

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
INPATIENT	All Inpatient admissions require authorization		
0100	All inclusive room and board plus ancillary		
0101	All inclusive room and board		
0110	Room and Board Private (one bed)		
0111	Room and Board Private (one bed) - Medical/Surgical/GYN		
0113	Room and Board Private (one bed) - Pediatric		

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0117	Room and Board Private (one bed) - Oncology		
0119	Room and Board Private (one bed) - Other		
0121	Room and Board Semiprivate (two beds) - Medical/Surgical/GYN		
0123	Room and Board Semiprivate (two beds) - Pediatric		
0127	Room and Board Semiprivate (two beds) - Oncology		
0130	Room & Board - Three and Four Beds General Classification		

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0131	Room & Board - Three and Four Beds Medical/Surgical/Gyn		
0133	Room & Board - Three and Four Beds Pediatric		
0137	Room & Board - Three and Four Beds Oncology		
0139	Room & Board - Three and Four Beds Other		
0140	Room & Board - Deluxe Private General Classification		
0141	Room & Board - Deluxe Private Medical/Surgical/Gyn		

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0143	Room & Board - Deluxe Private Pediatric		
0147	Room & Board - Deluxe Private Oncology		
0149	Room & Board - Deluxe Private Other		
0150	Room & Board - Ward General Classification		
0151	Room & Board - Ward Medical/Surgical/Gyn		
0153	Room & Board - Ward Pediatric		

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0157	Room & Board - Ward Oncology		
0159	Room & Board - Ward Other		
0160	Room & Board - Other General Classification		
0164	Other Room & Board - Sterile Environment		
0167	Room & Board - Other Self Care		
0169	Room & Board - Other Other		

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00170	Anesthesia for intraoral treatments, including biopsy; not otherwise specified		Direct to MAP dental clinics to coordinate payment for anesthesia/facility fees.
0190	General classification - SNF	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	Limited benefit - Pilot Program
0191	Subacute Care - Level I - SNF	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	Limited benefit - Pilot Program
0192	Subacute Care - Level II - SNF	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	Limited benefit - Pilot Program
0193	Subacute Care - Level III - SNF	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	Limited benefit - Pilot Program
0194	Subacute Care - Level IV - SNF	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	Limited benefit - Pilot Program

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0199	Other Subacute Care - SNF	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	Limited benefit - Pilot Program
00902	Exam Under Anesthesia		
01999	Unlisted anesthesia procedure(s)		Direct to MAP dental clinics to coordinate payment for anesthesia/facility fees related to dental.
11008	Removal of prosthetic material or mesh, abdominal wall for infection (eg, for chronic or recurrent mesh infection or necrotizing soft tissue infection) (List separately in addition to code for primary procedure)		
11010	Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (eg, excisional debridement); skin and subcutaneous tissues		
11011	Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (eg, excisional debridement); skin, subcutaneous tissue, muscle fascia, and muscle		

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11012	Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (eg, excisional debridement); skin, subcutaneous tissue, muscle fascia, muscle, and bone		
11040	Debridement; skin, partial thickness		
11041	Debridement; skin, full thickness		
11044	Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less		
11047	Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)		
11920	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less		

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11921	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation;		
11960	Insertion of tissue expanders for other than breast		
11970	Replacement of tissue expander with permanent implant		
11971	Removal of tissue expander(s) without insertion of implant		
14000	Adjacent tissue transfer or rearrangement, trunk; defect 10 sq cm or less		
14001	Adjacent tissue transfer or rearrangement, trunk, defect 10.1 sq cm to 30.0 sq cm		

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14060	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less		
14061	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10.1 sq cm to 30.0 sq cm		
14301	Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq cm to 60.0 sq cm		
14302	Adjacent tissue transfer or rearrangement, any area; each additional 30.0 sq cm, or part thereof		
15004	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; first 100 sq cm or 1% of body area of infants and children		
15005	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; each additional 100 sq cm, or part thereof, or each additional 1% of body area of infants and children (List separately in addition to code for primary procedure)		

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15040	Harvest of skin for tissue cultured skin autograft, 100 sq cm or less		
15050	Pinch graft, single or multiple, to cover small ulcer, tip of digit, or other minimal open area (except on face), up to defect size 2 cm diameter		
15100	Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)		
15101	Split-thickness autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)		
15110	Epidermal autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children		
15111	Epidermal autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)		

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15115	Epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children		
15116	Epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)		
15120	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)		
15121	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)		
15130	Dermal autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children		
15131	Dermal autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)		

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15135	Dermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children		
15136	Dermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)		
15150	Tissue cultured skin autograft, trunk, arms, legs; first 25 sq cm or less		
15151	Tissue cultured skin autograft, trunk, arms, legs; additional 1 sq cm to 75 sq cm		
15152	Tissue cultured skin autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof		
15155	Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 25 sq cm or less		

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15156	Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; additional 1 sq cm to 75 sq cm		
15157	Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof		
15200	Full thickness graft, free, including direct closure of donor site, trunk; 20 sq cm or less		
15201	Full thickness graft, free, including direct closure of donor site, trunk; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)		
15220	Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; 20 sq cm or less		
15221	Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)		

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15240	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; 20 sq cm or less		
15241	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)		
15260	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; 20 sq cm or less		
15261	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)		
15271	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area		
15272	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof		

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15273	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface		
15274	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof		
15275	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area		
15276	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof		
15277	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children		
15278	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof		

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15570	Formation of direct or tubed pedicle, with or without transfer; trunk		
15731	Forehead flap with preservation of vascular pedicle		
15732	Muscle, myocutaneous, or fasciocutaneous flap; head and neck		
15733	Muscle, myocutaneous, or fasciocutaneous flap; head and neck with named vascular pedicle		
15734	Muscle, myocutaneous, or fasciocutaneous flap; trunk		
15736	Muscle, myocutaneous, or fasciocutaneous flap; upper extremity		

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15738	Muscle, myocutaneous, or fasciocutaneous flap; lower extremity		
15740	Flap; island pedicle		
15756	Free muscle or myocutaneous flap with microvascular anastomosis		
15777	Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (eg, breast, trunk) (List separately in addition to code for primary procedure)		
17106	Destruction of cutaneous vascular proliferative lesions, less than 10 sq cm		
17107	Destruction of cutaneous vascular proliferative lesions, 10.0 to 50.0 sq cm		

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17108	Destruction of cutaneous vascular proliferative lesions, over 50.0 sq cm		
17110	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions		
17999	Unlisted procedure – skin, mucous membrane & subcutaneous tissue		
19120	Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion (except 19300), open, male or female, 1 or more lesions		
19125	Excision of breast lesion identified by preoperative placement of radiological marker, open; single lesion		
19126	Excision of breast lesion identified by preoperative placement of radiological marker, open; each additional lesion separately identified by a preoperative radiological marker (List separately in addition to code for primary procedure)		

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19328	Removal of breast implant		
19330	Removal of ruptured breast implant, including implant contents (eg, saline, silicone gel)		
19340	Insertion of breast implant on same day of mastectomy (ie, immediate)		
19342	Insertion or replacement of breast implant on separate day from mastectomy		
19350	Nipple/areola reconstruction		
19355	Correction of inverted nipples		

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19357	Tissue expander placement in breast reconstruction, including subsequent expansion(s)		
19361	Breast reconstruction; with latissimus dorsi flap		
19370	Revision of peri-implant capsule, breast, including capsulotomy, capsulorrhaphy, and/or partial capsulectomy		
19371	Peri-implant capsulectomy, breast, complete, including removal of all intracapsular contents		
19499	Unlisted procedure – breast		
20660	Application of cranial tongs, caliper, or stereotactic frame, including removal		

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20680	Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)		
20802	Replantation, arm (includes surgical neck of humerus through elbow joint), complete amputation		
20805	Replantation, forearm (includes radius and ulna to radial carpal joint), complete amputation		
20808	Replantation, hand (includes hand through metacarpophalangeal joints), complete amputation		
20816	Replantation, digit, excluding thumb (includes metacarpophalangeal joint to insertion of flexor sublimis tendon), complete amputation		
20822	Replantation, digit, excluding thumb (includes distal tip to sublimis tendon insertion), complete amputation		

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20824	Replantation, thumb (includes carpometacarpal joint to MP joint), complete amputation		
20827	Replantation, thumb (includes distal tip to MP joint), complete amputation		
20838	Replantation, foot, complete amputation		
21025	Excision of bone (e.g., for osteomyelitis or bone abscess) mandible		
21032	Excision of maxillary Torus palatinus		
21116	Injection procedure for temporomandibular joint arthrography		

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21175	Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (eg, plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts)		
21180	Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts)		
21181	Reconstruction by contouring of benign tumor of cranial bones (eg, fibrous dysplasia), extracranial		
21182	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting less than 40 sq cm		
21183	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 40 sq cm but less than 80 sq cm		
21184	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 80 sq cm		

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21188	Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)		
21193	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft		
21194	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft)		
21195	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation		
21196	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation		
21198	Osteotomy, mandible, segmental		

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21199	Osteotomy, mandible, segmental; with genioglossus advancement		
21206	Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard)		
21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)		
21215	Graft, bone; mandible (includes obtaining graft)		
21230	Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)		
21235	Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)		

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21244	Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate)		
21245	Reconstruction of mandible or maxilla, subperiosteal implant; partial		
21246	Reconstruction of mandible or maxilla, subperiosteal implant; complete		
21247	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (eg, for hemifacial microsomia)		
21248	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial		
21249	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); complete		

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21255	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)		
21256	Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (eg, micro-ophthalmia)		
21260	Periorbital osteotomies for orbital hypertelorism, with bone grafts; extracranial approach		
21261	Periorbital osteotomies for orbital hypertelorism, with bone grafts; combined intra- and extracranial approach		
21263	Periorbital osteotomies for orbital hypertelorism, with bone grafts; with forehead advancement		
21267	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; extracranial approach		

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21268	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; combined intra- and extracranial approach		
21275	Secondary revision of orbitocraniofacial reconstruction		
21282	Lateral canthopexy		
21299	Unlisted craniofacial and maxillofacial procedure		
21325	Open treatment of nasal fracture; uncomplicated		
21330	Open treatment of nasal fracture; complicated, with internal and/or external skeletal fixation		

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21335	Open treatment of nasal fracture; with concomitant open treatment of fractured septum		
21336	Open treatment of nasal septal fracture, with or without stabilization		
21338	Open treatment of nasoethmoid fracture; without external fixation		
21339	Open treatment of nasoethmoid fracture; with external fixation		
21343	Open treatment of depressed frontal sinus fracture		
21344	Open treatment of complicated (eg, comminuted or involving posterior wall) frontal sinus fracture, via coronal or multiple approaches		

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21346	Open treatment of nasomaxillary complex fracture (LeFort II type); with wiring and/or local fixation		
21347	Open treatment of nasomaxillary complex fracture (LeFort II type); requiring multiple open approaches		
21348	Open treatment of nasomaxillary complex fracture (LeFort II type); with bone grafting (includes obtaining graft)		
21356	Open treatment of depressed zygomatic arch fracture (eg, Gillies approach)		
21360	Open treatment of depressed malar fracture, including zygomatic arch and malar tripod		
21365	Open treatment of complicated (eg, comminuted or involving cranial nerve foramina) fracture(s) of malar area, including zygomatic arch and malar tripod; with internal fixation and multiple surgical approaches		

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21366	Open treatment of complicated (eg, comminuted or involving cranial nerve foramina) fracture(s) of malar area, including zygomatic arch and malar tripod; with bone grafting (includes obtaining graft)		
21385	Open treatment of orbital floor blowout fracture; transantral approach (Caldwell-Luc type operation)		
21386	Open treatment of orbital floor blowout fracture; periorbital approach		
21387	Open treatment of orbital floor blowout fracture; combined approach		
21390	Open treatment of orbital floor blowout fracture; periorbital approach, with alloplastic or other implant		
21395	Open treatment of orbital floor blowout fracture; periorbital approach with bone graft (includes obtaining graft)		

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21406	Open treatment of fracture of orbit, except blowout; without implant		
21407	Open treatment of fracture of orbit, except blowout; with implant		
21408	Open treatment of fracture of orbit, except blowout; with bone grafting (includes obtaining graft)		
21422	Open treatment of palatal or maxillary fracture (LeFort I type)		
21423	Open treatment of palatal or maxillary fracture (LeFort I type); complicated (comminuted or involving cranial nerve foramina), multiple approaches		
21432	Open treatment of craniofacial separation (LeFort III type); with wiring and/or internal fixation		

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21433	Open treatment of craniofacial separation (LeFort III type); complicated (eg, comminuted or involving cranial nerve foramina), multiple surgical approaches		
21435	Open treatment of craniofacial separation (LeFort III type); complicated, utilizing internal and/or external fixation techniques (eg, head cap, halo device, and/or intermaxillary fixation)		
21436	Open treatment of craniofacial separation (LeFort III type); complicated, multiple surgical approaches, internal fixation, with bone grafting (includes obtaining graft)		
21445	Open treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)		
21454	Open treatment of mandibular fracture with external fixation		
21461	Open treatment of mandibular fracture; without interdental fixation		

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21462	Open treatment of mandibular fracture; with interdental fixation		
21465	Open treatment of mandibular condylar fracture		
21470	Open treatment of complicated mandibular fracture by multiple surgical approaches including internal fixation, interdental fixation, and/or wiring of dentures or splints		
21490	Open treatment of temporomandibular dislocation		
21495	Open treatment of hyoid fracture		
21600	Excision of rib, partial		

