmete                                                                                                                                                                                      |
| eviCore           | Prosthetics/DME | E0431    | Portable Gaseous Oxygen System, Rental; Includes Portable Container, R                                                                                                                                                                                      |
| eviCore           | Prosthetics/DME | E0433    | Portable Liquid Oxygen System, Rental; Home Liquefier Used To Fill Por                                                                                                                                                                                      |
| eviCore           | Prosthetics/DME | E0434    | Portable Liquid Oxygen System, Rental; Includes Portable Container, Su                                                                                                                                                                                      |
| eviCore           | Prosthetics/DME | E0435    | Portable Liquid Oxygen System, Purchase; Includes Portable Container,                                                                                                                                                                                       |
| eviCore           | Prosthetics/DME | E0439    | Stationary Liquid Oxygen System, Rental; Includes Container, Contents,                                                                                                                                                                                      |
| eviCore           | Prosthetics/DME | E0440    | Stationary Liquid Oxygen System, Purchase; Includes Use Of Reservoir,                                                                                                                                                                                       |
| eviCore           | Prosthetics/DME | E0441    | Stationary Oxygen Contents, Gaseous, 1 Month'S Supply = 1 Unit                                                                                                                                                                                              |
| eviCore           | Prosthetics/DME | E0442    | Stationary Oxygen Contents, Liquid, 1 Month'S Supply = 1 Unit                                                                                                                                                                                               |
| eviCore           | Prosthetics/DME | E0443    | Portable Oxygen Contents, Gaseous, 1 Month'S Supply = 1 Unit                                                                                                                                                                                                |
| eviCore           | Prosthetics/DME | E0444    | Portable Oxygen Contents, Liquid, 1 Month'S Supply = 1 Unit                                                                                                                                                                                                 |
| eviCore           | Prosthetics/DME | E0447    | Portable Oxygen Contents, Liquid, 1 Month'S Supply = 1 Unit, Prescribed Amount At Rest Or Nighttime Exceeds 4 Liters Per Minute (Lpm)                                                                                                                       |
| eviCore           | Prosthetics/DME | E0466    | Home Vent., Any Type, Used W/Non-Invasive Interface,(E.G., Mask, Chest                                                                                                                                                                                      |
| eviCore           | Prosthetics/DME | E0467    | Home Ventilator, Multi Function Respiratory Device, Also Performs Any Or All Of The Additional Functions Of Oxygen Concentration, Drug Nebulization, Aspiration, And Cough Stimulation, Includes All Accessories, Components And Supplies For All Functions |
| eviCore           | Prosthetics/DME | E0470    | Respiratory Assist Device, Bi-Level Pressure Capability, Without Backu                                                                                                                                                                                      |
| eviCore           | Prosthetics/DME | E0471    | Respiratory Assist Device, Bi-Level Pressure Capability, With Back-Up                                                                                                                                                                                       |
| eviCore           | Prosthetics/DME | E0483    | High Frequency Chest Wall Oscillation Air-Pulse Generator System, (Inc                                                                                                                                                                                      |
| eviCore           | Prosthetics/DME | E0485    | Oral Device/Appliance Used To Reduce Upper Airway Collapsibility, Adju                                                                                                                                                                                      |
| eviCore           | Prosthetics/DME | E0486    | Oral Device/Appliance Used To Reduce Upper Airway Collapsibility, Adju                                                                                                                                                                                      |
| eviCore           | Prosthetics/DME | E0601    | Continuous Positive Airway Pressure (Cpap) Device                                                                                                                                                                                                           |
| eviCore           | Prosthetics/DME | E0636    | Multipositional Patient Support System, With Integrated Lift, Patient                                                                                                                                                                                       |
| eviCore           | Prosthetics/DME | E0651    | Pneumatic Compressor, Segmental Home Model Without Calibrated Gradient                                                                                                                                                                                      |
| eviCore           | Prosthetics/DME | E0652    | Pneumatic Compressor, Segmental Home Model With Calibrated Gradient Pr                                                                                                                                                                                      |
| eviCore           | Prosthetics/DME | E0675    | Pneumatic Compression Device, High Pressure, Rapid Inflation/Deflation                                                                                                                                                                                      |
| eviCore           | Prosthetics/DME | E0676    | Intermittent Limb Compression Device (Includes All Accessories), Not O                                                                                                                                                                                      |
| eviCore           | Prosthetics/DME | E0747    | Osteogenesis Stimulator, Electrical, Noninvasive, Other Than Spinal Ap                                                                                                                                                                                      |
| eviCore           | Prosthetics/DME | E0748    | Osteogenesis Stimulator, Electrical, Noninvasive, Spinal Applications                                                                                                                                                                                       |
| eviCore           | Prosthetics/DME | E0760    | Osteogenesis Stimulator, Low Intensity Ultrasound, Noninvasive                                                                                                                                                                                              |
| eviCore           | Prosthetics/DME | E0764    | Functional Neuromuscular Stimulation, Transcutaneous Stimulation Of Se                                                                                                                                                                                      |
| eviCore           | Prosthetics/DME | E0766    | Electrical Stimulation Device Used For Cancer Treatment, Includes All                                                                                                                                                                                       |
| eviCore           | Prosthetics/DME | E0770    | Functional Electrical Stimulator, Transcutaneous Stimulation Of Nerve                                                                                                                                                                                       |
| eviCore           | Prosthetics/DME | E0779    | Ambulatory Infusion Pump, Mechanical, Reusable, For Infusion 8 Hours O                                                                                                                                                                                      |
| eviCore           | Prosthetics/DME | E0780    | Ambulatory Infusion Pump, Mechanical, Reusable, For Infusion Less Than                                                                                                                                                                                      |
| eviCore           | Prosthetics/DME | E0781    | Ambulatory Infusion Pump, Single Or Multiple Channels, Electric Or Bat                                                                                                                                                                                      |
| eviCore           | Prosthetics/DME | E0782    | Infusion pump, implantable, nonprogrammable (includes all components, e.g., pump, catheter, connectors, etc.)                                                                                                                                               |
| eviCore           | Prosthetics/DME | E0783    | Infusion pump system, implantable, programmable (includes all components, e.g., pump, catheter, connectors, etc.)                                                                                                                                           |
| eviCore           | Prosthetics/DME | E0784    | External Ambulatory Infusion Pump, Insulin                                                                                                                                                                                                                  |
| eviCore           | Prosthetics/DME | E0785    | Implantable intraspinal (epidural/intrathecal) catheter used with implantable infusion pump, replacement                                                                                                                                                    |
| eviCore           | Prosthetics/DME | E0786    | Implantable programmable infusion pump, replacement (excludes implantable intraspinal catheter)                                                                                                                                                             |
| eviCore           | Prosthetics/DME | E0791    | Parenteral Infusion Pump, Stationary, Single, Or Multichannel                                                                                                                                                                                               |
| eviCore           | Prosthetics/DME | E0935    | Continuous Passive Motion Exercise Device For Use On Knee Only                                                                                                                                                                                              |
| eviCore           | Prosthetics/DME | E0936    | Continuous Passive Motion Exercise Device For Use Other Than Knee                                                                                                                                                                                           |
| eviCore           | Prosthetics/DME | E0983    | Manual Wheelchair Accessory, Power Add-On To Convert Manual Wheelchair                                                                                                                                                                                      |
| eviCore           | Prosthetics/DME | E0984    | Manual Wheelchair Accessory, Power Add-On To Convert Manual Wheelchair                                                                                                                                                                                      |
| eviCore           | Prosthetics/DME | E0986    | Manual Wheelchair Accessory, Push-Rim Activated Power Assist System                                                                                                                                                                                         |
| eviCore           | Prosthetics/DME | E1035    | Multi-Positional Patient Transfer System, With Integrated Seat, Operat                                                                                                                                                                                      |
| eviCore           | Prosthetics/DME | E1036    | Multi-Positional Patient Transfer System, Extra-Wide, With Integrated                                                                                                                                                                                       |
| eviCore           | Prosthetics/DME | E1037    | Transport chair, pediatric size                                                                                                                                                                                                                             |
| eviCore           | Prosthetics/DME | E1161    | Manual Adult Size Wheelchair, Includes Tilt In Space                                                                                                                                                                                                        |