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21601	Excision of chest wall tumor including rib(s)		
21602	Excision of chest wall tumor involving rib(s), with plastic reconstruction; without mediastinal lymphadenectomy		
21603	Excision of chest wall tumor involving rib(s), with plastic reconstruction; with mediastinal lymphadenectomy		
21685	Hyoid myotomy and suspension		
21805			
	Open treatment of rib fracture without fixation, each		
21810			
	Treatment of rib fracture requiring external fixation (flail chest)		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
21811	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 1-3 ribs		
21812	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 4-6 ribs		
21813	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 7 or more ribs		
21825	Open treatment of sternum fracture with or without skeletal fixation		
21899	Unlisted Procedure, neck or thorax		
22214	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment, lumbar		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
22224	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; lumbar		
22318	Open treatment and/or reduction of odontoid fracture(s) and/or dislocation(s) (including os odontoideum), anterior approach, including placement of internal fixation; without grafting		
22319	Open treatment and/or reduction of odontoid fracture(s) and/or dislocation(s) (including os odontoideum), anterior approach, including placement of internal fixation; with grafting		
22325	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, one fractured vertebrae or dislocated segment; lumbar		
22326	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; cervical		
22327	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; thoracic		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
22328	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; each additional fractured vertebra or dislocated segment (List separately in addition to code for primary procedure)		
22505	Manipulation of spine requiring anesthesia, any region		
22510	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic		
22511	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral		
22512	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cervicothoracic or lumbosacral vertebral body (List separately in addition to code for primary procedure)		
22520	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; thoracic		

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CPT, HCPCS or Revenue Code	Description	Comment	Note
22521	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; lumbar		
22522	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)		
22533	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar		
22558	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar		
22586	Arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with posterior instrumentation, with image guidance, includes bone graft when performed, L5-S1 interspace		Device donation required when more than one level is requested
22612	Arthrodesis, posterior or posterolateral technique, single interspace; lumbar (with lateral transverse technique, when performed)		Device donation required when more than one level is requested

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar		Device donation required when more than one level is requested
22632	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; each additional interspace (List separately in addition to code for primary procedure)		Device donation required when more than one level is requested
22633	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace; lumbar		Device donation required when more than one level is requested
22634	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace; each additional interspace and segment (List separately in addition to code for primary procedure)		Device donation required when more than one level is requested
22842	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments (List separately in addition to code for primary procedure)		Device donation required when more than one level is requested
22843	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments (List separately in addition to code for primary procedure)		Device donation required

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
22844	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 13 or more vertebral segments (List separately in addition to code for primary procedure)		Device donation required when more than one level is requested
22848	Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum (List separately in addition to code for primary procedure)		Device donation required when more than one level is requested
22853	Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to intervertebral disc space in conjunction with interbody arthrodesis, each interspace (List separately in addition to code for primary procedure)		Device donation required when more than one level is requested
22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctomy for nerve root or spinal cord decompression and microdissection); single interspace, cervical		Device donation required when more than one level is requested
22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), lumbar, single interspace		Device donation required when more than one level is requested
22858	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctomy for nerve root or spinal cord decompression and microdissection); second level, cervical (List separately in addition to code for primary procedure)		Device donation required when more than one level is requested

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
22860	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); second interspace, lumbar (List separately in addition to code for primary procedure)		Device donation required when more than one level is requested
22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical		Device donation required when more than one level is requested
22862	Revision including replacement of total disc arthroplasty (artificial disc) anterior approach, lumbar, single interspace		Device donation required when more than one level is requested
22867	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level		Device donation required when more than one level is requested
22868	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; second level (List separately in addition to code for primary procedure)		Device donation required when more than one level is requested
22869	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level		Device donation required when more than one level is requested