| eviCore           | Prosthetics/DME | E1229    | Wheelchair, Pediatric Size, Not Otherwise Specified                                                                                                                                                                                                         |
| eviCore           | Prosthetics/DME | E1232    | Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system                                                                                                                                                                         |
| eviCore           | Prosthetics/DME | E1233    | Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system                                                                                                                                                                        |
| eviCore           | Prosthetics/DME | E1234    | Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system                                                                                                                                                                      |
| eviCore           | Prosthetics/DME | E1235    | Wheelchair, pediatric size, rigid, adjustable, with seating system                                                                                                                                                                                          |
| eviCore           | Prosthetics/DME | E1236    | Wheelchair, pediatric size, folding, adjustable, with seating system                                                                                                                                                                                        |
| eviCore           | Prosthetics/DME | E1237    | Wheelchair, pediatric size, rigid, adjustable, without seating system                                                                                                                                                                                       |
| eviCore           | Prosthetics/DME | E1238    | Wheelchair, pediatric size, folding, adjustable, without seating system                                                                                                                                                                                     |
| eviCore           | Prosthetics/DME | E1390    | Oxygen Concentrator, Single Delivery Port, Capable Of Delivering 85 Perc                                                                                                                                                                                    |
| eviCore           | Prosthetics/DME | E1391    | Oxygen Concentrator, Dual Delivery Port, Capable Of Delivering 85 Perc                                                                                                                                                                                      |
| eviCore           | Prosthetics/DME | E1392    | Portable Oxygen Concentrator, Rental                                                                                                                                                                                                                        |
| eviCore           | Prosthetics/DME | E2102    | Adjunctive, non-implanted continuous glucose monitor or receiver                                                                                                                                                                                            |
| eviCore           | Prosthetics/DME | E2103    | Non-adjunctive, non-implanted continuous glucose monitor or receiver                                                                                                                                                                                        |
| eviCore           | Prosthetics/DME | E2300    | Wheelchair accessory, power seat elevation system                                                                                                                                                                                                           |
| eviCore           | Prosthetics/DME | E2402    | Negative Pressure Wound Therapy Electrical Pump, Stationary Or Portabl                                                                                                                                                                                      |
| eviCore           | Prosthetics/DME | E2502    | Speech Generating Device, Digitized Speech, Using Prerecorded Messages                                                                                                                                                                                      |
| eviCore           | Prosthetics/DME | E2504    | Speech Generating Device, Digitized Speech, Using Prerecorded Messages                                                                                                                                                                                      |
| eviCore           | Prosthetics/DME | E2506    | Speech Generating Device, Digitized Speech, Using Prerecorded Messages                                                                                                                                                                                      |
| eviCore           | Prosthetics/DME | E2508    | Speech Generating Device, Synthesized Speech, Requiring Message Formul                                                                                                                                                                                      |
| eviCore           | Prosthetics/DME | E2510    | Speech Generating Device, Synthesized Speech, Permitting Multiple Meth                                                                                                                                                                                      |
| eviCore           | Prosthetics/DME | E8000    | Gait trainer, pediatric size, posterior support, includes all accessories and components                                                                                                                                                                    |
| eviCore           | Prosthetics/DME | E8001    | Gait trainer, pediatric size, upright support, includes all accessories and components                                                                                                                                                                      |
| eviCore           | Prosthetics/DME | E8002    | Gait trainer, pediatric size, anterior support, includes all accessories and components                                                                                                                                                                     |
| eviCore           | Prosthetics/DME | K0005    | Ultralightweight Wheelchair                                                                                                                                                                                                                                 |
| eviCore           | Prosthetics/DME | K0007    | Extra Heavy-Duty Wheelchair                                                                                                                                                                                                                                 |
| eviCore           | Prosthetics/DME | K0008    | Custom Manual Wheelchair/Base                                                                                                                                                                                                                               |

# Arkansas Medicare Advantage Prior Authorization List



| Responsible Party | Category        | CPT Code | Description                                                                                                |
|-------------------|-----------------|----------|------------------------------------------------------------------------------------------------------------|
| eviCore           | Prosthetics/DME | K0009    | Other Manual Wheelchair/Base                                                                               |
| eviCore           | Prosthetics/DME | K0010    | Standard-Weight Frame Motorized/Power Wheelchair                                                           |
| eviCore           | Prosthetics/DME | K0011    | Standard-Weight Frame Motorized/Power Wheelchair With Programmable Con                                     |
| eviCore           | Prosthetics/DME | K0012    | Lightweight Portable Motorized/Power Wheelchair                                                            |
| eviCore           | Prosthetics/DME | K0013    | Custom Motorized/Power Wheelchair Base                                                                     |
| eviCore           | Prosthetics/DME | K0014    | Other Motorized/Power Wheelchair Base                                                                      |
| eviCore           | Prosthetics/DME | K0455    | Infusion Pump Used For Uninterrupted Parenteral Administration Of Medi                                     |
| eviCore           | Prosthetics/DME | K0606    | Automatic External Defibrillator, With Integrated Electrocardiogram An                                     |
| eviCore           | Prosthetics/DME | K0608    | Replacement Garment For Use With Automated External Defibrillator, Eac                                     |
| eviCore           | Prosthetics/DME | K0609    | Replacement Electrodes For Use With Automated External Defibrillator,                                      |
| eviCore           | Prosthetics/DME | K0738    | Portable Gaseous Oxygen System, Rental; Home Compressor Used To Fill P                                     |
| eviCore           | Prosthetics/DME | K0800    | Power Operated Vehicle, Group 1 Standard, Patient Weight Capacity Up T                                     |
| eviCore           | Prosthetics/DME | K0801    | Power Operated Vehicle, Group 1 Heavy-Duty, Patient Weight Capacity 30                                     |
| eviCore           | Prosthetics/DME | K0802    | Power Operated Vehicle, Group 1 Very Heavy-Duty, Patient Weight Capaci                                     |
| eviCore           | Prosthetics/DME | K0806    | Power Operated Vehicle, Group 2 Standard, Patient Weight Capacity Up T                                     |
| eviCore           | Prosthetics/DME | K0807    | Power Operated Vehicle, Group 2 Heavy-Duty, Patient Weight Capacity 30                                     |
| eviCore           | Prosthetics/DME | K0808    | Power Operated Vehicle, Group 2 Very Heavy-Duty, Patient Weight Capaci                                     |
| eviCore           | Prosthetics/DME | K0812    | Power Operated Vehicle, Not Otherwise Classified                                                           |
| eviCore           | Prosthetics/DME | K0813    | Power Wheelchair, Group 1 Standard, Portable, Sling/Solid Seat And Bac                                     |
| eviCore           | Prosthetics/DME | K0814    | Power Wheelchair, Group 1 Standard, Portable, Captain'S Chair, Patient                                     |
| eviCore           | Prosthetics/DME | K0815    | Power Wheelchair, Group 1 Standard, Sling/Solid Seat And Back, Patient                                     |
| eviCore           | Prosthetics/DME | K0816    | Power Wheelchair, Group 1 Standard, Captain'S Chair, Patient Weight Ca                                     |
| eviCore           | Prosthetics/DME | K0820    | Power Wheelchair, Group 2 Standard, Portable, Sling/Solid Seat/Back, P                                     |
| eviCore           | Prosthetics/DME | K0821    | Power Wheelchair, Group 2 Standard, Portable, Captain'S Chair, Patient                                     |
| eviCore           | Prosthetics/DME | K0822    | Power Wheelchair, Group 2 Standard, Sling/Solid Seat/Back, Patient Wei                                     |
| eviCore           | Prosthetics/DME | K0823    | Power Wheelchair, Group 2 Standard, Captain'S Chair, Patient Weight Ca                                     |
| eviCore           | Prosthetics/DME | K0824    | Power Wheelchair, Group 2 Heavy-Duty, Sling/Solid Seat/Back, Patient W                                     |
| eviCore           | Prosthetics/DME | K0825    | Power Wheelchair, Group 2 Heavy-Duty, Captain'S Chair, Patient Weight                                      |
| eviCore           | Prosthetics/DME | K0826    | Power Wheelchair, Group 2 Very Heavy-Duty, Sling/Solid Seat/Back, Pati                                     |
| eviCore           | Prosthetics/DME | K0827    | Power Wheelchair, Group 2 Very Heavy-Duty, Captain'S Chair, Patient We                                     |
| eviCore           | Prosthetics/DME | K0828    | Power Wheelchair, Group 2 Extra Heavy-Duty, Sling/Solid Seat/Back, Pat                                     |
| eviCore           | Prosthetics/DME | K0829    | Power Wheelchair, Group 2 Extra Heavy-Duty, Captain'S Chair, Patient W                                     |
| eviCore           | Prosthetics/DME | K0830    | Power Wheelchair, Group 2 Standard, Seat Elevator, Sling/Solid Seat/Ba                                     |
| eviCore           | Prosthetics/DME | K0831    | Power Wheelchair, Group 2 Standard, Seat Elevator, Captain'S Chair, Pa                                     |
| eviCore           | Prosthetics/DME | K0835    | Power Wheelchair, Group 2 Standard, Single Power Option, Sling/Solid S                                     |
| eviCore           | Prosthetics/DME | K0836    | Power Wheelchair, Group 2 Standard, Single Power Option, Captain'S Cha                                     |
| eviCore           | Prosthetics/DME | K0837    | Power Wheelchair, Group 2 Heavy-Duty, Single Power Option, Sling/Solid                                     |
| eviCore           | Prosthetics/DME | K0838    | Power Wheelchair, Group 2 Heavy-Duty, Single Power Option, Captain'S C                                     |
| eviCore           | Prosthetics/DME | K0839    | Power Wheelchair, Group 2 Very Heavy-Duty, Single Power Option Sling/S                                     |
| eviCore           | Prosthetics/DME | K0840    | Power Wheelchair, Group 2 Extra Heavy-Duty, Single Power Option, Sling                                     |