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
22870	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; second level (List separately in addition to code for primary procedure)		Device donation required when more than one level is requested
22899	Unlisted procedure, spine (Vertebral Column)		Intracept Procedure - radiofrequency energy to ablate the BVN is not a covered benefit (pain mgmt)
23000	Removal of subdeltoid calcareous deposits, open		
23020	Capsular contracture release (eg, Sever type procedure)		
23030	Incision and drainage, shoulder area; deep abscess or hematoma		
23031	Incision and drainage, shoulder area; infected bursa		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
23035	Incision, bone cortex (eg, osteomyelitis or bone abscess), shoulder area		
23040	Arthrotomy, glenohumeral joint, including exploration, drainage, or removal of foreign body		
23044	Arthrotomy, acromioclavicular, sternoclavicular joint, including exploration, drainage, or removal of foreign body		
23066	Biopsy, soft tissue of shoulder area; deep		
23071	Excision, tumor, soft tissue of shoulder area, subcutaneous; 3 cm or greater		
23073	Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); 5 cm or greater		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
23075	Excision, soft tissue tumor, shoulder area; subcutaneous		
23076	Excision, soft tissue tumor, shoulder area; deep, subfascial, or intramuscular		
23077	Radical resection of tumor (eg, sarcoma), soft tissue of shoulder area; less than 5 cm		
23078	Radical resection of tumor (eg, sarcoma), soft tissue of shoulder area; 5 cm or greater		
23100	Arthrotomy, glenohumeral joint, including biopsy		
23101	Arthrotomy, acromioclavicular joint or sternoclavicular joint, including biopsy and/or excision of torn cartilage		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
23105	Arthrotomy; glenohumeral joint, with synovectomy, with or without biopsy		
23106	Arthrotomy;sternoclavicular joint, with synovectomy, with or without biopsy		
23107	Arthrotomy, glenohumeral joint, with joint exploration, with or without removal of loose orforeignbody		
23120	Claviclectomy; partial		
23125	Claviclectomy;total		
23130	Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
23140	Excision or curettage of bone cyst or benign tumor of clavicle or scapula;		
23145	Excision or curettage of bone cyst or benign tumor of clavicle or scapula;with autograft (includesobtaining graft)		
23146	Excision or curettage of bone cyst or benign tumor of clavicle or scapula;with allograft		
23150	Excision or curettage of bone cyst or benign tumor of proximal humerus;		
23155	Excision or curettage of bone cyst or benign tumor of proximal humerus;with autograft (includes obtaining graft)		
23156	Excision or curettage of bone cyst or benign tumor of proximal humerus;with allograft		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
23170	Sequestrectomy (eg, for osteomyelitis or bone abscess), clavicle		
23172	Sequestrectomy (eg, for osteomyelitis or bone abscess), scapula		
23174	Sequestrectomy (eg, for osteomyelitis or bone abscess), humeral head to surgical neck		
23180	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis),clavicle		
23182	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis),scapula		
23184	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis),proximalhumerus		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
23190	Ostectomy of scapula, partial (eg, superior medial angle)		
23195	Resection, humeral head		
23200	Radical resection for tumor; clavicle		
23210	Radical resection for tumor;scapula		
23220	Radical resection of bone tumor, proximal humerus;		
23330	Removal of foreign body, shoulder; subcutaneous		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
23333	Removal of foreign body, shoulder; deep (subfascial or intramuscular)		
23334	Removal of prosthesis, includes debridement and synovectomy when performed; humeral or glenoid component		
23335	Removal of prosthesis, includes debridement and synovectomy when performed; humeral and glenoid component		
23350	Injection procedure for shoulder arthrography or enhanced CT/MRI shoulder arthrography		
23395	Muscle transfer, any type, shoulder or upper arm; single		
23397	Muscle transfer, any type, shoulder or upper arm;multiple		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
23400	Scapulopexy (eg, Sprengels deformity or for paralysis)		
23405	Tenotomy, shoulder area; single tendon		
23406	Tenotomy, shoulder area;multiple tendons through same incision		
23410	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute		
23412	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic		
23415	Coracoacromial ligament release, with or without acromioplasty		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
23420	Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)		
23430	Tenodesis of long tendon of biceps		
23440	Resection or transplantation of long tendon of biceps		
23450	Capsulorrhaphy, anterior; Putti-Platt procedure or Magnuson type operation		
23455	Capsulorrhaphy, anterior;with labral repair (eg, Bankart procedure)		
23460	Capsulorrhaphy, anterior, any type; with bone block		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
23462	Capsulorrhaphy, anterior, any type;with coracoid process transfer		
23465	Capsulorrhaphy, glenohumeral joint, posterior, with or without bone block		
23466	Capsulorrhaphy, glenohumeral joint, any type multi-directional instability		
23470	Arthroplasty, glenohumeral joint; hemiarthroplasty		
23472	Arthroplasty, glenohumeral joint;total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))	If an implant is necessary for surgery, it must be donated	
23473	Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
23474	Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component		
23480	Osteotomy, clavicle, with or without internal fixation;		
23485	Osteotomy, clavicle, with or without internal fixation;with bone graft for nonunion or malunion (includes obtaining graft and/or necessary fixation)		
23490	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; clavicle		
23491	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate;proximal humerus		
23515	Open treatment of clavicular fracture, includes internal fixation, when performed		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
23585	Open treatment of scapular fracture (body, glenoid or acromion) includes internal fixation, when performed		
23615	Open treatment of proximal humeral (surgical or anatomical neck) fracture, includes internal fixation, when performed, includes repair of tuberosity(s), when performed		
23616	Open treatment of proximal humeral (surgical or anatomical neck) fracture, includes internal fixation, when performed, includes repair of tuberosity(s), when performed; with proximal humeral prosthetic replacement		
23630	Open treatment of greater humeral tuberosity fracture, includes internal fixation, when performed		
23670	Open treatment of shoulder dislocation, with fracture of greater humeral tuberosity, includes internal fixation, when performed		
23680	Open treatment of shoulder dislocation, with surgical or anatomical neck fracture, includes internal fixation, when performed		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
23700	Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)		
23800	Arthrodesis, glenohumeral joint;		
23802	Arthrodesis, glenohumeral joint;with autogenous graft (includes obtaining graft)		
23900			
	Interthoracoscapular amputation (forequarter)		
23920			
	Disarticulation of shoulder		
23921			
	Disarticulation of shoulder; secondary closure or scar revision		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
23929	Unlisted procedure, shoulder		
24220	Injection procedure for elbow arthrography		
24300	Manipulation, elbow, under anesthesia		
24365	Arthroplasty, radial head		
24366	Arthroplasty, radial head, with implant		
24515	Open treatment of humeral shaft fracture with plate/screws, with or without cerclage		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
24516	Treatment of humeral shaft fracture, with insertion of intramedullary implant, with or without cerclage and/or locking screws		
24545	Open treatment of humeral supracondylar or transcondylar fracture, includes internal fixation, when performed; without intercondylar extension		
24546	Open treatment of humeral supracondylar or transcondylar fracture, includes internal fixation, when performed; with intercondylar extension		
24575	Open treatment of humeral epicondylar fracture, medial or lateral, includes internal fixation, when performed		
24579	Open treatment of humeral condylar fracture, medial or lateral, includes internal fixation, when performed		
24586	Open treatment of periarticular fracture and/or dislocation of the elbow (fracture distal humerus and proximal ulna and/or proximal radius)		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
24587	Open treatment of periarticular fracture and/or dislocation of the elbow (fracture distal humerus and proximal ulna and/or proximal radius); with implant arthroplasty		
24635	Open treatment of Monteggia type of fracture dislocation at elbow (fracture proximal end of ulna with dislocation of radial head), includes internal fixation, when performed		
24665	Open treatment of radial head or neck fracture, includes internal fixation or radial head excision, when performed		
24666	Open treatment of radial head or neck fracture, includes internal fixation or radial head excision, when performed; with radial head prosthetic replacement		
24685	Open treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process(es)), includes internal fixation, when performed		
24900	Amputation, arm through humerus; with primary closure		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
24920	Amputation, arm through humerus; open, circular (guillotine)		
24925	Amputation, arm through humerus; secondary closure or scar revision		
24930	Amputation, arm through humerus; re-amputation		
24931	Amputation, arm through humerus; with implant		
24935	Stump elongation, upper extremity		
24999	Unlisted procedure, humerus or elbow		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
25020	Decompression fasciotomy, forearm and/or wrist, flexor OR extensor compartment; without debridement of nonviable muscle and/or nerve		
25023	Decompression fasciotomy, forearm and/or wrist, flexor OR extensor compartment; with debridement of nonviable muscle and/or nerve		
25246	Injection procedure for wrist arthrography		
25259	Manipulation, wrist, under anesthesia		
25320	Capsulorrhaphy or reconstruction, wrist, open (eg, capsulodesis, ligament repair, tendon transfer or graft) (includes synovectomy, capsulotomy and open reduction) for carpal instability		
25337	Reconstruction for stabilization of unstable distal ulna or distal radioulnar joint, secondary by soft tissue stabilization (eg, tendon transfer, tendon graft or weave, or tenodesis) with or without open reduction of distal radioulnar joint		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
25400	Repair of nonunion or malunion, radius OR ulna; without graft (eg, compression technique)		
25405	Repair of nonunion or malunion, radius OR ulna; with autograft (includes obtaining graft)		
25415	Repair of nonunion or malunion, radius AND ulna; without graft (eg, compression technique)		
25420	Repair of nonunion or malunion, radius AND ulna; with autograft (includes obtaining graft)		
25431	Repair of nonunion of carpal bone (excluding carpal scaphoid (navicular)) (includes obtaining graft and necessary fixation), each bone		
25440	Repair of nonunion, scaphoid carpal (navicular) bone, with or without radial styloidectomy (includes obtaining graft and necessary fixation)		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
25515	Open treatment of radial shaft fracture, includes internal fixation, when performed		
25525	Open treatment of radial shaft fracture, includes internal fixation, when performed, and closed treatment of distal radioulnar joint dislocation (Galeazzi fracture/ dislocation), includes percutaneous skeletal fixation, when performed		
25526	Open treatment of radial shaft fracture, includes internal fixation, when performed, and open treatment of distal radioulnar joint dislocation (Galeazzi fracture/ dislocation), includes internal fixation, when performed, includes repair of triangular fibrocartilage complex		
25545	Open treatment of ulnar shaft fracture, includes internal fixation, when performed		
25574	Open treatment of radial AND ulnar shaft fractures, with internal fixation, when performed; of radius OR ulna		
25575	Open treatment of radial AND ulnar shaft fractures, with internal fixation, when performed; of radius AND ulna		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
25606	Percutaneous skeletal fixation of distal radial fracture or epiphyseal separation		
25607	Open treatment of distal radial extra-articular fracture or epiphyseal separation, with internal fixation		
25608	Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 2 fragments		
25609	Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 3 or more fragments		
25628	Open treatment of carpal scaphoid (navicular) fracture, includes internal fixation, when performed		
25645	Open treatment of carpal bone fracture (other than carpal scaphoid [navicular]), each bone		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
25652	Open treatment of ulnar styloid fracture		
25675	Closed treatment of distal radioulnar dislocation with manipulation		
25685	Open treatment of trans-scaphoperilunar type of fracture dislocation		
25900	Amputation, forearm, through radius and ulna		
25905	Amputation, forearm, through radius and ulna; open, circular (guillotine)		
25907	Amputation, forearm, through radius and ulna; secondary closure or scar revision		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
25909	Amputation, forearm, through radius and ulna; re-amputation		
25920	Disarticulation through wrist		
25922	Disarticulation through wrist; secondary closure or scar revision		
25924	Disarticulation through wrist; re-amputation		
25927	Transmetacarpal amputation		
25929	Transmetacarpal amputation; secondary closure or scar revision		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
25931	Transmetacarpal amputation; re-amputation		
25999	Unlisted procedure, forearm and wrist		
26341	Manipulation, palmar fascial cord (i.e. Dupuytren's cord, post enzyme injection)		
26615	Open treatment of metacarpal fracture, single, includes internal fixation, when performed, each bone		
26665	Open treatment of carpometacarpal fracture dislocation, thumb (Bennett fracture), includes internal fixation, when performed		
26685	Open treatment of carpometacarpal dislocation, other than thumb; includes internal fixation, when performed, each joint		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
26686	Open treatment of carpometacarpal dislocation, other than thumb; complex, multiple, or delayed reduction		
26715	Open treatment of metacarpophalangeal dislocation, single, includes internal fixation, when performed		
26735	Open treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, includes internal fixation, when performed, each		
26746	Open treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint, includes internal fixation, when performed, each		
26765	Open treatment of distal phalangeal fracture, finger or thumb, includes internal fixation, when performed, each		
26785	Open treatment of interphalangeal joint dislocation, includes internal fixation, when performed, single		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
26910	Amputation, metacarpal, with finger or thumb (ray amputation), single, with or without interosseous transfer		
26951	Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with direct closure		
26952	Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with local advancement flaps (V-Y, hood)		
26989	Unlisted procedure, hands or fingers		
26992	Incision, bone cortex, pelvis and/or hip joint (eg, osteomyelitis or bone abscess)		
27000	Tenotomy, adductor of hip, percutaneous (separate procedure)		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
27001	Tenotomy, adductor of hip, open		
27003	Tenotomy, adductor, subcutaneous, open, with obturator neurectomy		
27005	Tenotomy, hip flexor(s), open (separate procedure)		
27006	Tenotomy, abductors and/or extensor(s) of hip, open (separate procedure)		
27025	Fasciotomy, hip or thigh, any type		
27027	Decompression fasciotomy(ies), pelvic (buttock) compartment(s) (eg, gluteus medius-minimus, gluteus maximus, iliopsoas, and/or tensor fascia lata muscle), unilateral		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
27030	Arthrotomy, hip, with drainage (eg, infection)		
27033	Arthrotomy, hip, including exploration or removal of loose or foreign body		
27035	Denervation, hip joint, intrapelvic or extrapelvic intra-articular branches of sciatic, femoral, or obturator nerves		
27036	Capsulectomy or capsulotomy, hip, with or without excision of heterotopic bone, with release of hip flexor muscles (ie, gluteus medius, gluteus minimus, tensor fascia latae, rectus femoris, sartorius, iliopsoas)		
27040	Biopsy, soft tissue of pelvis and hip area; superficial		
27041	Biopsy, soft tissue of pelvis and hip area; deep, subfascial or intramuscular		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
27043	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous;3 cm or greater		
27045	Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular);5 cm or greater		
27047	Excision, tumor, pelvis and hip area; subcutaneous tissue		
27048	Excision, tumor, pelvis and hip area;deep, subfascial, intramuscular		
27049	Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; less than 5 cm		
27050	Arthrotomy, with biopsy; sacroiliac joint		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
27052	Arthrotomy, with biopsy;hip joint		
27054	Arthrotomy with synovectomy, hip joint		
27057	Decompression fasciotomy(ies), pelvic (buttock) compartment(s) (eg, gluteus medius-minimus, gluteus maximus, iliopsoas, and/or tensor fascia lata muscle) with debridement of nonviable muscle, unilateral		
27059	Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; 5 cm or greater		
27060	Excision; ischial bursa		
27062	Excision;trochanteric bursa or calcification		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
27065	Excision of bone cyst or benign tumor; superficial (wing of ilium, symphysis pubis, or greater trochanter of femur) with or without autograft		
27066	Excision of bone cyst or benign tumor; deep, with or without autograft		
27067	Excision of bone cyst or benign tumor; with autograft requiring separate incision		
27070	Partial excision (craterization, saucerization) (eg, osteomyelitis or bone abscess); superficial (eg, wing of ilium, symphysis pubis, or greater trochanter of femur)		
27071	Partial excision (craterization, saucerization) (eg, osteomyelitis or bone abscess); deep (subfascial or intramuscular)		
27075	Radical resection of tumor or infection; wing of ilium, one pubic or ischial ramus or symphysis pubis		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
27076	Radical resection of tumor or infection;ilium, including acetabulum, both pubic rami, or ischium and acetabulum		
27077	Radical resection of tumor or infection;innominate bone, total		
27078	Radical resection of tumor or infection;ischial tuberosity and greater trochanter of femur		
27080	Coccygectomy, primary		
27086	Removal of foreign body, pelvis or hip; subcutaneous tissue		
27087	Removal of foreign body, pelvis or hip;deep (subfascial or intramuscular)		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
27090	Removal of hip prosthesis; (separate procedure)		
27091	Removal of hip prosthesis;complicated, including total hip prosthesis, methylmethacrylate with or withoutinsertion of spacer		
27093	Injection procedure for hip arthrography; without anesthesia		
27095	Injection procedure for hip arthrography; with anesthesia		
27096	Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid		
27097	Release or recession, hamstring, proximal		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
27098	Transfer, adductor to ischium		
27100	Transfer external oblique muscle to greater trochanter including fascial or tendon extension (graft)		
27105	Transfer paraspinal muscle to hip (includes fascial or tendon extension graft)		
27110	Transfer iliopsoas; to greater trochanter of femur		
27111	Transfer iliopsoas;to femoral neck		
27120	Acetabuloplasty; (eg, Whitman, Colonna, Haygroves, or cup type)		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
27122	Acetabuloplasty;resection, femoral head (eg, Girdlestone procedure)		
27125	Hemiarthroplasty, hip, partial (eg, femoral stem prosthesis, bipolar arthroplasty)		
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft		
27132	Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft		
27134	Revision of total hip arthroplasty; both components, with or without autograft or allograft		
27137	Revision of total hip arthroplasty;acetabular component only, with or without autograft or allograft		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
27138	Revision of total hip arthroplasty;femoral component only, with or without allograft		
27140	Osteotomy and transfer of greater trochanter of femur (separate procedure)		
27146	Osteotomy, iliac, acetabular or innominate bone;		
27147	Osteotomy, iliac, acetabular or innominate bone;with open reduction of hip		
27151	Osteotomy, iliac, acetabular or innominate bone;with femoral osteotomy		
27156	Osteotomy, iliac, acetabular or innominate bone;with femoral osteotomy and with open reduction of hip		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
27158	Osteotomy, pelvis, bilateral (eg, congenital malformation)		
27161	Osteotomy, femoral neck (separate procedure)		
27165	Osteotomy, intertrochanteric or subtrochanteric including internal or external fixation and/or cast		
27170	Bone graft, femoral head, neck, intertrochanteric or subtrochanteric area (includes obtaining bone graft)		
27175	Treatment of slipped femoral epiphysis; by traction, without reduction		
27176	Treatment of slipped femoral epiphysis; by single or multiple pinning, in situ		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
27177	Open treatment of slipped femoral epiphysis; single or multiple pinning or bone graft (includes obtaining graft)		
27178	Open treatment of slipped femoral epiphysis;closed manipulation with single or multiple pinning		
27179	Open treatment of slipped femoral epiphysis;osteoplasty of femoral neck (Heyman type procedure)		
27181	Open treatment of slipped femoral epiphysis;osteotomy and internal fixation		
27185	Epiphyseal arrest by epiphysiodesis or stapling, greater trochanter of femur		
27187	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate, femoralneckand proximal femur		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
27194	Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation; with manipulation, requiring more than local anesthesia,		
27197	Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; without manipulation		
27198	Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; with manipulation, requiring more than local anesthesia (ie, general anesthesia, moderate sedation, spinal/epidural)		
27202	Open treatment of coccygeal fracture		
27215	Open treatment of iliac spine(s), tuberosity avulsion, or iliac wing fracture(s), unilateral, for pelvic bone fracture patterns that do not disrupt the pelvic ring, includes internal fixation, when performed		
27217	Open treatment of anterior pelvic bone fracture and/or dislocation for fracture patterns that disrupt the pelvic ring, unilateral, includes internal fixation, when performed (includes pubic symphysis and/or ipsilateral superior/inferior rami)		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
27218	Open treatment of posterior pelvic bone fracture and/or dislocation, for fracture patterns that disrupt the pelvic ring, unilateral, includes internal fixation, when performed (includes ipsilateral ilium, sacroiliac joint and/or sacrum)		
27226	Open treatment of posterior or anterior acetabular wall fracture, with internal fixation		
27227	Open treatment of acetabular fracture(s) involving anterior or posterior (one) column, or a fracture running transversely across the acetabulum, with internal fixation		
27228	Open treatment of acetabular fracture(s) involving anterior and posterior (two) columns, includes T-fracture and both column fracture with complete articular detachment, or single column or transverse fracture with associated acetabular wall fracture, with internal fixation		
27236	Open treatment of femoral fracture, proximal end, neck, internal fixation or prosthetic replacement		
27244	Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with plate/screw type implant, with or without cerclage		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
27245	Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with intramedullary implant, with or without interlocking screws and/or cerclage		
27248	Open treatment of greater trochanteric fracture, includes internal fixation, when performed		
27253	Open treatment of hip dislocation, traumatic, without internal fixation		
27254	Open treatment of hip dislocation, traumatic, with acetabular wall and femoral head fracture, with or without internal or external fixation		
27269	Open treatment of femoral fracture, proximal end, head, includes internal fixation, when performed		
27275	Manipulation, hip joint, requiring general anesthesia		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive, with image guidance, includes obtaining bone graft when performed, unilateral; placement of transarticular device(s) and/or intra-articular device(s) piercing the lateral or medial cortices of the ilium and the lateral cortex of the sacrum		
27280	Arthrodesis, sacroiliac joint, open, includes obtaining bone graft, including instrumentation, when performed		
27282	Arthrodesis, symphysis pubis (including obtaining graft)		
27284	Arthrodesis, hip joint (including obtaining graft);		
27286	Arthrodesis, hip joint (including obtaining graft);with subtrochanteric osteotomy		
27290	Interpelviabdominal amputation (hindquarter amputation)		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
27295	Disarticulation of hip		
27299	Unlisted procedure, pelvis or hip joint		
27303	Incision, deep, with opening of bone cortex, femur or knee (eg, osteomyelitis or bone abscess)		
27305	Fasciotomy, iliotibial (tenotomy), open		
27306	Tenotomy, percutaneous, adductor or hamstring; single tendon (separate procedure)		
27307	Tenotomy, percutaneous, adductor or hamstring;multiple tendons		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
27310	Arthrotomy, knee, with exploration, drainage, or removal of foreign body (eg, infection)		
27323	Biopsy, soft tissue of thigh or knee area; superficial		
27324	Biopsy, soft tissue of thigh or knee area;deep (subfascial or intramuscular)		
27325	Neurectomy, hamstring muscle		
27326	Neurectomy, popliteal (gastrocnemius)		
27327	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; less than 3 cm		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
27328	Excision, tumor, thigh or knee area;deep, subfascial, or intramuscular; less than 5 cm		
27329	Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; less than 5 cm		
27330	Arthrotomy, knee; with synovial biopsy only		
27331	Arthrotomy, knee;including joint exploration, biopsy, or removal of loose or foreign bodies		
27332	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial OR lateral		
27333	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial AND lateral		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
27334	Arthrotomy, with synovectomy, knee; anterior OR posterior		
27335	Arthrotomy, with synovectomy, knee; anterior AND posterior including popliteal area		
27337	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; 3 cm or greater		
27339	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); 5 cm or greater		
27340	Excision, prepatellar bursa		
27345	Excision of synovial cyst of popliteal space (eg, Baker's cyst)		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
27347	Excision of lesion of meniscus or capsule (eg, cyst, ganglion), knee		
27350	Patellectomy or hemipatellectomy		
27355	Excision or curettage of bone cyst or benign tumor of femur;		
27356	Excision or curettage of bone cyst or benign tumor of femur;with allograft		
27357	Excision or curettage of bone cyst or benign tumor of femur;with autograft (includes obtaining graft)		
27358	Excision or curettage of bone cyst or benign tumor of femur;with internal fixation (List in addition to code for primary procedure)		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
27360	Partial excision (craterization, saucerization, or diaphysectomy) bone, femur, proximal tibia and/or fibula (eg, osteomyelitis or bone abscess)		
27364	Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; 5 cm or greater		
27365	Radical resection of tumor, bone, femur or knee		
27369	Injection procedure for contrast knee arthrography or contrast enhanced CT/MRI knee arthrography		
27372	Removal of foreign body, deep, thigh region or knee area		
27380	Suture of infrapatellar tendon; primary		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
27381	Suture of infrapatellar tendon;secondary reconstruction, including fascial or tendon graft		
27385	Suture of quadriceps or hamstring muscle rupture; primary		
27386	Suture of quadriceps or hamstring muscle rupture;secondary reconstruction, including fascial or tendon graft		
27390	Tenotomy, open, hamstring, knee to hip; single tendon		
27391	Tenotomy, open, hamstring, knee to hip;multiple tendons, one leg		
27392	Tenotomy, open, hamstring, knee to hip;multiple tendons, bilateral		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
27393	Lengthening of hamstring tendon; single tendon		
27394	Lengthening of hamstring tendon;multiple tendons, one leg		
27395	Lengthening of hamstring tendon;multiple tendons, bilateral		
27396	Transplant, hamstring tendon to patella; single tendon		
27397	Transplant, hamstring tendon to patella;multiple tendons		
27400	Transfer, tendon or muscle, hamstrings to femur (eg, Egger's type procedure)		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
27403	Arthrotomy with meniscus repair, knee		
27405	Repair, primary, torn ligament and/or capsule, knee; collateral		
27407	Repair, primary, torn ligament and/or capsule, knee;cruciate		
27409	Repair, primary, torn ligament and/or capsule, knee;collateral and cruciate ligaments		
27412	Autologous chondrocyte implantation, knee		
27415	Osteochondral allograft, knee, open		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
27416	Osteochondral autograft(s) , knee, open (eg, mosaicplasty) (includes harvesting of autograft(s))		
27418	Anterior tibial tubercleplasty (eg, Maquet type procedure)		
27420	Reconstruction of dislocating patella; (eg, Hauser type procedure)		
27422	Reconstruction of dislocating patella;with extensor realignment and/or muscle advancement or release (eg, Campbell, Goldwaite type procedure)		
27424	Reconstruction of dislocating patella;with patellectomy		
27425	Lateral retinacular release, open		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
27427	Ligamentous reconstruction (augmentation), knee; extra-articular		
27428	Ligamentous reconstruction (augmentation), knee;intra-articular (open)		
27429	Ligamentous reconstruction (augmentation), knee;intra-articular (open) and extra-articular		
27430	Quadricepsplasty (eg, Bennett or Thompson type)		
27435	Capsulotomy, posterior capsular release, knee		
27437	Arthroplasty, patella; without prosthesis		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
27438	Arthroplasty, patella; with prosthesis		
27440	Arthroplasty, knee, tibial plateau		
27441	Arthroplasty, knee, tibial plateau; with debridement and partial synovectomy		
27442	Arthroplasty, femoral condyles or tibial plateau(s), knee		
27443	Arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement and partial synovectomy		
27446	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)		
27448	Osteotomy, femur, shaft or supracondylar; without fixation		
27450	Osteotomy, femur, shaft or supracondylar;with fixation		
27454	Osteotomy, multiple, with realignment on intramedullary rod, femoral shaft (eg, Sofield type procedure)		
27455	Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus (bowleg) or genu valgus (knock-knee)); before epiphyseal closure		
27457	Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus (bowleg) or genu valgus (knock-knee));after epiphyseal closure		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
27465	Osteoplasty, femur; shortening (excluding 64876)		
27466	Osteoplasty, femur;lengthening		
27470	Repair, nonunion or malunion, femur, distal to head and neck; without graft (eg, compression technique)		
27472	Repair, nonunion or malunion, femur, distal to head and neck;with iliac or other autogenous bone graft (includes obtaining graft)		
27475	Arrest, epiphyseal, any method (eg, epiphysiodesis); distal femur		
27477	Arrest, epiphyseal, any method (eg, epiphysiodesis);tibia and fibula, proximal		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
27479	Arrest, epiphyseal, any method (eg, epiphysiodesis);combined distal femur, proximal tibia and fibula		
27485	Arrest, hemiepiphyseal, distal femur or proximal tibia or fibula (eg, genu varus or valgus)		
27486	Revision of total knee arthroplasty, with or without allograft; one component		
27487	Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component		
27488	Removal of prosthesis, including total knee prosthesis, methylmethacrylate with or without insertion of spacer, knee		
27495	Prophylactic treatment (nailing, pinning, plating, or wiring) with or without methylmethacrylate, femur		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
27496	Decompression fasciotomy, thigh and/or knee, one compartment (flexor or extensor or adductor);		
27497	Decompression fasciotomy, thigh and/or knee, one compartment (flexor or extensor or adductor);with debridement of nonviable muscle and/or nerve		
27498	Decompression fasciotomy, thigh and/or knee, multiple compartments;		
27499	Decompression fasciotomy, thigh and/or knee, multiple compartments; with debridement of nonviable muscle and/or nerve		
27506	Open treatment of femoral shaft fracture, with or without external fixation, with insertion of intramedullary implant, with or without cerclage and/or locking screws		
27507	Open treatment of femoral shaft fracture with plate/screws, with or without cerclage		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
27511	Open treatment of femoral supracondylar or transcondylar fracture without intercondylar extension, includes internal fixation, when performed		
27513	Open treatment of femoral supracondylar or transcondylar fracture with intercondylar extension, includes internal fixation, when performed		
27514	Open treatment of femoral fracture, distal end, medial or lateral condyle, includes internal fixation, when performed		
27519	Open treatment of distal femoral epiphyseal separation, includes internal fixation, when performed		
27524	Open treatment of patellar fracture, with internal fixation and/or partial or complete patellectomy and soft tissue repair		
27535	Open treatment of tibial fracture, proximal (plateau); unicondylar, includes internal fixation, when performed		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
27536	Open treatment of tibial fracture, proximal (plateau); bicondylar, with or without internal fixation		
27540	Open treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, includes internal fixation, when performed		
27556	Open treatment of knee dislocation, includes internal fixation, when performed; without primary ligamentous repair or augmentation/reconstruction		
27557	Open treatment of knee dislocation, includes internal fixation, when performed; with primary ligamentous repair		
27558	Open treatment of knee dislocation, includes internal fixation, when performed; with primary ligamentous repair, with augmentation/reconstruction		
27570	Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
27580	Arthrodesis, knee, any technique		
27590	Amputation, thigh, through femur, any level		
27591	Amputation, thigh, through femur, any level; immediate fitting technique including first cast		
27592	Amputation, thigh, through femur, any level; open, circular (guillotine)		
27594	Amputation, thigh, through femur, any level; secondary closure or scar revision		
27596	Amputation, thigh, through femur, any level; re-amputation		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
27598	Disarticulation at knee		
27599	Unlisted procedure, femur or knee		
27648	Injection procedure for ankle arthrography		
27702	Arthroplasty, ankle; with implant (total ankle)		
27703	Arthroplasty, ankle; revision, total ankle		
27720	Repair of nonunion or malunion, tibia; without graft, (eg, compression technique)		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
27722	Repair of nonunion or malunion, tibia; with sliding graft		
27724	Repair of nonunion or malunion, tibia; with iliac or other autograft (includes obtaining graft)		
27725	Repair of nonunion or malunion, tibia; by synostosis, with fibula, any method		
27726	Repair of fibula nonunion and/or malunion with internal fixation		
27758	Open treatment of tibial shaft fracture (with or without fibular fracture), with plate/screws, with or without cerclage		
27759	Treatment of tibial shaft fracture (with or without fibular fracture) by intramedullary implant, with or without interlocking screws and/or cerclage		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
27766	Open treatment of medial malleolus fracture, includes internal fixation, when performed		
27769	Open treatment of posterior malleolus fracture, includes internal fixation, when performed		
27784	Open treatment of proximal fibula or shaft fracture, includes internal fixation, when performed		
27792	Open treatment of distal fibular fracture (lateral malleolus), includes internal fixation, when performed		
27814	Open treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli, or medial and posterior malleoli), includes internal fixation, when performed		
27822	Open treatment of trimalleolar ankle fracture, includes internal fixation, when performed, medial and/or lateral malleolus; without fixation of posterior lip		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
27823	Open treatment of trimalleolar ankle fracture, includes internal fixation, when performed, medial and/or lateral malleolus; with fixation of posterior lip		
27826	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal fixation, when performed; of fibula only		
27827	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal fixation, when performed; of tibia only		
27828	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal fixation, when performed; of both tibia and fibula		
27829	Open treatment of distal tibiofibular joint (syndesmosis) disruption, includes internal fixation, when performed		
27832	Open treatment of proximal tibiofibular joint dislocation, includes internal fixation, when performed, or with excision of proximal fibula		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
27846	Open treatment of ankle dislocation, with or without percutaneous skeletal fixation; without repair or internal fixation		
27848	Open treatment of ankle dislocation, with or without percutaneous skeletal fixation; with repair or internal or external fixation		
27860	Manipulation of ankle under general anesthesia (includes application of traction or other fixation apparatus)		
27880	Amputation, leg, through tibia and fibula		
27881	Amputation, leg, through tibia and fibula; with immediate fitting technique including application of first cast		
27882	Amputation, leg, through tibia and fibula; open, circular (guillotine)		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
27884	Amputation, leg, through tibia and fibula; secondary closure or scar revision		
27886	Amputation, leg, through tibia and fibula; re-amputation		
27888	Amputation, ankle, through malleoli of tibia and fibula (eg, Syme, Pirogoff type procedures), with plastic closure and resection of nerves		
27889	Ankle disarticulation		
27899	Unlisted procedure, leg or ankle		
28293	Correction, hallux valgus (bunion), with or without sesamoidectomy; resection of joint with implant		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
28415	Open treatment of calcaneal fracture, includes internal fixation, when performed		
28420	Open treatment of calcaneal fracture, includes internal fixation, when performed; with primary iliac or other autogenous bone graft (includes obtaining graft)		
28445	Open treatment of talus fracture, includes internal fixation, when performed		
28446	Open osteochondral autograft, talus (includes obtaining graft(s))		
28450	Treatment of tarsal bone fracture (except talus and calcaneus); without manipulation, each		
28455	Treatment of tarsal bone fracture (except talus and calcaneus); with manipulation, each		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
28465	Open treatment of tarsal bone fracture (except talus and calcaneus), includes internal fixation, when performed, each		
28485	Open treatment of metatarsal fracture, includes internal fixation, when performed, each		
28505	Open treatment of fracture, great toe, phalanx or phalanges, includes internal fixation, when performed		
28525	Open treatment of fracture, phalanx or phalanges, other than great toe, includes internal fixation, when performed, each		
28531	Open treatment of sesamoid fracture, with or without internal fixation		
28555	Open treatment of tarsal bone dislocation, includes internal fixation, when performed		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
28585	Open treatment of talotarsal joint dislocation, includes internal fixation, when performed		
28615	Open treatment of tarsometatarsal joint dislocation, includes internal fixation, when performed		
28645	Open treatment of metatarsophalangeal joint dislocation, includes internal fixation, when performed		
28675	Open treatment of interphalangeal joint dislocation, includes internal fixation, when performed		
28800	Amputation, foot; midtarsal (eg, Chopart type procedure)		
28805	Amputation, foot; transmetatarsal		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
28810	Amputation, metatarsal, with toe, single		
28820	Amputation, toe; metatarsophalangeal joint		
28825	Amputation, toe; interphalangeal joint		
28899	Unlisted procedure, foot or toes		
29799	Unlisted procedure, casting or strapping		
29805	Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
29806	Arthroscopy, shoulder, surgical; capsulorrhaphy		
29807	Arthroscopy, shoulder, surgical; repair of SLAP lesion		
29819	Arthroscopy, shoulder, surgical; with removal of loose body or foreign body		
29820	Arthroscopy, shoulder, surgical; synovectomy, partial		
29821	Arthroscopy, shoulder, surgical; synovectomy, complete		
29822	Arthroscopy, shoulder, surgical; debridement, limited, 1 or 2 discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies])		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
29823	Arthroscopy, shoulder, surgical; debridement, extensive, 3 or more discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies])		
29824	Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)		
29825	Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation		
29826	Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release		
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair		
29828	Arthroscopy, shoulder, surgical;biceps tenodesis		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
29847	Arthroscopy, wrist, surgical; internal fixation for fracture or instability		
29848	Endoscopy, wrist, surgical, with release of transverse carpal ligament		
29850	Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without manipulation; without internal or external fixation (includes arthroscopy)		
29851	Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without manipulation; with internal or external fixation (includes arthroscopy)		
29855	Arthroscopically aided treatment of tibial fracture, proximal (plateau); unicondylar, with or without internal or external fixation (includes arthroscopy)		
29856	Arthroscopically aided treatment of tibial fracture, proximal (plateau); bicondylar, with or without internal or external fixation (includes arthroscopy)		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
29860	Arthroscopy, hip, diagnostic with or without synovial biopsy (separate procedure)		
29861	Arthroscopy, hip, surgical; with removal of loose body or foreign body		
29862	Arthroscopy, hip, surgical;with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum		
29863	Arthroscopy, hip, surgical;with synovectomy		
29866	Arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty) (includes harvesting of the autograft)		
29867	Arthroscopy, knee, surgical; osteochondral allograft (eg, mosaicplasty)		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
29868	Arthroscopy, knee, surgical; meniscal transplantation (includes arthrotomy for meniscal insertion), medial or lateral		
29870	Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)		
29871	Arthroscopy, knee, surgical; for infection, lavage and drainage		
29873	Arthroscopy, knee, surgical;with lateral release		
29874	Arthroscopy, knee, surgical;for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)		
29875	Arthroscopy, knee, surgical;synovectomy, limited (eg, plica or shelf resection) (separate procedure)		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
29876	Arthroscopy, knee, surgical;synovectomy, major, two or more compartments (eg, medial or lateral)		
29877	Arthroscopy, knee, surgical;debridement/shaving of articular cartilage (chondroplasty)		
29879	Arthroscopy, knee, surgical;abrasion arthroplasty (includes chondroplasty where necessary) or multipledrillingor microfracture		
29880	Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)		
29881	Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)		
29882	Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
29883	Arthroscopy, knee, surgical;with meniscus repair (medial AND lateral)		
29884	Arthroscopy, knee, surgical;with lysis of adhesions, with or without manipulation (separate procedure)		
29885	Arthroscopy, knee, surgical;drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion)		
29886	Arthroscopy, knee, surgical;drilling for intact osteochondritis dissecans lesion		
29887	Arthroscopy, knee, surgical;drilling for intact osteochondritis dissecans lesion with internal fixation		
29888	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
29889	Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction		
29892	Arthroscopically aided repair of large osteochondritis dissecans lesion, talar dome fracture, or tibial plafond fracture, with or without internal fixation (includes arthroscopy)		
29914	Arthroscopy, hip, surgical;with femoroplasty (ie, treatment of cam lesion)		
29915	Arthroscopy, hip, surgical;with acetabuloplasty (ie, treatment of pincer lesion)		
29916	Arthroscopy, hip, surgical;with labral repair		
29999	Unlisted procedure, arthroscopy		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
30150	Rhinectomy; partial		
30420	Rhinoplasty, primary; including major septal repair	Ascension Seton ARC-ENT Clinic patient: contact SHP UM for prior Authorization. Central Health ARC-ENT Clinic patient: POS 21 and 22 contact SHP UM. For all other place of services contact Sendero UM.	
30460	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only	Ascension Seton ARC-ENT Clinic patient: contact SHP UM for prior Authorization. Central Health ARC-ENT Clinic patient: POS 21 and 22 contact SHP UM. For all other place of services contact Sendero UM.	
30462	Rhinoplasty for nasal deformity secondary to congenital cleft lip and palate, including columellar lengthening; tip, septum, osteotomies	Ascension Seton ARC-ENT Clinic patient: contact SHP UM for prior Authorization. Central Health ARC-ENT Clinic patient: POS 21 and 22 contact SHP UM. For all other place of services contact Sendero UM.	
30465	Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)	Ascension Seton ARC-ENT Clinic patient: contact SHP UM for prior Authorization. Central Health ARC-ENT Clinic patient: POS 21 and 22 contact SHP UM. For all other place of services contact Sendero UM.	
30469	Repair of nasal valve collapse with low energy, temperature-controlled (ie, radiofrequency) subcutaneous/submucosal remodeling		

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CPT, HCPCS or Revenue Code	Description	Comment	Note
30520	Septoplasty or submucous resection	Ascension Seton ARC-ENT Clinic patient: contact SHP UM for prior Authorization. Central Health ARC-ENT Clinic patient: POS 21 and 22 contact SHP UM. For all other place of services contact Sendero UM.	
30620	Septal or other intranasal dermatoplasty (does not include obtaining graft)	Ascension Seton ARC-ENT Clinic patient: contact SHP UM for prior Authorization. Central Health ARC-ENT Clinic patient: POS 21 and 22 contact SHP UM. For all other place of services contact Sendero UM.	
30630	Repair nasal septal perforations	Ascension Seton ARC-ENT Clinic patient: contact SHP UM for prior Authorization. Central Health ARC-ENT Clinic patient: POS 21 and 22 contact SHP UM. For all other place of services contact Sendero UM.	
30999	Unlisted procedure, nose	Ascension Seton ARC-ENT Clinic patient: contact SHP UM for prior Authorization. Central Health ARC-ENT Clinic patient: POS 21 and 22 contact SHP UM. For all other place of services contact Sendero UM.	
31295	Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (eg, balloon dilation), transnasal or via canine fossa	Ascension Seton ARC-ENT Clinic patient: contact SHP UM for prior Authorization. Central Health ARC-ENT Clinic patient: POS 21 and 22 contact SHP UM. For all other place of services contact Sendero UM.	