| eviCore           | Prosthetics/DME | K0841    | Power Wheelchair, Group 2 Standard, Multiple Power Option, Sling/Solid                                     |
| eviCore           | Prosthetics/DME | K0842    | Power Wheelchair, Group 2 Standard, Multiple Power Option, Captain'S C                                     |
| eviCore           | Prosthetics/DME | K0843    | Power Wheelchair, Group 2 Heavy-Duty, Multiple Power Option, Sling/Sol                                     |
| eviCore           | Prosthetics/DME | K0848    | Power Wheelchair, Group 3 Standard, Sling/Solid Seat/Back, Patient Wei                                     |
| eviCore           | Prosthetics/DME | K0849    | Power Wheelchair, Group 3 Standard, Captain'S Chair, Patient Weight Ca                                     |
| eviCore           | Prosthetics/DME | K0850    | Power Wheelchair, Group 3 Heavy-Duty, Sling/Solid Seat/Back, Patient W                                     |
| eviCore           | Prosthetics/DME | K0851    | Power Wheelchair, Group 3 Heavy-Duty, Captain'S Chair, Patient Weight                                      |
| eviCore           | Prosthetics/DME | K0852    | Power Wheelchair, Group 3 Very Heavy-Duty, Sling/Solid Seat/Back, Pati                                     |
| eviCore           | Prosthetics/DME | K0853    | Power Wheelchair, Group 3 Very Heavy-Duty, Captain'S Chair, Patient We                                     |
| eviCore           | Prosthetics/DME | K0854    | Power Wheelchair, Group 3 Extra Heavy-Duty, Sling/Solid Seat/Back, Pat                                     |
| eviCore           | Prosthetics/DME | K0855    | Power Wheelchair, Group 3 Extra Heavy-Duty, Captain'S Chair, Patient W                                     |
| eviCore           | Prosthetics/DME | K0856    | Power Wheelchair, Group 3 Standard, Single Power Option, Sling/Solid S                                     |
| eviCore           | Prosthetics/DME | K0857    | Power Wheelchair, Group 3 Standard, Single Power Option, Captain'S Cha                                     |
| eviCore           | Prosthetics/DME | K0858    | Power Wheelchair, Group 3 Heavy-Duty, Single Power Option, Sling/Solid                                     |
| eviCore           | Prosthetics/DME | K0859    | Power Wheelchair, Group 3 Heavy-Duty, Single Power Option, Captain'S C                                     |
| eviCore           | Prosthetics/DME | K0860    | Power Wheelchair, Group 3 Very Heavy-Duty, Single Power Option, Sling/                                     |
| eviCore           | Prosthetics/DME | K0861    | Power Wheelchair, Group 3 Standard, Multiple Power Option, Sling/Solid                                     |
| eviCore           | Prosthetics/DME | K0862    | Power Wheelchair, Group 3 Heavy-Duty, Multiple Power Option, Sling/Sol                                     |
| eviCore           | Prosthetics/DME | K0863    | Power Wheelchair, Group 3 Very Heavy-Duty, Multiple Power Option, Slin                                     |
| eviCore           | Prosthetics/DME | K0864    | Power Wheelchair, Group 3 Extra Heavy-Duty, Multiple Power Option, Sli                                     |
| eviCore           | Prosthetics/DME | K0868    | Power Wheelchair, Group 4 Standard, Sling/Solid Seat/Back, Patient Wei                                     |
| eviCore           | Prosthetics/DME | K0869    | Power Wheelchair, Group 4 Standard, Captain'S Chair, Patient Weight Ca                                     |
| eviCore           | Prosthetics/DME | K0870    | Power Wheelchair, Group 4 Heavy-Duty, Sling/Solid Seat/Back, Patient W                                     |
| eviCore           | Prosthetics/DME | K0871    | Power Wheelchair, Group 4 Very Heavy-Duty, Sling/Solid Seat/Back, Pati                                     |
| eviCore           | Prosthetics/DME | K0877    | Power Wheelchair, Group 4 Standard, Single Power Option, Sling/Solid S                                     |
| eviCore           | Prosthetics/DME | K0878    | Power Wheelchair, Group 4 Standard, Single Power Option, Captain'S Cha                                     |
| eviCore           | Prosthetics/DME | K0879    | Power Wheelchair, Group 4 Heavy-Duty, Single Power Option, Sling/Solid                                     |
| eviCore           | Prosthetics/DME | K0880    | Power Wheelchair, Group 4 Very Heavy-Duty, Single Power Option, Sling/                                     |
| eviCore           | Prosthetics/DME | K0884    | Power Wheelchair, Group 4 Standard, Multiple Power Option, Sling/Solid                                     |
| eviCore           | Prosthetics/DME | K0885    | Power Wheelchair, Group 4 Standard, Multiple Power Option, Captain'S C                                     |
| eviCore           | Prosthetics/DME | K0886    | Power Wheelchair, Group 4 Heavy-Duty, Multiple Power Option, Sling/Sol                                     |
| eviCore           | Prosthetics/DME | K0890    | Power Wheelchair, Group 5 Pediatric, Single Power Option, Sling/Solid                                      |
| eviCore           | Prosthetics/DME | K0891    | Power Wheelchair, Group 5 Pediatric, Multiple Power Option, Sling/Soli                                     |
| eviCore           | Prosthetics/DME | K0898    | Power Wheelchair, Not Otherwise Classified                                                                 |
| eviCore           | Prosthetics/DME | K1014    | Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control |
| eviCore           | Prosthetics/DME | K1015    | Foot, adductus positioning device, adjustable                                                              |
| eviCore           | Prosthetics/DME | K1020    | Noninvasive vagus nerve stimulator                                                                         |
| eviCore           | Prosthetics/DME | L2006    | Knee Ankle Foot Device, Single Or Double Upright, Swing/Stance Phase Microprocessor, Custom                |
| eviCore           | Prosthetics/DME | L5610    | Addition To Lower Extremity, Endoskeletal System, Above Knee, Hydracad                                     |
| eviCore           | Prosthetics/DME | L5613    | Addition To Lower Extremity, Endoskeletal System, Above Knee, Knee Dis                                     |
| eviCore           | Prosthetics/DME | L5614    | Addition To Lower Extremity, Exoskeletal System, Above Knee-Knee Disar                                     |
| eviCore           | Prosthetics/DME | L5616    | Addition To Lower Extremity, Endoskeletal System, Above Knee, Universa                                     |
| eviCore           | Prosthetics/DME | L5626    | Addition To Lower Extremity, Test Socket, Hip Disarticulation                                              |
| eviCore           | Prosthetics/DME | L5628    | Addition To Lower Extremity, Test Socket, Hemipelvectomy                                                   |
| eviCore           | Prosthetics/DME | L5780    | Addition, Exoskeletal Knee-Shin System, Single Axis, Pneumatic/Hydra P                                     |
| eviCore           | Prosthetics/DME | L5826    | Addition, Endoskeletal Knee-Shin System, Single Axis, Hydraulic Swing                                      |
| eviCore           | Prosthetics/DME | L5830    | Addition, Endoskeletal Knee-Shin System, Single Axis, Pneumatic/Swing                                      |
| eviCore           | Prosthetics/DME | L5840    | Addition, Endoskeletal Knee-Shin System, 4-Bar Linkage Or Multiaxial,                                      |
| eviCore           | Prosthetics/DME | L5848    | Addition To Endoskeletal Knee-Shin System, Fluid Stance Extension, Dam                                     |
| eviCore           | Prosthetics/DME | L5856    | Addition To Lower Extremity Prosthesis, Endoskeletal Knee-Shin System,                                     |
| eviCore           | Prosthetics/DME | L5857    | Addition To Lower Extremity Prosthesis, Endoskeletal Knee-Shin System,                                     |
| eviCore           | Prosthetics/DME | L5858    | Addition To Lower Extremity Prosthesis, Endoskeletal Knee Shin System,                                     |
| eviCore           | Prosthetics/DME | L5859    | Addition To Lower Extremity Prosthesis, Endoskeletal Knee-Shin System,                                     |
| eviCore           | Prosthetics/DME | L5930    | Addition, Endoskeletal System, High Activity Knee Control Frame                                            |
| eviCore           | Prosthetics/DME | L5961    | Addition, Endoskeletal System, Polycentric Hip Joint, Pneumatic Or Hyd                                     |
| eviCore           | Prosthetics/DME | L5968    | Addition To Lower Limb Prosthesis, Multiaxial Ankle With Swing Phase A                                     |
| eviCore           | Prosthetics/DME | L5969    | Addition, Endoskeletal Ankle-Foot Or Ankle System, Power Assist, Inclu                                     |
| eviCore           | Prosthetics/DME | L5973    | Endoskeletal Ankle Foot System, Microprocessor Controlled Feature, Dor                                     |



# Arkansas Medicare Advantage Prior Authorization List



| Responsible Party | Category          | CPT Code | Description                                                                                                                                                                                                                                                        |
|-------------------|-------------------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| eviCore           | Prosthetics/DME   | L5975    | All Lower Extremity Prostheses, Energy Storing Foot (Seattle Carbon Co                                                                                                                                                                                             |
| eviCore           | Prosthetics/DME   | L5979    | All Lower Extremity Prostheses, Multiaxial Ankle, Dynamic Response Foo                                                                                                                                                                                             |
| eviCore           | Prosthetics/DME   | L5980    | All Lower Extremity Prostheses, Flex-Foot System                                                                                                                                                                                                                   |
| eviCore           | Prosthetics/DME   | L5981    | All Lower Extremity Prostheses, Flex-Walk System Or Equal                                                                                                                                                                                                          |
| eviCore           | Prosthetics/DME   | L5987    | All Lower Extremity Prostheses, Shank Foot System With Vertical Loadin                                                                                                                                                                                             |
| eviCore           | Prosthetics/DME   | L5999    | Lower Extremity Prosthesis, Not Otherwise Specified                                                                                                                                                                                                                |
| eviCore           | Prosthetics/DME   | L6026    | Transcarpal/metacarpal or partial hand disarticulation prosthesis, external power, self-suspended, inner socket with removable forearm section, electrodes and cables, two batteries, charger, myoelectric control of terminal device, excludes terminal device(s) |
| eviCore           | Prosthetics/DME   | L6715    | Terminal device, multiple articulating digit, includes motor(s), initial issue or replacement                                                                                                                                                                      |
| eviCore           | Prosthetics/DME   | L6880    | Electric Hand, Switch Or Myoelectric Controlled, Independently Artic                                                                                                                                                                                               |
| eviCore           | Prosthetics/DME   | L6882    | Microprocessor Control Feature, Addition To Upper Limb Prosthetic Term                                                                                                                                                                                             |
| eviCore           | Prosthetics/DME   | L6925    | Wrist Disarticulation, External Power, Self-Suspended Inner Socket, Re                                                                                                                                                                                             |
| eviCore           | Prosthetics/DME   | L6935    | Below Elbow, External Power, Self-Suspended Inner Socket, Removable Fo                                                                                                                                                                                             |
| eviCore           | Prosthetics/DME   | L6945    | Elbow Disarticulation, External Power, Molded Inner Socket, Removable                                                                                                                                                                                              |
| eviCore           | Prosthetics/DME   | L6955    | Above Elbow, External Power, Molded Inner Socket, Removable Humeral Sh                                                                                                                                                                                             |
| eviCore           | Prosthetics/DME   | L6965    | Shoulder Disarticulation, External Power, Molded Inner Socket, Removab                                                                                                                                                                                             |
| eviCore           | Prosthetics/DME   | L6975    | Interscapular-Thoracic, External Power, Molded Inner Socket, Removable                                                                                                                                                                                             |