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
31296	Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)	Ascension Seton ARC-ENT Clinic patient: contact SHP UM for prior Authorization. Central Health ARC-ENT Clinic patient: POS 21 and 22 contact SHP UM. For all other place of services contact Sendero UM.	
31297	Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (eg, balloon dilation)	Ascension Seton ARC-ENT Clinic patient: contact SHP UM for prior Authorization. Central Health ARC-ENT Clinic patient: POS 21 and 22 contact SHP UM. For all other place of services contact Sendero UM.	
31299	Unlisted procedure, accessory sinuses	Ascension Seton ARC-ENT Clinic patient: contact SHP UM for prior Authorization. Central Health ARC-ENT Clinic patient: POS 21 and 22 contact SHP UM. For all other place of services contact Sendero UM.	
31584	Laryngoplasty; with open reduction and fixation of (eg, plating) fracture, includes tracheostomy, if performed		
31599	Unlisted procedure, larynx		
31899	Unlisted procedure, trachea, bronchi		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
32491	Removal of lung, other than total pneumonectomy; excision-plication of emphysematous lung(s) (bullous or non-bullous) for lung volume reduction, sternal split or transthoracic approach, with or without any pleural procedure		
32553	Placement of interstitial device for radiation therapy guidance, percutaneous, intra-thoracic, single or multiple		
32664	Thoracoscopy, surgical; with thoracic sympathectomy		
32672	Thoracoscopy, surgical; with resection-plication for emphysematous lung (bullous or non-bullous) for lung volume reduction (LVRS), unilateral includes any pleural procedure, when performed		
32999	Unlisted procedure, lungs and pleura		
33016	Pericardiocentesis, including imaging guidance, when performed		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
33017	Pericardial drainage with insertion of indwelling catheter, percutaneous, including fluoroscopy and/or ultrasound guidance, when performed; 6 years and older without congenital cardiac anomaly		
33018	Pericardial drainage with insertion of indwelling catheter, percutaneous, including fluoroscopy and/or ultrasound guidance, when performed; birth through 5 years of age or any age with congenital cardiac anomaly		
33019	Pericardial drainage with insertion of indwelling catheter, percutaneous, including CT guidance		
33206	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial		
33207	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular		
33208	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
33216	Insertion of a single transvenous electrode, permanent pacemaker or implantable defibrillator		
33217	Insertion of 2 transvenous electrodes, permanent pacemaker or implantable defibrillator		
33225	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (eg, for upgrade to dual chamber system) (List separately in addition to code for primary procedure)		
33227	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; single lead system		
33228	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; dual lead system		
33229	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; multiple lead system		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
33230	Insertion of pacing cardioverter-defibrillator pulse generator only; with existing dual leads		Device donation required
33231	Insertion of pacing cardioverter-defibrillator pulse generator only; with existing multiple leads		Device donation required
33240	Insertion of single or dual chamber pacing cardioverter-defibrillator pulse generator		Device donation required
33249	Insertion or replacement of permanent pacing cardioverter-defibrillator system with transvenous lead(s), single or dual chamber		Device donation required
33254	Operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure)		
33255	Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); without cardiopulmonary bypass		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
33257	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), limited (eg, modified maze procedure) (List separately in addition to code for primary procedure)		
33258	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), without cardiopulmonary bypass (List separately in addition to code for primary procedure)		
33263	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; dual lead system		Device donation required
33264	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; multiple lead system		Device donation required
33265	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure), without cardiopulmonary bypass		
33266	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure), without cardiopulmonary bypass		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
33270	Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode, including defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters, when performed		Device donation required
33271	Insertion of subcutaneous implantable defibrillator electrode		Device donation required
33273	Repositioning of previously implanted subcutaneous implantable defibrillator electrode		Device donation required
33275	Transcatheter removal of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography), when performed		
33285	Insertion, subcutaneous cardiac rhythm monitor, including programming	Limit 8 cases/year. Authorize procedure in provider's office only	
33286	Removal, subcutaneous cardiac rhythm monitor		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
33340	Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transseptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, when performed, and radiological supervision and interpretation		
33361	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach		All cases MUST be approved by Central Health and a Single Case Agreement MUST be obtained PRIOR to approval; SHP UM Notifies CCC/Central Health Medical Director when approved
33362	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach		All cases MUST be approved by Central Health and a Single Case Agreement MUST be obtained PRIOR to approval; SHP UM Notifies CCC/Central Health Medical Director when approved
33363	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach		All cases MUST be approved by Central Health and a Single Case Agreement MUST be obtained PRIOR to approval; SHP UM Notifies CCC/Central Health Medical Director when approved
33364	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach		All cases MUST be approved by Central Health and a Single Case Agreement MUST be obtained PRIOR to approval; SHP UM Notifies CCC/Central Health Medical Director when approved
33365	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transaortic approach (eg, median sternotomy, mediastinotomy)		All cases MUST be approved by Central Health and a Single Case Agreement MUST be obtained PRIOR to approval; SHP UM Notifies CCC/Central Health Medical Director when approved

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
33366	Transcatheter transapical replacemt aortic valve		All cases MUST be approved by Central Health and a Single Case Agreement MUST be obtained PRIOR to approval; SHP UM Notifies CCC/Central Health Medical Director when approved
33367	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with percutaneous peripheral arterial and venous cannulation (eg, femoral vessels) (List separately in addition to code for primary procedure)		All cases MUST be approved by Central Health and a Single Case Agreement MUST be obtained PRIOR to approval; SHP UM Notifies CCC/Central Health Medical Director when approved
33368	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with open peripheral arterial and venous cannulation (eg, femoral, iliac, axillary vessels) (List separately in addition to code for primary procedure)		All cases MUST be approved by Central Health and a Single Case Agreement MUST be obtained PRIOR to approval; SHP UM Notifies CCC/Central Health Medical Director when approved
33369	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with central arterial and venous cannulation (eg, aorta, right atrium, pulmonary artery) (List separately in addition to code for primary procedure)		All cases MUST be approved by Central Health and a Single Case Agreement MUST be obtained PRIOR to approval; SHP UM Notifies CCC/Central Health Medical Director when approved
33405	Replacement, aortic valve, open, with cardiopulmonary bypass; with prosthetic valve other than homograft or stentless valve		
33418	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; initial prosthesis	All cases MUST be approved by Central Health and a Single Case Agreement MUST be obtained PRIOR to approval	