| eviCore           | Prosthetics/DME   | L7007    | Electric Hand, Switch Or Myoelectric Controlled, Adult                                                                                                                                                                                                             |
| eviCore           | Prosthetics/DME   | L7008    | Electric Hand, Switch Or Myoelectric, Controlled, Pediatric                                                                                                                                                                                                        |
| eviCore           | Prosthetics/DME   | L7009    | Electric Hook, Switch Or Myoelectric Controlled, Adult                                                                                                                                                                                                             |
| eviCore           | Prosthetics/DME   | L7045    | Electric Hook, Switch Or Myoelectric Controlled, Pediatric                                                                                                                                                                                                         |
| eviCore           | Prosthetics/DME   | L7180    | Electronic Elbow, Microprocessor Sequential Control Of Elbow And Termi                                                                                                                                                                                             |
| eviCore           | Prosthetics/DME   | L7181    | Electronic Elbow, Microprocessor Simultaneous Control Of Elbow And Ter                                                                                                                                                                                             |
| eviCore           | Prosthetics/DME   | L7185    | Electronic Elbow, Adolescent, Variety Village Or Equal, Switch Control                                                                                                                                                                                             |
| eviCore           | Prosthetics/DME   | L7186    | Electronic Elbow, Child, Variety Village Or Equal, Switch Controlled                                                                                                                                                                                               |
| eviCore           | Prosthetics/DME   | L7190    | Electronic Elbow, Adolescent, Variety Village Or Equal, Myoelectronic                                                                                                                                                                                              |
| eviCore           | Prosthetics/DME   | L7191    | Electronic Elbow, Child, Variety Village Or Equal, Myoelectronically C                                                                                                                                                                                             |
| eviCore           | Prosthetics/DME   | L8701    | Powered Upper Extremity Range Of Motion Assist Device, Elbow, Wrist, Hand With Single Or Double Upright(S), Includes Microprocessor, Sensors, All Components And Accessories, Custom Fabricated                                                                    |
| eviCore           | Prosthetics/DME   | L8702    | Powered Upper Extremity Range Of Motion Assist Device, Elbow, Wrist, Hand, Finger, Single Or Double Upright(S), Includes Microprocessor, Sensors, All Components And Accessories, Custom Fabricated                                                                |
| eviCore           | Radiation Therapy | 0394T    | High Dose Rate Electronic Brachytherapy, Skin Surface Application, Per Fraction, Includes Basic Dosimetry, When Performed                                                                                                                                          |
| eviCore           | Radiation Therapy | 0395T    | High Dose Rate Electronic Brachytherapy, Interstitial Or Intracavitary Treatment, Per Fraction, Includes Basic Dosimetry, When Performed                                                                                                                           |
| eviCore           | Radiation Therapy | 0747T    | Cardiac focal ablation utilizing radiation therapy for arrhythmia; delivery of radiation therapy, arrhythmia                                                                                                                                                       |
| eviCore           | Radiation Therapy | 77014    | Computed Tomography Guidance For Placement Of Radiation Therapy Fields                                                                                                                                                                                             |
| eviCore           | Radiation Therapy | 77371    | Radiation Treatment Delivery, Stereotactic Radiosurgery (Srs), Complet                                                                                                                                                                                             |
| eviCore           | Radiation Therapy | 77372    | Radiation Treatment Delivery, Stereotactic Radiosurgery (Srs), Complet                                                                                                                                                                                             |
| eviCore           | Radiation Therapy | 77373    | Stereotactic Body Radiation Therapy, Treatment Delivery, Per Fraction                                                                                                                                                                                              |
| eviCore           | Radiation Therapy | 77385    | Intensity Modulated Radiation Treatment Delivery (Imrt), Includes Guid                                                                                                                                                                                             |
| eviCore           | Radiation Therapy | 77386    | Intensity Modulated Radiation Treatment Delivery (Imrt), Includes Guid                                                                                                                                                                                             |
| eviCore           | Radiation Therapy | 77387    | Guidance For Localization Of Target Volume For Delivery Of Radiation T                                                                                                                                                                                             |
| eviCore           | Radiation Therapy | 77401    | Radiation Treatment Delivery, Superficial And/Or Ortho Voltage, Per Da                                                                                                                                                                                             |
| eviCore           | Radiation Therapy | 77402    | Radiation Treatment Delivery, =>1 Mev; Simple                                                                                                                                                                                                                      |
| eviCore           | Radiation Therapy | 77407    | Radiation Treatment Delivery, =>1 Mev; Intermediate                                                                                                                                                                                                                |
| eviCore           | Radiation Therapy | 77412    | Radiation Treatment Delivery, =>1 Mev; Complex                                                                                                                                                                                                                     |
| eviCore           | Radiation Therapy | 77423    | High Energy Neutron Radiation Treatment Delivery; 1 Or More Isocenter(                                                                                                                                                                                             |
| eviCore           | Radiation Therapy | 77424    | Intraoperative Radiation Treatment Delivery, X-Ray, Single Treatment S                                                                                                                                                                                             |
| eviCore           | Radiation Therapy | 77425    | Intraoperative Radiation Treatment Delivery, Electrons, Single Treatme                                                                                                                                                                                             |
| eviCore           | Radiation Therapy | 77520    | Proton Treatment Delivery; Simple, Without Compensation                                                                                                                                                                                                            |
| eviCore           | Radiation Therapy | 77522    | Proton Treatment Delivery; Simple, With Compensation                                                                                                                                                                                                               |
| eviCore           | Radiation Therapy | 77523    | Proton Treatment Delivery; Intermediate                                                                                                                                                                                                                            |
| eviCore           | Radiation Therapy | 77525    | Proton Treatment Delivery; Complex                                                                                                                                                                                                                                 |
| eviCore           | Radiation Therapy | 77600    | Hyperthermia, Externally Generated; Superficial (ie, Heating To A Dept                                                                                                                                                                                             |
| eviCore           | Radiation Therapy | 77605    | Hyperthermia, Externally Generated; Deep (ie, Heating To Depths Greate                                                                                                                                                                                             |
| eviCore           | Radiation Therapy | 77610    | Hyperthermia Generated By Interstitial Probe(S); 5 Or Fewer Interstiti                                                                                                                                                                                             |
| eviCore           | Radiation Therapy | 77615    | Hyperthermia Generated By Interstitial Probe(S); More Than 5 Interstit                                                                                                                                                                                             |
| eviCore           | Radiation Therapy | 77620    | Hyperthermia Generated By Intracavitary Probe(S)                                                                                                                                                                                                                   |
| eviCore           | Radiation Therapy | 77750    | Infusion Or Instillation Of Radioelement Solution (Includes 3-Month Fo                                                                                                                                                                                             |
| eviCore           | Radiation Therapy | 77761    | Intracavitary Radiation Source Application; Simple                                                                                                                                                                                                                 |
| eviCore           | Radiation Therapy | 77762    | Intracavitary Radiation Source Application; Intermediate                                                                                                                                                                                                           |
| eviCore           | Radiation Therapy | 77763    | Intracavitary Radiation Source Application; Complex                                                                                                                                                                                                                |
| eviCore           | Radiation Therapy | 77767    | Hdr RdncI Skn Surf Brachytx                                                                                                                                                                                                                                        |
| eviCore           | Radiation Therapy | 77768    | Hdr RdncI Skn Surf Brachytx                                                                                                                                                                                                                                        |
| eviCore           | Radiation Therapy | 77770    | Hdr Radionuclide Interstitial Or Intracavitary Brachytx, 1 Channel                                                                                                                                                                                                 |
| eviCore           | Radiation Therapy | 77771    | Hdr Radionuclide Interstitial Or Intracavitary Brachytx, 2-12 Channels                                                                                                                                                                                             |
| eviCore           | Radiation Therapy | 77772    | Hdr RdncI Ntrstl/cav Brchtx                                                                                                                                                                                                                                        |
| eviCore           | Radiation Therapy | 77789    | Surface application of low dose rate radionuclide source                                                                                                                                                                                                           |
| eviCore           | Radiation Therapy | 79005    | Radiopharmaceutical Therapy, By Oral Administration                                                                                                                                                                                                                |
| eviCore           | Radiation Therapy | 79101    | Radiopharmaceutical Therapy, By Intravenous Administration                                                                                                                                                                                                         |
| eviCore           | Radiation Therapy | 79403    | Radiopharmaceutical Therapy, Radiolabeled Monoclonal Antibody By Intra                                                                                                                                                                                             |
| eviCore           | Radiation Therapy | A9513    | Supply Of Radiopharmaceutical Diagnostic Imaging Agent, Technetium Tc-                                                                                                                                                                                             |
| eviCore           | Radiation Therapy | A9543    | Yttrium Y-90 Ibritumomab Tiuxetan, Therapeutic, Per Treatment Dose, Up                                                                                                                                                                                             |
| eviCore           | Radiation Therapy | A9590    | Iodine I 131, Iobenguane, 1 Millicurie                                                                                                                                                                                                                             |
| eviCore           | Radiation Therapy | A9606    | Radium Ra-223 Dichloride, Therapeutic, Per Microcurie                                                                                                                                                                                                              |
| eviCore           | Radiation Therapy | A9607    | Lutetium lu 177 vipivotide tetraxetan, therapeutic, 1 millicurie                                                                                                                                                                                                   |
| eviCore           | Radiation Therapy | A9699    | Radiopharmaceutical, therapeutic, not otherwise classified                                                                                                                                                                                                         |
| eviCore           | Radiation Therapy | C2615    | Brachytherapy source, nonstranded, yttrium-90, per source                                                                                                                                                                                                          |
| eviCore           | Radiation Therapy | G0339    | Image Guided Robotic Linear Accelerator-Based Stereotactic Radiosurger                                                                                                                                                                                             |
| eviCore           | Radiation Therapy | G0340    | Image Guided Robotic Linear Accelerator-Based Stereotactic Radiosurger                                                                                                                                                                                             |
| eviCore           | Radiation Therapy | G0458    | Ultrasonic Guidance For Placement Of Radiation Therapy Fields                                                                                                                                                                                                      |
| eviCore           | Radiation Therapy | G6001    | Ultrasonic Guidance For Placement Of Radiation Therapy Fields                                                                                                                                                                                                      |
| eviCore           | Radiation Therapy | G6002    | Stereoscopic X-Ray Guidance For Localization Of Target Volume For The                                                                                                                                                                                              |
| eviCore           | Radiation Therapy | G6003    | Radiation Treatment Delivery, Single Treatment Area, Single Port Or Pa                                                                                                                                                                                             |
| eviCore           | Radiation Therapy | G6004    | Radiation Treatment Delivery, Single Treatment Area, Single Port Or Pa                                                                                                                                                                                             |
| eviCore           | Radiation Therapy | G6005    | Radiation Treatment Delivery, Single Treatment Area, Single Port Or Pa                                                                                                                                                                                             |
| eviCore           | Radiation Therapy | G6006    | Radiation Treatment Delivery, Single Treatment Area, Single Port Or Pa                                                                                                                                                                                             |
| eviCore           | Radiation Therapy | G6007    | Radiation Treatment Delivery, 2 Separate Treatment Areas, 3 Or More Po                                                                                                                                                                                             |
| eviCore           | Radiation Therapy | G6008    | Radiation Treatment Delivery, 2 Separate Treatment Areas, 3 Or More Po                                                                                                                                                                                             |
| eviCore           | Radiation Therapy | G6009    | Radiation Treatment Delivery, 2 Separate Treatment Areas, 3 Or More Po                                                                                                                                                                                             |
| eviCore           | Radiation Therapy | G6010    | Radiation Treatment Delivery, 2 Separate Treatment Areas, 3 Or More Po                                                                                                                                                                                             |
| eviCore           | Radiation Therapy | G6011    | Radiation Treatment Delivery, 3 Or More Separate Treatment Areas, Cust                                                                                                                                                                                             |
| eviCore           | Radiation Therapy | G6012    | Radiation Treatment Delivery, 3 Or More Separate Treatment Areas, Cust                                                                                                                                                                                             |
| eviCore           | Radiation Therapy | G6013    | Radiation Treatment Delivery, 3 Or More Separate Treatment Areas, Cust                                                                                                                                                                                             |
| eviCore           | Radiation Therapy | G6014    | Radiation Treatment Delivery, 3 Or More Separate Treatment Areas, Cust                                                                                                                                                                                             |
| eviCore           | Radiation Therapy | G6015    | Intensity Modulated Treatment Delivery, Single Or Multiple Fields/Arcs                                                                                                                                                                                             |
| eviCore           | Radiation Therapy | G6016    | Compensator-Based Beam Modulation Treatment Delivery Of Inverse Planne                                                                                                                                                                                             |
| eviCore           | Radiation Therapy | G6017    | Intra-Fraction Localization And Tracking Of Target Or Patient Motion D                                                                                                                                                                                             |

Medical Oncology - These codes are authorized by eviCore only when connected to oncology treatment

# Arkansas Medicare Advantage Prior Authorization List



| Responsible Party | Category         | CPT Code | Description                                                                   |
|-------------------|------------------|----------|-------------------------------------------------------------------------------|
| eviCore RX        | Medical Oncology | C9163    | Talvey (talquetamab-tqvs) new NOC code                                        |
| eviCore RX        | Medical Oncology | C9165    | Eirexfio (elranatamab-bcmm)                                                   |
| eviCore RX        | Medical Oncology | C9399    | Ryzneuta (efbemalenograstim alfa-vuxw) new code                               |
| eviCore RX        | Medical Oncology | C9399    | Bevacizumab-accd, Vegzelma                                                    |
| eviCore RX        | Medical Oncology | C9399    | Eflapegrastim-xnst, Rolvedon                                                  |
| eviCore RX        | Medical Oncology | C9399    | Stimufend (pegfilgrastim-fpgk)                                                |
| eviCore RX        | Medical Oncology | C9399    | Pegfilgrastim-pbbk, Fylnetra                                                  |
| eviCore RX        | Medical Oncology | C9399    | Ropeginterferon alfa-2b-njft, Besremi                                         |
| eviCore RX        | Medical Oncology | C9399    | Zynz (retifanlimab-dlwr)                                                      |
| eviCore RX        | Medical Oncology | C9399    | Loqtorz (oripalimab-tpzi) new code                                            |
| eviCore RX        | Medical Oncology | J0185    | Aprepitant, Cinvanti                                                          |
| eviCore RX        | Medical Oncology | J0208    | Pedmark (sodium thiosulfate injection)                                        |
| eviCore RX        | Medical Oncology | J0584    | Burosumab-twza, Crysvita                                                      |
| eviCore RX        | Medical Oncology | J0640    | Leucovorin - inj, Leucovorin                                                  |
| eviCore RX        | Medical Oncology | J0641    | Levoleucovorin, Fusilev                                                       |
| eviCore RX        | Medical Oncology | J0642    | Levoleucovorin, Khapzory                                                      |
| eviCore RX        | Medical Oncology | J0881    | Darbepoetin alfa, Aranesp                                                     |
| eviCore RX        | Medical Oncology | J0885    | Epoetin alfa, Epogen, Procrit                                                 |
| eviCore RX        | Medical Oncology | J0893    | Decitabine (sun pharma)                                                       |
| eviCore RX        | Medical Oncology | J0894    | Decitabine, Dacogen                                                           |
| eviCore RX        | Medical Oncology | J0896    | Luspatercept-aamt, Reblozyl                                                   |
| eviCore RX        | Medical Oncology | J0897    | Denosumab, Xgeva, Prolia                                                      |
| eviCore RX        | Medical Oncology | J1246    | Unituxin (dinutuximab) - new permanent code                                   |
| eviCore RX        | Medical Oncology | J1442    | Filgrastim, Neupogen                                                          |
| eviCore RX        | Medical Oncology | J1447    | Tbo-filgrastim, Granix                                                        |
| eviCore RX        | Medical Oncology | J1448    | Trilaciclib, Cosela                                                           |
| eviCore RX        | Medical Oncology | J1449    | Rolvedon (eflapegrastim-xnst)                                                 |
| eviCore RX        | Medical Oncology | J1453    | Fosaprepitant, Emend                                                          |
| eviCore RX        | Medical Oncology | J1454    | Fosnetupitant/Palonosetron, Akynzeo                                           |
| eviCore RX        | Medical Oncology | J1456    | Fosaprepitant (teva), Fosaprepitant (teva)                                    |
| eviCore RX        | Medical Oncology | J1627    | Granisetron, Sustol                                                           |
| eviCore RX        | Medical Oncology | J1930    | Lanreotide, Somatuline Depot                                                  |
| eviCore RX        | Medical Oncology | J1932    | Lanreotide (Cipla), Lanreotide (Cipla)                                        |
| eviCore RX        | Medical Oncology | J1950    | Leuprolide Acetate 3.75mg, Eligard, Luprod Depor, Lupron, Leuprolide Acetate) |
| eviCore RX        | Medical Oncology | J1952    | Leuprolide Mesylate, Camcevi                                                  |