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
33419	Transcatheter mitral valve repair, percutaneous approach, including transeptal puncture when performed; additional prosthesis(es) during same session (List separately in addition to code for primary procedure)	All cases MUST be approved by Central Health and a Single Case Agreement MUST be obtained PRIOR to approval	
33510	Coronary artery bypass, vein only; single coronary venous graft		
33511	Coronary artery bypass, vein only; 2 coronary venous grafts		
33512	Coronary artery bypass, vein only; 3 coronary venous grafts		
33513	Coronary artery bypass, vein only; 4 coronary venous grafts		
33514	Coronary artery bypass, vein only; 5 coronary venous grafts		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
33516	Coronary artery bypass, vein only; 6 or more coronary venous grafts		
33517	Coronary artery bypass, using venous graft(s) and arterial graft(s); single vein graft		
33741	Transcatheter atrial septostomy (TAS) for congenital cardiac anomalies to create effective atrial flow, including all imaging guidance by the proceduralist, when performed, any method (eg, Rashkind, Sang-Park, balloon, cutting balloon, blade)		
33745	Transcatheter intracardiac shunt (TIS) creation by stent placement for congenital cardiac anomalies to establish effective intracardiac flow, including all imaging guidance by the proceduralist, when performed, left and right heart diagnostic cardiac catheterization for congenital cardiac anomalies, and target zone angioplasty, when performed (eg, atrial septum, Fontan fenestration, right ventricular outflow tract, Mustard/Senning/Warden baffles); initial intracardiac shunt		
33746	Transcatheter intracardiac shunt (TIS) creation by stent placement for congenital cardiac anomalies to establish effective intracardiac flow, including all imaging guidance by the proceduralist, when performed, left and right heart diagnostic cardiac catheterization for congenital cardiac anomalies, and target zone angioplasty, when performed (eg, atrial septum, Fontan fenestration, right ventricular outflow tract, Mustard/Senning/Warden baffles); each additional intracardiac shunt		
33858	Ascending aorta graft, with cardiopulmonary bypass, includes valve suspension, when performed; for aortic dissection		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
33859	Ascending aorta graft, with cardiopulmonary bypass, includes valve suspension, when performed; for aortic disease other than dissection (eg, aneurysm)		
33863	Ascending aorta graft, with cardiopulmonary bypass, with aortic root replacement using valved conduit and coronary reconstruction		
33866	Aortic hemiarch graft including isolation and control of the arch vessels, beveled open distal aortic anastomosis extending under one or more of the arch vessels, and total circulatory arrest or isolated cerebral perfusion (List separately in addition to code for primary procedure)		
33871	Transverse aortic arch graft, with cardiopulmonary bypass, with profound hypothermia, total circulatory arrest and isolated cerebral perfusion with reimplantation of arch vessel(s) (eg, island pedicle or individual arch vessel reimplantation)		
33880	Endovascular repair of thoracic aorta, including pre-procedure sizing and device selection, nonselective catheterization(s), all associated radiological supervision and interpretation; by deployment of an aorto-aortic tube endograft covering the left subclavian artery and all aortic tube endograft extension(s) proximally in the aortic arch and ascending aorta and distally to the celiac artery, when performed		
33881	Endovascular repair of thoracic aorta, including pre-procedure sizing and device selection, nonselective catheterization(s), all associated radiological supervision and interpretation; by deployment of an aorto-aortic tube endograft not involving coverage of the left subclavian artery origin and all endograft extension(s) placed from the level of the left subclavian carotid artery to the celiac artery		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
33883	Delayed placement of proximal extension prosthesis(es) not involving coverage of the left subclavian artery origin, after endovascular repair of the thoracic aorta, including pre-procedure sizing and device selection, nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed		
33886	Delayed placement of distal extension prosthesis(es) from the level of the left subclavian artery to the celiac artery, after endovascular repair of descending thoracic aorta, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation		
33894	Endovascular stent repair of coarctation of the ascending, transverse, or descending thoracic or abdominal aorta, involving stent placement; across major side branches		
33895	Endovascular stent repair of coarctation of the ascending, transverse, or descending thoracic or abdominal aorta, involving stent placement; not crossing major side branches		
33897	Percutaneous transluminal angioplasty of native or recurrent coarctation of the aorta		
33900	Percutaneous pulmonary artery revascularization by stent placement, initial; normal native connections, unilateral		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
33901	Percutaneous pulmonary artery revascularization by stent placement, initial; normal native connections, bilateral		
33902	Percutaneous pulmonary artery revascularization by stent placement, initial; abnormal connections, unilateral		
33903	Percutaneous pulmonary artery revascularization by stent placement, initial; abnormal connections, bilateral		
33904	Percutaneous pulmonary artery revascularization by stent placement, each additional vessel or separate lesion, normal or abnormal connections (List separately in addition to code for primary procedure)		
33999	Unlisted procedure, cardiac surgery		
34716	Open axillary/subclavian artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by infraclavicular or supraclavicular incision, unilateral		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
34717	Endovascular repair of iliac artery at the time of aorto-iliac artery endograft placement by deployment of an iliac branched endograft including pre-procedure sizing and device selection, all ipsilateral selective iliac artery catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally in the internal iliac, external iliac, and common femoral artery(ies), and treatment zone angioplasty/stenting, when performed, for rupture or other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, penetrating ulcer, traumatic disruption), unilateral (List separately in addition to code for primary procedure)		
34718	Endovascular repair of iliac artery, not associated with placement of an aorto-iliac artery endograft at the same session, by deployment of an iliac branched endograft, including pre-procedure sizing and device selection, all ipsilateral selective iliac artery catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally in the internal iliac, external iliac, and common femoral artery(ies), and treatment zone angioplasty/stenting, when performed, for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, penetrating ulcer), unilateral		
34806	Transcatheter placement of wireless physiologic sensor in aneurysmal sac during endovascular repair, including radiological supervision and interpretation, instrument calibration, and collection of pressure data		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
34841	Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including one visceral artery endoprosthesis (superior mesenteric, celiac or renal artery)		
34842	Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including two visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])		
34843	Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including three visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])		
34844	Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including four or more visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])		
34845	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including one visceral artery endoprosthesis (superior mesenteric, celiac or renal artery)		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
34846	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including two visceral artery endoprosthesis (superior mesenteric, celiac and/or renal artery[s])		
34847	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including three visceral artery endoprosthesis (superior mesenteric, celiac and/or renal artery[s])		
34848	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including four or more visceral artery endoprosthesis (superior mesenteric, celiac and/or renal artery[s])		
35702	Exploration not followed by surgical repair, artery; upper extremity (eg, axillary, brachial, radial, ulnar)		
35703	Exploration not followed by surgical repair, artery; lower extremity (eg, common femoral, deep femoral, superficial femoral, popliteal, tibial, peroneal)		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
35884	Revision, femoral anastomosis of synthetic arterial bypass graft in groin, open; with autogenous vein patch graft		
36260	Insertion of implantable intra-arterial infusion pump (eg, for chemotherapy of liver)		
36299	Unlisted procedure, vascular injection		
36470	Injection of sclerosing solution; single vein		
36471	Injection of sclerosing solution; multiple veins, same leg		
36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
36479	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)		
36514	Therapeutic apheresis; for plasma pheresis		
36516	Therapeutic apheresis; with extracorporeal selective adsorption or selective filtration and plasma reinfusion		
36522	Photopheresis, extracorporeal		
37184	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s)		
37187	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
37188	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance, repeat treatment on subsequent day during course of thrombolytic therapy		
37241	Vascular embolization or occlusion venous rs&i		
37242	Embolization of arterial conditions, other than hemorrhage or tumor (AVM, aneurysm and arteriovenous fistula)		
37243	Vascular embolize/occlude organ tumor infarct		
37244	Vascular embolization or occlusion hemorrhage		
37501	Unlisted vascular endoscopy procedure		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
37700	Ligation and division long saphenous vein at saphenofemoral junction, or distal interruptions		
37718	Ligation, division, and stripping, short saphenous vein		
37722	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below		
37735	Ligation and division and complete stripping of long or short saphenous veins with radical excision of ulcer and skin graft and/or interruption of communicating veins of lower leg with excision of deep fascia		
37760	Ligation of perforator veins, subfascial, radical (Linton type), with or without skin graft, open		
37761	Ligate leg veins open		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
37765	Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions		
37766	Stab phlebectomy of varicose veins, one extremity; more than 20 incisions		
37780	Ligation and division of short saphenous vein at saphenopopliteal junction		
37785	Ligation, division, and/or excision of varicose vein cluster(s), one leg		
37790	Penile venous occlusive procedure		
37799	Unlisted procedure, vascular surgery		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
38129	Unlisted laparoscopy procedure, spleen		
38204	Management of recipient hematopoietic progenitor cell donor search and cell acquisition		
38205	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; allogenic		
38206	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; autologous		
38589	Unlisted laparoscopy procedure, lymphatic system		
38780	Retroperitoneal transabdominal lymphadenectomy, extensive, including pelvic, aortic, and renal nodes (separate procedure)		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
38999	Unlisted procedure, hemic or lymphatic system		
39499	Unlisted procedure, mediastinum		
39501	Repair, laceration of diaphragm, any approach		
39503	Repair, neonatal diaphragmatic hernia, with or without chest tube insertion and with or without creation of ventral hernia		
39540	Repair, diaphragmatic hernia (other than neonatal), traumatic; acute		
39541	Repair, diaphragmatic hernia (other than neonatal), traumatic; chronic		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
39599	Unlisted procedure, diaphragm		
40799	Unlisted procedure, lips		
40899	Unlisted procedure, vestibule of mouth		
41019	Placement of needles, catheters, and other devices into the head and/or neck region		
41599	Unlisted procedure, tongue, floor of mouth		
41820	Gingivectomy, excision gingiva, each quadrant		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
41874	Alveoloplasty, each quadrant (specify)		
41899	Unlisted procedure, dentoalveolar structures		
42140	EXCISION OF UVULA		
42145	Palatopharyngoplasty (e.g., uvulopalatopharyngoplasty, uvulopharyngoplasty)		
42160	Destruction of lesion, palate or uvula (thermal, cryo or chemical)		
42299	Unlisted procedure, palate, uvula		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
42699	Unlisted procedure, salivary glands or ducts		
42820	Under Excision and Destruction Procedures on the Pharynx, Adenoids, and Tonsils	<p>Ascension Seton ARC-ENT Clinic patient: contact SHP UM for prior Authorization.</p> <p>Central Health ARC-ENT Clinic patient: POS 21 and 22 contact SHP UM. For all other place of services contact Sendero UM.</p>	
42950	Pharyngoplasty (plastic or reconstructive operation on pharynx)		
42999	Unlisted procedure, pharynx, adenoids, or tonsils		
43260	Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)		
43261	Endoscopic retrograde cholangiopancreatography (ERCP); with biopsy, single or multiple		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
43262	Endoscopic retrograde cholangiopancreatography (ERCP); with sphincterotomy/papillotomy		
43263	Endoscopic retrograde cholangiopancreatography (ERCP); with pressure measurement of sphincter of Oddi		
43264	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of calculi/debris from biliary/pancreatic duct(s)		
43265	Endoscopic retrograde cholangiopancreatography (ERCP); with destruction of calculi, any method (eg, mechanical, electrohydraulic, lithotripsy)		
43274	Endoscopic retrograde cholangiopancreatography (ERCP); with placement of endoscopic stent into biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent		
43275	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s)		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
43276	Endoscopic retrograde cholangiopancreatography (ERCP); with removal and exchange of stent(s), biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent exchanged		
43277	Endoscopic retrograde cholangiopancreatography (ERCP); with trans-endoscopic balloon dilation of biliary/pancreatic duct(s) or of ampulla (sphincteroplasty), including sphincterotomy, when performed, each duct		
43278	Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of tumor(s), polyp(s), or other lesion(s), including pre- and post-dilation and guide wire passage, when performed		
43279	Laparoscopy, surgical, esophagomyotomy (Heller type), with fundoplasty, when performed		
43280	Laparoscopy, surgical, esophagogastric fundoplasty (eg, Nissen, Toupet procedures)		
43281	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; without implantation of mesh		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
43282	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; with implantation of mesh		
43289	Unlisted laparoscopy procedure, esophagus		
43337	Repair, paraesophageal hiatal hernia, (including fundoplication), via thoracoabdominal incision, except neonatal; with implantation of mesh or other prosthesis		
43499	Unlisted procedure, esophagus		
43631	Gastrectomy, partial, distal; with gastroduodenostomy		
43632	Gastrectomy, partial, distal; with gastrojejunostomy		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
43633	Gastrectomy, partial, distal; with Roux-en-Y reconstruction		
43634	Gastrectomy, partial, distal; with formation of intestinal pouch		
43659	Unlisted laparoscopy procedure, stomach		
43848	Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure)		
43860	REVISE STOMACH-BOWEL FUSION		
43865	REVISE STOMACH-BOWEL FUSION		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
43999	Unlisted procedure, stomach		
44139	Mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy (List separately in addition to primary procedure)		
44140	Colectomy, partial; with anastomosis		
44141	Colectomy, partial; with skin level cecostomy or colostomy		
44143	Colectomy, partial; with end colostomy and closure of distal segment (Hartmann type procedure)		
44144	Colectomy, partial; with resection, with colostomy or ileostomy and creation of mucofistula		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
44145	Colectomy, partial; with colopectostomy (low pelvic anastomosis)		
44146	Colectomy, partial; with colopectostomy (low pelvic anastomosis), with colostomy		
44147	Colectomy, partial; abdominal and transanal approach		
44150	Colectomy, total, abdominal, without proctectomy; with ileostomy or ileoproctostomy		
44151	Colectomy, total, abdominal, without proctectomy; with continent ileostomy		
44155	Colectomy, total, abdominal, with proctectomy; with ileostomy		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
44156	Colectomy, total, abdominal, with proctectomy; with continent ileostomy		
44157	Colectomy, total, abdominal, with proctectomy; with ileoanal anastomosis, includes loop ileostomy, and rectal mucosectomy, when performed		
44158	Colectomy, total, abdominal, with proctectomy; with ileoanal anastomosis, creation of ileal reservoir (S or J), includes loop ileostomy, and rectal mucosectomy, when performed		
44160	Colectomy, partial, with removal of terminal ileum with ileocolostomy		
44204	Laparoscopy, surgical; colectomy, partial, with anastomosis		
44205	Laparoscopy, surgical; colectomy, partial, with removal of terminal ileum with ileocolostomy		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
44206	Laparoscopy, surgical; colectomy, partial, with end colostomy and closure of distal segment (Hartmann type procedure)		
44207	Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis)		
44208	Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis) with colostomy		
44210	Laparoscopy, surgical; colectomy, total, abdominal, without proctectomy, with ileostomy or ileoproctostomy		
44211	Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileoanal anastomosis, creation of ileal reservoir (S or J), with loop ileostomy, includes rectal mucosectomy, when performed		
44212	Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileostomy		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
44213	Laparoscopy, surgical, mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy (List separately in addition to primary procedure)		
44238	Unlisted laparoscopy procedure, intestine (except rectum)		
44650	Closure of enteroenteric or enterocolic fistula		
44799	Unlisted procedure, intestine		
44899	Unlisted procedure, Meckel's diverticulum and the mesentery		
44979	Unlisted laparoscopy procedure, appendix		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
45121	Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; with subtotal or total colectomy, with multiple biopsies		
45126	Pelvic exenteration for colorectal malignancy, with proctectomy (with or without colostomy), with removal of bladder and ureteral transplantations, and/or hysterectomy, or cervicectomy, with or without removal of tube(s), with or without removal of ovary(s), or any combination thereof		
45399	Unlisted procedure, colon		
45999	Unlisted procedure, rectum		
46601	Anoscopy; diagnostic, with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, including collection of specimen(s) by brushing or washing, when performed		
46607	Anoscopy; with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, with biopsy, single or multiple		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
46707	Repair anorectal fist w/plug		
46999	Unlisted procedure, anus		
47283	Colpopexy, vaginal; intra-peritoneal approach (uterosacral, levator myorrhaphy)		
47379	Unlisted laparoscopic procedure, live		
47399	Unlisted procedure, liver		
47544	Removal of calculi/debris from biliary duct(s) and/or gallbladder, percutaneous, including destruction of calculi by any method (eg, mechanical, electrohydraulic, lithotripsy) when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
47562	Surgical laparoscopy with cholecystectomy		
47563	Laparoscopy, surgical; cholecystectomy with cholangiography		
47564	Laparoscopy, surgical; cholecystectomy with exploration of common duct		
47579	Unlisted laparoscopy procedure, biliary tract		
47600	Cholecystectomy		
47605	Cholecystectomy; with cholangiography		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
47610	Cholecystectomy with exploration of common duct		
47612	Cholecystectomy with exploration of common duct; with choledochoenterostomy		
47620	Cholecystectomy with exploration of common duct; with transduodenal sphincterotomy or sphincteroplasty, with or without cholangiography		
47999	Unlisted procedure, biliary tract		
48999	Unlisted procedure, pancreas		
49000	Exploratory laparotomy, exploratory celiotomy with or without biopsy (s) (separate procedure)		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
49062	Open drainage of extraperitoneal lymphocele to peritoneal cavity		
49186	Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); 5 cm or less		
49187	Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); 5.1 to 10 cm		
49188	Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); 10.1 to 20 cm		
49189	Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); 20.1 to 30 cm		
49190	Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); greater than 30 cm		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
49203	Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor 5 cm diameter or less		
49204	Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor 5.1-10.0 cm diameter		
49205	Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor greater than 10.0 cm diameter		
49320	Laparoscopy, abdomen, peritoneum, and omentum, diagnostic, with or without collection of specimen		
49323	Laparoscopy, surgical; with drainage of lymphocele to peritoneal cavity		
49329	Unlisted laparoscopy procedure, abdomen, peritoneum and omentum		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
49411	Placement of interstitial device(s) for radiation therapy guidance, Open, Intra-abdominal, Intra-pelvic and/or retroperitoneum, including image guidance, single or multiple		
49412	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), open, intra-abdominal, intrapelvic, and/or retroperitoneum, including image guidance, if performed, single or multiple (List separately in addition to code for primary procedure)		
49491	Repair, initial inguinal hernia, preterm infant (younger than 37 weeks gestation at birth), performed from birth up to 50 weeks postconception age, with or without hydrocelectomy; reducibl		
49496	Repair, initial inguinal hernia, full term infant younger than age 6 months, or preterm infant older than 50 weeks postconception age and younger than age 6 months at the time of surgery, with or without hydrocelectomy; incarcerated or strangulated		
49500	Repair initial inguinal hernia, age 6 months to younger than 5 years, with or without hydrocelectomy; reducibl		
49501	Repair initial inguinal hernia, age 6 months to younger than 5 years, with or without hydrocelectomy; incarcerated or strangulated		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
49505	Repair initial inguinal hernia, age 5 years or older; reducible		
49507	Repair initial inguinal hernia, age 5 years or older; incarcerated or strangulated		
49520	Repair recurrent inguinal hernia, any age; reducible		
49521	Repair recurrent inguinal hernia, any age; incarcerated or strangulated		
49525	Repair inguinal hernia, sliding, any age		
49540	Repair lumbar hernia		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
49550	Repair initial femoral hernia, any age; reducible		
49553	Repair initial femoral hernia, any age; incarcerated or strangulated		
49555	Repair recurrent femoral hernia; reducible		
49557	Repair recurrent femoral hernia; incarcerated or strangulated		
49591	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, reducible		
49592	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, incarcerated or strangulated		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
49593	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, reducible		
49594	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, incarcerated or strangulated		
49595	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, reducible		
49596	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, incarcerated or strangulated		
49600	Repair of small omphalocele, with primary closure		
49605	Repair of large omphalocele or gastroschisis; with or without prosthesis		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
49606	Repair of large omphalocele or gastroschisis; with removal of prosthesis, final reduction and closure, in operating room		
49610	Repair of omphalocele (Gross type operation); first stage		
49611	Repair of omphalocele (Gross type operation); second stage		
49613	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, reducible		
49614	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, incarcerated or strangulated		
49615	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, reducible		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
49616	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, incarcerated or strangulated		
49617	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, reducible		
49618	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, incarcerated or strangulated		
49621	Repair of parastomal hernia, any approach (ie, open, laparoscopic, robotic), initial or recurrent, including implantation of mesh or other prosthesis, when performed; reducible		
49622	Repair of parastomal hernia, any approach (ie, open, laparoscopic, robotic), initial or recurrent, including implantation of mesh or other prosthesis, when performed; incarcerated or strangulated		
49623	Removal of total or near total non-infected mesh or other prosthesis at the time of initial or recurrent anterior abdominal hernia repair or parastomal hernia repair, any approach (ie, open, laparoscopic, robotic) (List separately in addition to code for primary procedure)		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
49650	Laparoscopy, surgical; repair initial inguinal hernia		
49651	Laparoscopy, surgical; repair recurrent inguinal hernia		
49659	Unlisted laparoscopy procedure, hernioplasty, herniorrhaphy, herniotomy		
49999	Unlisted procedure, abdomen, peritoneum and omentum		
50080	Percutaneous nephrolithotomy or pyelolithotomy, lithotripsy, stone extraction, antegrade ureteroscopy, antegrade stent placement and nephrostomy tube placement, when performed, including imaging guidance; simple (eg, stone[s] up to 2 cm in single location of kidney or renal pelvis, nonbranching stones)		
50081	Percutaneous nephrolithotomy or pyelolithotomy, lithotripsy, stone extraction, antegrade ureteroscopy, antegrade stent placement and nephrostomy tube placement, when performed, including imaging guidance; complex (eg, stone[s] > 2 cm, branching stones, stones in multiple locations, ureter stones, complicated anatomy)		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
50220	Nephrectomy, including partial ureterectomy, any open approach including rib resection		
50225	Nephrectomy, including partial ureterectomy, any open approach including rib resection; complicated because of previous surgery on same kidney		
50230	Nephrectomy, including partial ureterectomy, any open approach including rib resection; radical, with regional lymphadenectomy and/or vena caval thrombectomy		
50234	Nephrectomy with total ureterectomy and bladder cuff; through same incision		
50395	Introduction of guide into renal pelvis and/or ureter with dilation to establish nephrostomy tract, percutaneous		
50236	Nephrectomy with total ureterectomy and bladder cuff; through separate incision		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
50240	Nephrectomy, partial		
50541	Laparoscopy, surgical; ablation of renal cysts		
50543	Laparoscopy, surgical; partial nephrectomy		
50544	Laparoscopy, surgical; pyeloplasty		
50545	Laparoscopy, surgical; radical nephrectomy (includes removal of Gerota's fascia and surrounding fatty tissue, removal of regional lymph nodes, and adrenalectomy)		
50546	Laparoscopy, surgical; nephrectomy, including partial ureterectomy		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
50548	Laparoscopy, surgical; nephrectomy with total ureterectomy		
50549	Unlisted laparoscopy procedure, renal		
50590	Lithotripsy, extracorporeal shock wave		UM note: limited to DSMC-UT - process in place once a month
50810	Ureterosigmoidostomy, with creation of sigmoid bladder and establishment of abdominal or perineal colostomy, including intestine anastomosis		
50820	Ureteroileal conduit (ileal bladder), including intestine anastomosis (Bricker operation)		
50949	Unlisted laparoscopy procedure, ureter		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
51550	Cystectomy, partial; simple		
51555	Cystectomy, partial; complicated (eg, postradiation, previous surgery, difficult location)		
51565	Cystectomy, partial, with reimplantation of ureter(s) into bladder (ureteroneocystostomy)		
51570	Cystectomy, complete; (separate procedure)		
51575	Cystectomy, complete; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes		
51580	Cystectomy, complete, with ureterosigmoidostomy or ureterocutaneous transplantations		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
51585	Cystectomy, complete, with ureterosigmoidostomy or ureterocutaneous transplantations; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes		
51590	Cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including intestine anastomosis		
51595	Cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including intestine anastomosis; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes		
51596	Cystectomy, complete, with continent diversion, any open technique, using any segment of small and/or large intestine to construct neobladder		
51597	Pelvic exenteration, complete, for vesical, prostatic or urethral malignancy, with removal of bladder and ureteral transplantations, with or without hysterectomy and/or abdominoperineal resection of rectum and colon and colostomy, or any combination thereof		
51925	Closure of vesicouterine fistula; with hysterectomy		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
52000	Cystourethroscopy (separate procedure)		
52214	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands		
52224	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy		
52234	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)		
52235	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)		
52240	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; LARGE bladder tumor(s)		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
52250	Cystourethroscopy with insertion of radioactive substance, with or without biopsy or fulguration		
52287	Cystourethroscopy, with injection(s) for chemodenervation of the bladder		
52332	Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)		
52334	Cystourethroscopy with insertion of ureteral guide wire through kidney to establish a percutaneous nephrostomy, retrograde		
52351	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic		
52353	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
52356 52450	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)		
52500	Transurethral incision of prostate		
52601	Transurethral resection of bladder neck (separate procedure)		
52630	Transurethral electroscurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)		
52640	Transurethral resection; residual or regrowth of obstructive prostate tissue including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)		
	Transurethral resection; of postoperative bladder neck contracture		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
52648	Laser vaporization of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)		
52649	Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)		
52700	Transurethral drainage of prostatic abscess		
53850	Transurethral destruction of prostate tissue; by microwave thermotherapy		
53852	Transurethral destruction of prostate tissue; by radiofrequency thermotherapy		
53899	Unlisted procedure, urinary system		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
54001	Slitting of prepuce, dorsal or lateral except newborn		
54120			
54125	Amputation of penis; partial Amputation of penis; complete		
54130			
54135	Amputation of penis, radical; with bilateral inguofemoral lymphadenectomy		
54161	Circumcision, surgical excision other than clamp, device, or dorsal slit; older than 28 days of age		UM Note: for medically necessary circumcision, such as Phimosis/Balanitis