| eviCore RX        | Medical Oncology | J1954    | Leuprolide Acetate (Lutrate)                                                  |
| eviCore RX        | Medical Oncology | J2353    | Octreotide depot, Sandostatin                                                 |
| eviCore RX        | Medical Oncology | J2354    | Octreotide non-depot, Sandostatin                                             |
| eviCore RX        | Medical Oncology | J2430    | Pamidronate Disodium, Aredia                                                  |
| eviCore RX        | Medical Oncology | J2469    | Palonosetron, Aloxi                                                           |
| eviCore RX        | Medical Oncology | J2506    | Pegfilgrastim, Neulasta                                                       |
| eviCore RX        | Medical Oncology | J2820    | Sargramostim, Leukine                                                         |
| eviCore RX        | Medical Oncology | J2860    | Siltuximab, Sylvant                                                           |
| eviCore RX        | Medical Oncology | J3262    | Tocilizumab, Actemra                                                          |
| eviCore RX        | Medical Oncology | J3315    | Triptorelin Pamoate, Trellstar                                                |
| eviCore RX        | Medical Oncology | J3489    | Zoledronic Acid, Zoledronic Acid                                              |
| eviCore RX        | Medical Oncology | J3490    | Sodium Thiosulfate Injection                                                  |
| eviCore RX        | Medical Oncology | J3490    | Epkinly (epcoritamab-bysp)                                                    |
| eviCore RX        | Medical Oncology | J3490    | Ryzneuta (efbemalenograstim alfa-vuxw) new code                               |
| eviCore RX        | Medical Oncology | J3490    | Loqtorz (oripalimab-tpzi) new code                                            |
| eviCore RX        | Medical Oncology | J3590    | Epkinly (epcoritamab-bysp)                                                    |
| eviCore RX        | Medical Oncology | J3590    | Peginterferon, alfa-2a, Pegasys                                               |
| eviCore RX        | Medical Oncology | J3590    | Peginterferon, alfa-2b, Pegintron                                             |
| eviCore RX        | Medical Oncology | J3590    | Rolvedon (Eflapegrastim-xnst)                                                 |
| eviCore RX        | Medical Oncology | J3590    | Stimufend (pegfilgrastim-fpgk)                                                |
| eviCore RX        | Medical Oncology | J3590    | Ryzneuta (efbemalenograstim alfa-vuxw) new code                               |
| eviCore RX        | Medical Oncology | J3590    | Fylnetra (pegfilgrastim-pbbk)                                                 |
| eviCore RX        | Medical Oncology | J3590    | Loqtorz (oripalimab-tpzi) new code                                            |
| eviCore RX        | Medical Oncology | J9000    | Doxorubicin HCL, Adriamycin                                                   |
| eviCore RX        | Medical Oncology | J9015    | Aldesleukin, Proleukin, Interleukin-2                                         |
| eviCore RX        | Medical Oncology | J9017    | Arsenic Trioxide, Trisenox                                                    |
| eviCore RX        | Medical Oncology | J9019    | Asparaginase, Erwinaze                                                        |
| eviCore RX        | Medical Oncology | J9021    | Asparaginase erwinia chrysanthemi (recombinant)-rywn, Rylaze                  |
| eviCore RX        | Medical Oncology | J9022    | Atezolizumab, Tecentriq                                                       |
| eviCore RX        | Medical Oncology | J9023    | Avelumab, Bavencio                                                            |
| eviCore RX        | Medical Oncology | J9025    | Azacitidine, Vidaza                                                           |
| eviCore RX        | Medical Oncology | J9027    | Clofarabine, Clolar                                                           |
| eviCore RX        | Medical Oncology | J9029    | Adstiladrin (nadofaragen firadenovec-vncc)                                    |
| eviCore RX        | Medical Oncology | J9030    | BCG, TheraCys, Tice                                                           |
| eviCore RX        | Medical Oncology | J9032    | Belinostat, Beleodaq                                                          |
| eviCore RX        | Medical Oncology | J9033    | Bendamustine hcl, Treanda                                                     |
| eviCore RX        | Medical Oncology | J9034    | Bendamustine HCL, Bendeka                                                     |
| eviCore RX        | Medical Oncology | J9035    | Bevacizumab, Avastin                                                          |
| eviCore RX        | Medical Oncology | J9036    | Bendamustine HCL, Belrapzo                                                    |
| eviCore RX        | Medical Oncology | J9037    | Blenrep(belantamab Mafodotin-blmf)                                            |
| eviCore RX        | Medical Oncology | J9039    | Blinatumomab, Blincyto                                                        |
| eviCore RX        | Medical Oncology | J9040    | Bleomycin, Blenoxane                                                          |
| eviCore RX        | Medical Oncology | J9041    | Bortezomib, Velcade                                                           |
| eviCore RX        | Medical Oncology | J9042    | Brentuximab Vedotin, Adcetris                                                 |
| eviCore RX        | Medical Oncology | J9043    | Cabazitaxel, Jevtana                                                          |
| eviCore RX        | Medical Oncology | J9045    | Carboplatin, Paraplatin                                                       |
| eviCore RX        | Medical Oncology | J9046    | Bortezomib (Dr. Reddy's)                                                      |
| eviCore RX        | Medical Oncology | J9047    | Carfilzomib, Kyprolis                                                         |
| eviCore RX        | Medical Oncology | J9048    | Bortezomib (Fresenius Kabi)                                                   |
| eviCore RX        | Medical Oncology | J9049    | Bortezomib (Hospira)                                                          |
| eviCore RX        | Medical Oncology | J9050    | Carmustine, BiCNU, BCNU                                                       |
| eviCore RX        | Medical Oncology | J9052    | Carmustine (Accord) - new manufacturer                                        |
| eviCore RX        | Medical Oncology | J9055    | Cetuximab, Erbitux                                                            |
| eviCore RX        | Medical Oncology | J9056    | Vivimusta (bendamustine HCL)                                                  |
| eviCore RX        | Medical Oncology | J9057    | Copanlisib, Aliqopa                                                           |
| eviCore RX        | Medical Oncology | J9058    | Bendamustine HCL (Aptex)                                                      |
| eviCore RX        | Medical Oncology | J9059    | Bendamustine HCL (Baxter)                                                     |
| eviCore RX        | Medical Oncology | J9060    | Cisplatin, Platino                                                            |
| eviCore RX        | Medical Oncology | J9061    | Amivantamab-vmjw, Rybrevant                                                   |
| eviCore RX        | Medical Oncology | J9063    | Elahere (mirvetuximab soravtansine-gynx)                                      |
| eviCore RX        | Medical Oncology | J9065    | Cladribine, Leustatin                                                         |
| eviCore RX        | Medical Oncology | J9070    | Cyclophosphamide - inj, Cytoxan, Endoxan-Asta                                 |
| eviCore RX        | Medical Oncology | J9071    | Cyclophosphamide - inj (auromedics)                                           |

# Arkansas Medicare Advantage Prior Authorization List



| Responsible Party | Category         | CPT Code | Description                                                                          |
|-------------------|------------------|----------|--------------------------------------------------------------------------------------|
| eviCore RX        | Medical Oncology | J9072    | Cyclophosphamide - inj (dr. reddy's) - new manufacturer                              |
| eviCore RX        | Medical Oncology | J9098    | Cytarabine-Liposome, DepoCyt                                                         |
| eviCore RX        | Medical Oncology | J9100    | Cytarabine, Ara-C                                                                    |
| eviCore RX        | Medical Oncology | J9118    | Calaspargase pegol-mknl, Asparlas                                                    |
| eviCore RX        | Medical Oncology | J9119    | Cemiplimab-rwlc, Libtayo                                                             |
| eviCore RX        | Medical Oncology | J9120    | Dactinomycin, Cosmegen, Actinomycin                                                  |
| eviCore RX        | Medical Oncology | J9130    | Dacarbazine, DTIC-Dome                                                               |
| eviCore RX        | Medical Oncology | J9144    | Daratumumab and hyaluronidase-fihj, Darzalex Faspro                                  |
| eviCore RX        | Medical Oncology | J9145    | Daratumumab, Darzalex                                                                |
| eviCore RX        | Medical Oncology | J9150    | Daunorubicin, Cerubidine                                                             |
| eviCore RX        | Medical Oncology | J9153    | Liposome-encapsulated combination of Daunorubicin and Cytarabine, Vyxeos             |
| eviCore RX        | Medical Oncology | J9155    | Degarelix, Firmagon                                                                  |
| eviCore RX        | Medical Oncology | J9171    | Docetaxel, Taxotere                                                                  |
| eviCore RX        | Medical Oncology | J9172    | Docetaxel (ingenus) - new manufacturer                                               |
| eviCore RX        | Medical Oncology | J9173    | Durvalumab, Imfinzi                                                                  |
| eviCore RX        | Medical Oncology | J9176    | Elotuzumab, Empliciti                                                                |
| eviCore RX        | Medical Oncology | J9177    | Enfortumab vedotin-eflv, Padcev                                                      |
| eviCore RX        | Medical Oncology | J9178    | Epirubicin, Ellence                                                                  |
| eviCore RX        | Medical Oncology | J9179    | Eribulin mesylate, Halaven                                                           |
| eviCore RX        | Medical Oncology | J9181    | Etoposide - inj, Toposar, VePesid, Etopopos                                          |
| eviCore RX        | Medical Oncology | J9185    | Fludauridine Phosphate, Fludara, Oforta                                              |
| eviCore RX        | Medical Oncology | J9190    | 5-Fluorouracil - injection, 5FU, Adrucil                                             |
| eviCore RX        | Medical Oncology | J9196    | Gemcitabine HCl (Accord)                                                             |
| eviCore RX        | Medical Oncology | J9198    | Gemcitabine HCl in NaCl, Infugem                                                     |
| eviCore RX        | Medical Oncology | J9200    | Floxuridine, FUDR                                                                    |
| eviCore RX        | Medical Oncology | J9201    | Gemcitabine, Gemzar                                                                  |
| eviCore RX        | Medical Oncology | J9202    | Goserelin acetate implant, Zoladex                                                   |
| eviCore RX        | Medical Oncology | J9203    | Gemtuzumab Ozogamicin, Mylotarg                                                      |
| eviCore RX        | Medical Oncology | J9204    | Mogamulizumab-kpkc, Poteligeo                                                        |
| eviCore RX        | Medical Oncology | J9205    | Irinotecan Liposome, Onivyde                                                         |
| eviCore RX        | Medical Oncology | J9206    | Irinotecan, Camptosar                                                                |
| eviCore RX        | Medical Oncology | J9207    | Ixabepilone, Ixempra                                                                 |
| eviCore RX        | Medical Oncology | J9208    | Ifosfamide, Ifex, Mitoxana                                                           |
| eviCore RX        | Medical Oncology | J9209    | Mesna, Mesnex                                                                        |
| eviCore RX        | Medical Oncology | J9211    | Idarubicin HCL - inj, Idamycin                                                       |
| eviCore RX        | Medical Oncology | J9214    | Interferon, alfa-2b, recombinant, Intron A                                           |
| eviCore RX        | Medical Oncology | J9216    | Interferon, gamma-1b, Actimmune                                                      |
| eviCore RX        | Medical Oncology | J9217    | Leuprolide Acetate (J9217: 7.5mg), Eligard, Lupron Depot, Lupron, Leuprolide Acetate |
| eviCore RX        | Medical Oncology | J9218    | Leuprolide Acetate (J9218: 1mg), Eligard, Lupron Depot, Lupron, Leuprolide Acetate   |
| eviCore RX        | Medical Oncology | J9223    | Lurbinectedin, Zepzelca                                                              |
| eviCore RX        | Medical Oncology | J9225    | Histrelin Implant, Vantas                                                            |
| eviCore RX        | Medical Oncology | J9227    | Sarclisa (isatuximab-irfc)                                                           |
| eviCore RX        | Medical Oncology | J9228    | Ipilimumab, Yervoy                                                                   |
| eviCore RX        | Medical Oncology | J9229    | Inotuzumab Ozogamicin, Besponsa                                                      |
| eviCore RX        | Medical Oncology | J9245    | Melphalan HCL - NOS inj, Alkeran                                                     |
| eviCore RX        | Medical Oncology | J9246    | Melphalan HCL - inj, Evomela                                                         |
| eviCore RX        | Medical Oncology | J9250    | Methotrexate Sodium (J9250: 5mg), Folex, Methotrexate                                |
| eviCore RX        | Medical Oncology | J9255    | Methotrexate (accord) New manufacturer                                               |
| eviCore RX        | Medical Oncology | J9258    | Paclitaxel protein-bound (teva) new manufacturer                                     |
| eviCore RX        | Medical Oncology | J9259    | Taxol, Abraxane [paclitaxel protein-bound particles (American Regent)]               |
| eviCore RX        | Medical Oncology | J9260    | Methotrexate Sodium (J9260: 50mg), Folex, Methotrexate                               |
| eviCore RX        | Medical Oncology | J9261    | Nelarabine, Arranon                                                                  |
| eviCore RX        | Medical Oncology | J9262    | Omacetaxine, Synribo                                                                 |
| eviCore RX        | Medical Oncology | J9263    | Oxaliplatin, Eloxatin                                                                |
| eviCore RX        | Medical Oncology | J9264    | Paclitaxel (albumin-bound), Abraxane                                                 |
| eviCore RX        | Medical Oncology | J9266    | Pegaspargase, Oncaspar                                                               |
| eviCore RX        | Medical Oncology | J9267    | Paclitaxel, Nov-Onxol, Taxol                                                         |
| eviCore RX        | Medical Oncology | J9268    | Pentostatin, Nipent                                                                  |
| eviCore RX        | Medical Oncology | J9269    | Tagraxofusp-erzs, Elzonris                                                           |
| eviCore RX        | Medical Oncology | J9271    | Pembrolizumab, Keytruda                                                              |
| eviCore RX        | Medical Oncology | J9272    | Dostarlimab-gxly, Jemperli                                                           |
| eviCore RX        | Medical Oncology | J9273    | Tisotumab vedotin-tftv, Tivdak                                                       |
| eviCore RX        | Medical Oncology | J9274    | Tebentafusp-tebn, Kimmtrak                                                           |
| eviCore RX        | Medical Oncology | J9280    | Mitomycin, Mutamycin                                                                 |
| eviCore RX        | Medical Oncology | J9286    | Columvi (glofitamab-gxbm) new permanent code                                         |
| eviCore RX        | Medical Oncology | J9293    | Mitoxantrone HCL, Novantrone                                                         |
| eviCore RX        | Medical Oncology | J9294    | Hospira (pemetrexed)                                                                 |
| eviCore RX        | Medical Oncology | J9295    | Necitumumab, Portrazza                                                               |
| eviCore RX        | Medical Oncology | J9296    | Pemetrexed (accord)                                                                  |
| eviCore RX        | Medical Oncology | J9297    | Pemetrexed (sandoz)                                                                  |
| eviCore RX        | Medical Oncology | J9298    | Nivolumab and Relatlimab-rmbw, Opdivag                                               |
| eviCore RX        | Medical Oncology | J9299    | Nivolumab, Opdivo                                                                    |
| eviCore RX        | Medical Oncology | J9301    | Obinutuzumab, Gazyva                                                                 |
| eviCore RX        | Medical Oncology | J9302    | Ofatumumab, Arzerra                                                                  |
| eviCore RX        | Medical Oncology | J9303    | Panitumumab, Vectibix                                                                |
| eviCore RX        | Medical Oncology | J9304    | Pemetrexed, Pefexy                                                                   |
| eviCore RX        | Medical Oncology | J9305    | Pemetrexed, Alimta                                                                   |
| eviCore RX        | Medical Oncology | J9306    | Pertuzumab, Perjeta                                                                  |
| eviCore RX        | Medical Oncology | J9307    | Pralatrexate, Folutyn                                                                |
| eviCore RX        | Medical Oncology | J9308    | Ramucirumab, Cyramza                                                                 |
| eviCore RX        | Medical Oncology | J9309    | Polatuzumab vedotin-piiq, Polivy                                                     |
| eviCore RX        | Medical Oncology | J9311    | Rituximab and Hyaluronidase Human, Rituxan Hycela                                    |
| eviCore RX        | Medical Oncology | J9312    | Rituximab, Rituxan                                                                   |
| eviCore RX        | Medical Oncology | J9313    | Moxetumomab pasudotox-tdff, Lumoxiti                                                 |
| eviCore RX        | Medical Oncology | J9314    | Pemetrexed (Teva)                                                                    |
| eviCore RX        | Medical Oncology | J9316    | Pertuzumab / trastuzumab /hyaluronidase-zzxf, Pemetrexed (Teva)                      |
| eviCore RX        | Medical Oncology | J9317    | Trodelvy (sacituzumab govitecan-hziy)                                                |
| eviCore RX        | Medical Oncology | J9318    | Romidepsin (non-lyophilized)                                                         |
| eviCore RX        | Medical Oncology | J9319    | Romidepsin (lyophilized), Istodax                                                    |
| eviCore RX        | Medical Oncology | J9320    | Streptozocin, Zanosar                                                                |
| eviCore RX        | Medical Oncology | J9321    | Epkinly (epcoritamab-bysp) new permanent code                                        |
| eviCore RX        | Medical Oncology | J9322    | Pemetrexed (bluepoint)                                                               |
| eviCore RX        | Medical Oncology | J9323    | Pemetrexed (pemetrexed ditromethamine)                                               |
| eviCore RX        | Medical Oncology | J9324    | Pemetrexed (pemdry rtdi) new manufacturer                                            |
| eviCore RX        | Medical Oncology | J9325    | Talimogene Laherpaprevc, Imlygic                                                     |
| eviCore RX        | Medical Oncology | J9328    | Temozolomide - inj, Temodar                                                          |
| eviCore RX        | Medical Oncology | J9330    | Temsirolimus, Torisel                                                                |
| eviCore RX        | Medical Oncology | J9331    | Sirolimus protein-bound particles for injectable suspension, Fyarro                  |

# Arkansas Medicare Advantage Prior Authorization List



| Responsible Party | Category                                                                                                                             | CPT Code                              | Description                                                                                                                                                               |
|-------------------|--------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| eviCore RX        | Medical Oncology                                                                                                                     | J9340                                 | Thiotepa, Thioplex                                                                                                                                                        |
| eviCore RX        | Medical Oncology                                                                                                                     | J9347                                 | Imjudo (tremelimumab-actl)                                                                                                                                                |
| eviCore RX        | Medical Oncology                                                                                                                     | J9348                                 | Naxitamab-gqgk, Danyelza                                                                                                                                                  |
| eviCore RX        | Medical Oncology                                                                                                                     | J9349                                 | Tafasitamab-cxix, Monjuvi                                                                                                                                                 |
| eviCore RX        | Medical Oncology                                                                                                                     | J9350                                 | Lunsumio (mosunetuzumab-axgb)                                                                                                                                             |
| eviCore RX        | Medical Oncology                                                                                                                     | J9351                                 | Topotecan - inj, Hycamtin                                                                                                                                                 |
| eviCore RX        | Medical Oncology                                                                                                                     | J9352                                 | Trabectedin, Yondelis                                                                                                                                                     |
| eviCore RX        | Medical Oncology                                                                                                                     | J9353                                 | Margetuximab-cmkb, Margenza                                                                                                                                               |
| eviCore RX        | Medical Oncology                                                                                                                     | J9354                                 | Ado-Trastuzumab Emtansine, Kadcyła                                                                                                                                        |
| eviCore RX        | Medical Oncology                                                                                                                     | J9355                                 | Trastuzumab, Herceptin                                                                                                                                                    |
| eviCore RX        | Medical Oncology                                                                                                                     | J9356                                 | Trastuzumab and hyaluronidase-oysk, Herceptin Hylecta                                                                                                                     |
| eviCore RX        | Medical Oncology                                                                                                                     | J9357                                 | Valrubicin, Valstar                                                                                                                                                       |
| eviCore RX        | Medical Oncology                                                                                                                     | J9358                                 | fam-trastuzumab deruxtecan-nxki, Enhertu                                                                                                                                  |
| eviCore RX        | Medical Oncology                                                                                                                     | J9359                                 | Loncastuximab tesirine-lpyl, Zynlonta                                                                                                                                     |
| eviCore RX        | Medical Oncology                                                                                                                     | J9360                                 | Vinblastine Sulfate, Velban                                                                                                                                               |
| eviCore RX        | Medical Oncology                                                                                                                     | J9370                                 | Vincristine Sulfate, Oncovin, Vincasar PFS                                                                                                                                |
| eviCore RX        | Medical Oncology                                                                                                                     | J9371                                 | Vincristine Sulfate Liposome, Marqibo                                                                                                                                     |
| eviCore RX        | Medical Oncology                                                                                                                     | J9380                                 | Tecvayli (teclistamab-cqyv)                                                                                                                                               |