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
54162	Lysis or excision of penile post-circumcision adhesions		
54163	Repair incomplete circumcision		
54699	Unlisted laparoscopy procedure, testis		
55720	Prostatotomy, external drainage of prostatic abscess, any approach; simple		
55725	Prostatotomy, external drainage of prostatic abscess, any approach; complicated		
55867	Laparoscopy, surgical prostatectomy, simple subtotal (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy), includes robotic assistance, when performed		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
55875	Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or out cytoscopy		
55876	Fiducial marker placement in the prostate		
55899	Unlisted procedure, male genital system		
55920	Placement of needles, catheters, or other device(s) into the head and/or neck region (percutaneous, transoral, or transnasal) for subsequent interstitial radioelement application		
56620	Vulvectomy simple; partial		
56630	Vulvectomy, radical, partial		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
56810	Perineoplasty, repair of perineum, nonobstetrical (separate procedure)		
57106	Vaginectomy, partial removal of vaginal wall		
57107	Vaginectomy, partial removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy)		
57109	Vaginectomy, partial removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy) with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy)		
57110	Vaginectomy, complete removal of vaginal wall		
57111	Vaginectomy, complete removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy)		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
57250	Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy		
57280	Colpopexy, abdominal approach		
57282	Colpopexy, vaginal; extra-peritoneal approach (sacrospinous, iliococcygeus)		
57283	Colpopexy, vaginal; intra-peritoneal approach (uterosacral, levator myorrhaphy)		
	Laparoscopy, surgical, colpopexy		
57425 57530	Trachelectomy (cervicectomy), amputation of cervix (separate procedure)		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
57531	Radical trachelectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling biopsy, with or without removal of tube(s), with or without removal of ovary(s)		
57700	Cerclage of uterine cervix, nonobstetrical		
58120	Dilation and curettage, diagnostic and/or therapeutic (nonobstetrical)		
58140	Myomectomy, excision of fibroid tumor(s) of uterus, 1 to 4 intramural myoma(s) with total weight of 250 g or less and/or removal of surface myomas; abdominal approach		
58145	Myomectomy, excision of fibroid tumor(s) of uterus, 1 to 4 intramural myoma(s) with total weight of 250 g or less and/or removal of surface myomas; vaginal approach		
58146	Myomectomy, excision of fibroid tumor(s) of uterus, 5 or more intramural myomas and/or intramural myomas with total weight greater than 250 g, abdominal approach		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
58150	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s)		
58152	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s); with colpo-urethrocystopexy (eg, Marshall-Marchetti-Krantz, Burch)		
58180	Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)		
58200	Total abdominal hysterectomy, including partial vaginectomy, with para-aortic and pelvic lymph node sampling, with or without removal of tube(s), with or without removal of ovary(s)		
58210	Radical abdominal hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with or without removal of tube(s), with or without removal of ovary(s)		
58240	Pelvic exenteration for gynecologic malignancy, with total abdominal hysterectomy or cervicectomy, with or without removal of tube(s), with or without removal of ovary(s), with removal of bladder and ureteral transplantations, and/or abdominoperineal resection of rectum and colon and colostomy, or any combination thereof		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
58260	Vaginal hysterectomy, for uterus 250 g or less		
58262	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)		
58263	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s), with repair of enterocele		
58267	Vaginal hysterectomy, for uterus 250 g or less; with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control		
58270	Vaginal hysterectomy, for uterus 250 g or less; with repair of enterocele		
58275	Vaginal hysterectomy, with total or partial vaginectomy		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
58280	Vaginal hysterectomy, with total or partial vaginectomy; with repair of enterocele		
58285	Vaginal hysterectomy, radical (Schauta type operation)		
58290	Vaginal hysterectomy, for uterus greater than 250 g		
58291	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)		
58292	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s), with repair of enterocele		
58294	Vaginal hysterectomy, for uterus greater than 250 g; with repair of enterocele		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
58340	Catheterization and introduction of saline or contrast material for saline infusion sonohysterography (SIS) or hysterosalpingography		Exclude with ICD-10 codes: N970 – N979; Z31.41; Z31.49
58346	Insertion of Heyman capsulesfor clinical brachytherapy		
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less		
58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)		
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g		
58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
58545	Laparoscopy, surgical, myomectomy, excision; 1 to 4 intramural myomas with total weight of 250 g or less and/or removal of surface myomas		
58548	Laparoscopy, surgical, with radical hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with removal of tube(s) and ovary(s), if performed		
58550	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less		
58552	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)		
58553	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g		
58554	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
58555	Hysteroscopy, diagnostic (separate procedure)		
58558	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C		
58559	Hysteroscopy, surgical; with lysis of intrauterine adhesions (any method)		
58561	Hysteroscopy, surgical; with removal of leiomyomata		
58562	Hysteroscopy, surgical; with removal of impacted foreign body		
58563	Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrothermal ablation, thermoablation)		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less		
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)		
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g		
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)		
58575	Laparoscopy, surgical, total hysterectomy for resection of malignancy (tumor debulking), with omentectomy including salpingo-oophorectomy, unilateral or bilateral, when performed		
58578	Unlisted laparoscopy procedure, uterus		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
58579	Unlisted hysteroscopy procedure, uterus		
58660	Laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis) (separate procedure)		
58661	Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)		
58662	Laparoscopy, surgical; with fulguration or excision of lesions of the ovary, pelvic viscera, or peritoneal surface by any method		
58674	Laparoscopy, surgical, ablation of uterine fibroid(s) including intraoperative ultrasound guidance and monitoring, radiofrequency		
58679	Unlisted laparoscopy procedure, oviduct, ovary		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
58700	Salpingectomy, unilateral or bilateral		
58720	Salpingo-oophorectomy, unilateral or bilateral		
58740	Lysis of adhesions (salpingolysis, ovariolysis)		
58925	Ovarian cystectomy, unilateral or bilateral		
58951	Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy; with total abdominal hysterectomy, pelvic and limited para-aortic lymphadenectomy		
58953	Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
58954	Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking; with pelvic lymphadenectomy and limited para-aortic lymphadenectomy		
58956	Bilateral salpingo-oophorectomy with total omentectomy, total abdominal hysterectomy for malignancy		
58999	Unlisted procedure, female genital system (nonobstetrical)		
60699	Unlisted procedure, endocrine system		
61304	Craniectomy or craniotomy, exploratory; supratentorial		
61305	Craniectomy or craniotomy, exploratory; infratentorial (posterior fossa)		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
61312	Craniectomy or craniotomy for evacuation of hematoma, supratentorial; extradural or subdural		
61313	Craniectomy or craniotomy for evacuation of hematoma, supratentorial; intracerebral		
61314	Craniectomy or craniotomy for evacuation of hematoma, infratentorial; extradural or subdural		
61315	Craniectomy or craniotomy for evacuation of hematoma, infratentorial; intracerebellar		
61316	Incision and subcutaneous placement of cranial bone graft (List separately in addition to code for primary procedure)		
61320	Craniectomy or craniotomy, drainage of intracranial abscess; supratentorial		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
61321	Craniectomy or craniotomy, drainage of intracranial abscess; infratentorial		
61322	Craniectomy or craniotomy, decompressive, with or without duraplasty, for treatment of intracranial hypertension, without evacuation of associated intraparenchymal hematoma; without lobectomy		
61323	Craniectomy or craniotomy, decompressive, with or without duraplasty, for treatment of intracranial hypertension, without evacuation of associated intraparenchymal hematoma; with lobectomy		
61330	Decompression of orbit only, transcranial approach		
61333	Exploration of orbit (transcranial approach), with removal of lesion		
61340	Subtemporal cranial decompression (pseudotumor cerebri, slit ventricle syndrome)		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
61343	Craniectomy, suboccipital with cervical laminectomy for decompression of medulla and spinal cord, with or without dural graft (eg, Arnold-Chiari malformation)		
61345	Other cranial decompression, posterior fossa		
61450	Craniectomy, subtemporal, for section, compression, or decompression of sensory root of gasserian ganglion		
61458	Craniectomy, suboccipital; for exploration or decompression of cranial nerves		
61460	Craniectomy, suboccipital; for section of 1 or more cranial nerves		
61500	Craniectomy; with excision of tumor or other bone lesion of skull		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
61501	Craniectomy; for osteomyelitis		
61510	Craniectomy, trephination, bone flap craniotomy; for excision of brain tumor, supratentorial, except meningioma		
61512	Craniectomy, trephination, bone flap craniotomy; for excision of meningioma, supratentorial		
61514	Craniectomy, trephination, bone flap craniotomy; for excision of brain abscess, supratentorial		
61516	Craniectomy, trephination, bone flap craniotomy; for excision or fenestration of cyst, supratentorial		
61518	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; except meningioma, cerebellopontine angle tumor, or midline tumor at base of skull		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
61519	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; meningioma		
61520	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; cerebellopontine angle tumor		
61521	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; midline tumor at base of skull		
61522	Craniectomy, infratentorial or posterior fossa; for excision of brain abscess		
61524	Craniectomy, infratentorial or posterior fossa; for excision or fenestration of cyst		
61526	Craniectomy, bone flap craniotomy, transtemporal (mastoid) for excision of cerebellopontine angle tumor		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
61530	Craniectomy, bone flap craniotomy, transtemporal (mastoid) for excision of cerebellopontine angle tumor; combined with middle/posterior fossa craniotomy/craniectomy		
61537	Craniotomy with elevation of bone flap; for lobectomy, temporal lobe, without electrocorticography during surgery		
61538	Craniotomy with elevation of bone flap; for lobectomy, temporal lobe, with electrocorticography during surgery		
61539	Craniotomy with elevation of bone flap; for lobectomy, other than temporal lobe, partial or total, with electrocorticography during surgery		
61540	Craniotomy with elevation of bone flap; for lobectomy, other than temporal lobe, partial or total, without electrocorticography during surgery		
61541	Craniotomy with elevation of bone flap; for transection of corpus callosum		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
61543	Craniotomy with elevation of bone flap; for partial or subtotal (functional) hemispherectomy		
61544	Craniotomy with elevation of bone flap; for excision or coagulation of choroid plexus		
61545	Craniotomy with elevation of bone flap; for excision of craniopharyngioma		
61546	Craniotomy for hypophysectomy or excision of pituitary tumor, intracranial approach		
61548	Hypophysectomy or excision of pituitary tumor, transnasal or transseptal approach, nonstereotactic		
61550	Craniectomy for craniosynostosis; single cranial suture		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
61552	Craniectomy for craniosynostosis; multiple cranial sutures		
61556	Craniotomy for craniosynostosis; frontal or parietal bone flap		
61557	Craniotomy for craniosynostosis; bifrontal bone flap		
61558	Extensive craniectomy for multiple cranial suture craniosynostosis (eg, cloverleaf skull); not requiring bone grafts		
61559	Extensive craniectomy for multiple cranial suture craniosynostosis (eg, cloverleaf skull); recontouring with multiple osteotomies and bone autografts (eg, barrel-stave procedure) (includes obtaining grafts)		
61563	Excision, intra and extracranial, benign tumor of cranial bone (eg, fibrous dysplasia); without optic nerve decompression		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
61564	Excision, intra and extracranial, benign tumor of cranial bone (eg, fibrous dysplasia); with optic nerve decompression		
61566	Craniotomy with elevation of bone flap; for selective amygdalohippocampectomy		
61567	Craniotomy with elevation of bone flap; for multiple subpial transections, with electrocorticography during surgery		
61570	Craniectomy or craniotomy; with excision of foreign body from brain		
61571	Craniectomy or craniotomy; with treatment of penetrating wound of brain		
61575	Transoral approach to skull base, brain stem or upper spinal cord for biopsy, decompression or excision of lesion		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
61576	Transoral approach to skull base, brain stem or upper spinal cord for biopsy, decompression or excision of lesion; requiring splitting of tongue and/or mandible (including tracheostomy)		
61736	Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; single trajectory for 1 simple lesion		
61737	Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; multiple trajectories for multiple or complex lesion(s)		
61850	Twist drill or burr hole(s) for implantation of neurostimulator electrodes, cortical	Device Donation Required - any component of Stimulator requires donation, otherwise Not a Covered Benefit	
61860	Craniectomy or craniotomy for implantation of neurostimulator electrodes, cerebral, cortical	Device Donation Required - any component of Stimulator requires donation, otherwise Not a Covered Benefit	
61863	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperative microelectrode recording; first array	Device Donation Required - any component of Stimulator requires donation, otherwise Not a Covered Benefit	