| eviCore RX        | Medical Oncology                                                                                                                     | J9390                                 | Vinorelbine Tartrate, Navelbine                                                                                                                                           |
| eviCore RX        | Medical Oncology                                                                                                                     | J9393                                 | Fulvestrant (Teva)                                                                                                                                                        |
| eviCore RX        | Medical Oncology                                                                                                                     | J9394                                 | Fulvestrant (Fresenius Kabi)                                                                                                                                              |
| eviCore RX        | Medical Oncology                                                                                                                     | J9395                                 | Fulvestrant, Faslodex                                                                                                                                                     |
| eviCore RX        | Medical Oncology                                                                                                                     | J9400                                 | Zivafibercept, Zaltrap                                                                                                                                                    |
| eviCore RX        | Medical Oncology                                                                                                                     | J9600                                 | Porfimer Sodium, Photofrin                                                                                                                                                |
| eviCore RX        | Medical Oncology                                                                                                                     | J9999                                 | Epkinly (epcoritamab-bysp)                                                                                                                                                |
| eviCore RX        | Medical Oncology                                                                                                                     | J9999                                 | Zynyz (retifanlimab-dlwr)                                                                                                                                                 |
| eviCore RX        | Medical Oncology                                                                                                                     | J9999                                 | Bevacizumab-adcd, Vegzelma                                                                                                                                                |
| eviCore RX        | Medical Oncology                                                                                                                     | J9999                                 | Ropeginterferon alfa-2b-njft, Besremi                                                                                                                                     |
| eviCore RX        | Medical Oncology                                                                                                                     | J9999                                 | Ryzneuta (efbemalenograstim alfa-vuxw)                                                                                                                                    |
| eviCore RX        | Medical Oncology                                                                                                                     | J9999                                 | Loqtorz (oripalimab-tpzi) new code                                                                                                                                        |
| eviCore RX        | Medical Oncology                                                                                                                     | Q2017                                 | Teniposide, Vumon                                                                                                                                                         |
| eviCore RX        | Medical Oncology                                                                                                                     | Q2043                                 | Sipuleucel-T, Provenge                                                                                                                                                    |
| eviCore RX        | Medical Oncology                                                                                                                     | Q2050                                 | Doxorubicin HCL (liposomal), Doxil, Doxorubicin HCL (Liposomal) not otherwise specified                                                                                   |
| eviCore RX        | Medical Oncology                                                                                                                     | Q5101                                 | Zarxio, (filgrastim-sndz, biosimilar)                                                                                                                                     |
| eviCore RX        | Medical Oncology                                                                                                                     | Q5106                                 | Epoetin alfa-epbx, Retacrit                                                                                                                                               |
| eviCore RX        | Medical Oncology                                                                                                                     | Q5107                                 | Bevacizumab-awwb, Mvasi                                                                                                                                                   |
| eviCore RX        | Medical Oncology                                                                                                                     | Q5108                                 | Pegfilgrastim-jmcb, Fulphila                                                                                                                                              |
| eviCore RX        | Medical Oncology                                                                                                                     | Q5110                                 | Filgrastim-aafi, Nivestym                                                                                                                                                 |
| eviCore RX        | Medical Oncology                                                                                                                     | Q5111                                 | Pegfilgrastim-cbqv, Udenyca                                                                                                                                               |
| eviCore RX        | Medical Oncology                                                                                                                     | Q5112                                 | Trastuzumab-dttb, Ontruzant                                                                                                                                               |
| eviCore RX        | Medical Oncology                                                                                                                     | Q5113                                 | Trastuzumab-krb, Herzuma                                                                                                                                                  |
| eviCore RX        | Medical Oncology                                                                                                                     | Q5114                                 | Trastuzumab-dkst, Ogivri                                                                                                                                                  |
| eviCore RX        | Medical Oncology                                                                                                                     | Q5115                                 | Rituximab-abbs, Truxima                                                                                                                                                   |
| eviCore RX        | Medical Oncology                                                                                                                     | Q5116                                 | Trastuzumab-qyyp, Trazimera                                                                                                                                               |
| eviCore RX        | Medical Oncology                                                                                                                     | Q5117                                 | Trastuzumab-anns, Kanjinti                                                                                                                                                |
| eviCore RX        | Medical Oncology                                                                                                                     | Q5118                                 | Bevacizumab-bvzr, Zirabev                                                                                                                                                 |
| eviCore RX        | Medical Oncology                                                                                                                     | Q5119                                 | Rituximab-pvvr, Ruxience                                                                                                                                                  |
| eviCore RX        | Medical Oncology                                                                                                                     | Q5120                                 | Pegfilgrastim-bmez, Ziextenzo                                                                                                                                             |
| eviCore RX        | Medical Oncology                                                                                                                     | Q5122                                 | Pegfilgrastim-aggf, Nyvepria                                                                                                                                              |
| eviCore RX        | Medical Oncology                                                                                                                     | Q5123                                 | Rituximab-arrx, Riabni                                                                                                                                                    |
| eviCore RX        | Medical Oncology                                                                                                                     | Q5125                                 | Filgrastim-ayow, Releuko                                                                                                                                                  |
| eviCore RX        | Medical Oncology                                                                                                                     | Q5126                                 | Bevacizumab-maly, Alymsys                                                                                                                                                 |
| eviCore RX        | Medical Oncology                                                                                                                     | Q5127                                 | Stimufend (pegfilgrastim-fpgk)                                                                                                                                            |
| eviCore RX        | Medical Oncology                                                                                                                     | Q5129                                 | Vegzelma (bevacizumab-adcd)                                                                                                                                               |
| eviCore RX        | Medical Oncology                                                                                                                     | Q5130                                 | Flynetra (pegfilgrastim-pbbk)                                                                                                                                             |
| Lucet             | <b>All inpatient mental health care admissions (Includes Inpatient, Partial Hospitalization, and Intensive Outpatient Treatment)</b> | Use Rev Codes appropriate for service | Please submit IP stay ASAP upon admission. Post discharge notificaton cannot be processed by the preservice team and would require post service medical necessity review. |
| Lucet             | Repetitive transcranial Magnetic Stimulation (rTMS)                                                                                  | 90867                                 | Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management     |
| Lucet             | Repetitive transcranial Magnetic Stimulation (rTMS)                                                                                  | 90868                                 | Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session                                                 |
| Lucet             | Repetitive transcranial Magnetic Stimulation (rTMS)                                                                                  | 90869                                 | Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management                        |