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
61864	each additional array (List separately in addition to primary procedure)	Device Donation Required - any component of Stimulator requires donation, otherwise Not a Covered Benefit	
61867	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; first array	Device Donation Required - any component of Stimulator requires donation, otherwise Not a Covered Benefit	
61868	each additional array (List separately in addition to primary procedure)	Device Donation Required - any component of Stimulator requires donation, otherwise Not a Covered Benefit	
61880	Revision or removal of intracranial neurostimulator electrodes	Device Donation Required - any component of Stimulator requires donation, otherwise Not a Covered Benefit	
61885	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array	Device Donation Required - any component of Stimulator requires donation, otherwise Not a Covered Benefit	
61886	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to 2 or more electrode arrays	Device Donation Required - any component of Stimulator requires donation, otherwise Not a Covered Benefit	

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
61888	Revision or removal of cranial neurostimulator pulse generator or receiver	Device Donation Required - any component of Stimulator requires donation, otherwise Not a Covered Benefit	
62000	Elevation of depressed skull fracture; simple, extradural		
62005	Elevation of depressed skull fracture; compound or comminuted, extradural		
62010	Elevation of depressed skull fracture; with repair of dura and/or debridement of brain		
62284	Injection procedure for myelography and/or computed tomography, lumbar		
62290	Injection procedure for discography, each level; lumbar		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
62291	Injection procedure for discography, each level; cervical or thoracic		
62302	Myelography via lumbar injection, including radiological supervision and interpretation; cervical		
62303	Myelography via lumbar injection, including radiological supervision and interpretation; thoracic		
62304	Myelography via lumbar injection, including radiological supervision and interpretation; lumbosacral		
62305	Myelography via lumbar injection, including radiological supervision and interpretation; 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical)		
62310	Injection, single (not via indwelling catheter), not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), epidural or subarachnoid; cervical or thoracic		3 injections per 12 month period

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
62311	Injection, single (not via indwelling catheter), not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), epidural or subarachnoid; lumbar, sacral (caudal)		3 injections per 12 month period
62318	Injection, including catheter placement, continuous infusion or intermittent bolus, not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), epidural or subarachnoid; cervical or thoracic		3 injections per 12 month period
62319	Injection, including catheter placement, continuous infusion or intermittent bolus, not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), epidural or subarachnoid; lumbar, sacral (caudal)		3 injections per 12 month period
62320	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance		3 injections per 12 month period
62321	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)		3 injections per 12 month period
62322	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance		3 injections per 12 month period

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
62323	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)		3 injections per 12 month period
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		3 injections per 12 month period
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)		3 injections per 12 month period
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		3 injections per 12 month period
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)		3 injections per 12 month period
63005	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or diskectomy, (e.g., spinal stenosis), one or two vertebral segments; lumbar, except for spondylolisthesis		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
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)		
63017	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or diskectomy, (e.g., spinal stenosis), more than 2 vertebral segments; lumbar		
63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disk; one interspace, lumbar (including open or endoscopically-assisted approach)		
63042	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disk, reexploration, single interspace; lumbar		
63047	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root(s), (e.g., spinal or lateral recess stenosis)), single vertebral segment; lumbar		
63048	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
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)		
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)		
63056	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (e.g., herniated intervertebral disk), single segment; lumbar (including transfacet, or lateral extraforaminal approach) (e.g., far lateral herniated intervertebral disk)		
63057	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (e.g., herniated intervertebral disk), single segment; each additional segment, thoracic or lumbar (List separately in addition to code for primary procedure)		
63087	Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; single segment		
63088	Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; each additional segment (List separately in addition to code for primary procedure)		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
63090	Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; single segment		
63091	Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; each additional segment (List separately in addition to code for primary procedure)		
64565	Percutaneous implantation of neurostimulator electrodes;- neuromuscular		
64569	Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator		Donation Required
64721	Neuroplasty and transposition of median nerve at carpal tunnel		
64804	Sympathectomy, cervicothoracic		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
64999	Unlisted procedure, nervous system		
65400	Excision of lesion, cornea (keratectomy, lamellar, partial), except pterygium	UT Ophthalmology and Texas Vision contact SHP UM for prior authorization. All Other Providers: POS 21 or 22 contact SHP UM. For all other place of services contact Sendero UM.	
65420	Excision or transposition of pterygium; without graft	UT Ophthalmology and Texas Vision contact SHP UM for prior authorization. All Other Providers: POS 21 or 22 contact SHP UM. For all other place of services contact Sendero UM.	
65426	Excision or transposition of pterygium; with graft	UT Ophthalmology and Texas Vision contact SHP UM for prior authorization. All Other Providers: POS 21 or 22 contact SHP UM. For all other place of services contact Sendero UM.	
66170	Creation of eye fluid drainage tract	UT Ophthalmology and Texas Vision contact SHP UM for prior authorization. All Other Providers: POS 21 or 22 contact SHP UM. For all other place of services contact Sendero UM.	
66172	Fistulization of sclera for glaucoma; trabeculectomy ab externo with scarring from previous ocular surgery or trauma (includes injection of antifibrotic agents)	UT Ophthalmology and Texas Vision contact SHP UM for prior authorization. All Other Providers: POS 21 or 22 contact SHP UM. For all other place of services contact Sendero UM.	

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
66174	Transluminal dilation of aqueous outflow canal (eg, canaloplasty); without retention of device or stent		
66175	Transluminal dilation of aqueous outflow canal (eg, canaloplasty); with retention of device or stent		
66179	Aqueous shunt to extraocular equatorial plate reservoir, external approach; without graft		
66180	Aqueous shunt to extraocular equatorial plate reservoir, external approach; with graft	UT Ophthalmology and Texas Vision contact SHP UM for prior authorization. All Other Providers: POS 21 or 22 contact SHP UM. For all other place of services contact Sendero UM.	
66183	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach		
66184	Revision of aqueous shunt to extraocular equatorial plate reservoir; without graft		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
66761	Iridotomy/iridectomy by laser surger		
66999	Unlisted procedure, anterior segment of eye		
67010	Removal of vitreous, anterior approach (open sky technique or limbal incision); subtotal removal with mechanical vitrectomy		
67015	Aspiration or release of vitreous, subretinal or choroidal fluid, pars plana approach (posterior sclerotomy)		
67036	Vitrectomy, mechanical, pars plana approach		
67039	Vitrectomy, mechanical, pars plana approach; with focal endolaser photocoagulation		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
67040	Vitrectomy, mechanical, pars plana approach; with endolaser panretinal photocoagulation		
67041	Vitrectomy, mechanical, pars plana approach; with removal of preretinal cellular membrane (eg, macular pucker)		
67042	Vitrectomy, mechanical, pars plana approach; with removal of internal limiting membrane of retina (eg, for repair of macular hole, diabetic macular edema), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil)		
67043	Vitrectomy, mechanical, pars plana approach; with removal of subretinal membrane (eg, choroidal neovascularization), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil) and laser photocoagulation		
67107	Repair of retinal detachment; scleral buckling (such as lamellar scleral dissection, imbrication or encircling procedure), including, when performed, implant, cryotherapy, photocoagulation, and drainage of subretinal fluid		
67108	Repair of retinal detachment; with vitrectomy, any method, including, when performed, air or gas tamponade, focal endolaser photocoagulation, cryotherapy, drainage of subretinal fluid, scleral buckling, and/or removal of lens by same technique		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
67113	Repair of complex retinal detachment		
67121	Removal of implanted material, posterior segment; intraocular		
67145	Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage; photocoagulation		
67210	Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; photocoagulation		
67220	Destruction of localized lesion of choroid (eg, choroidal neovascularization); photocoagulation (eg, laser), 1 or more sessions		
67228	Treatment of extensive or progressive retinopathy (eg, diabetic retinopathy), photocoagulation		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
67299	Unlisted procedure, posterior segment		
67399	Unlisted procedure, ocular muscle		
67400	Orbitotomy without bone flap (frontal or transconjunctival approach); for exploration, with or without biopsy		
67405	Orbitotomy without bone flap (frontal or transconjunctival approach); with drainage only		
67412	Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of lesion		
67413	Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of foreign body		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
67414	Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of bone for decompression		
67420	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of lesion		
67430	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of foreign body		
67440	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with drainage		
67445	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of bone for decompression		
67450	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); for exploration, with or without biopsy		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
67560	Orbital implant (implant outside muscle cone); removal or revision		
67599	Unlisted procedure, orbit		
67911	Correction of lid retraction		
67912	Correction of lagophthalmos, with implantation of upper eyelid lid load (eg, gold weight)		
67917	Ectropion Repair		
67938	Removal of embedded foreign body, eyelid		

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CPT, HCPCS or Revenue Code	Description	Comment	Note
67999	Unlisted procedure, eyelids		
68320	Conjunctivoplasty; with conjunctival graft or extensive rearrangement		
68325	Conjunctivoplasty; with buccal mucous membrane graft (includes obtaining graft)		
68326	Conjunctivoplasty, reconstruction cul-de-sac; with conjunctival graft or extensive rearrangement		
68328	Conjunctivoplasty, reconstruction cul-de-sac; with buccal mucous membrane graft (includes obtaining graft)		
68899	Unlisted procedure, lacrimal system		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
69150	Radical excision external auditory canal lesion; without neck dissection		
69155	Radical excision external auditory canal lesion; with neck dissection		
69399	Unlisted procedure, external ear		
69501	Transmastoid antrotomy (simple mastoidectomy)		
69502	Mastoidectomy; complete		
69505	Mastoidectomy; modified radical		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
69511	Mastoidectomy; radical		
69799	Unlisted procedure, middle ear		
69949	Unlisted procedure, inner ear		
69979	Unlisted procedure, temporal bone, middle fossa approach		
70328	Radiologic examination, temporomandibular joint, open and closed mouth; unilatera		
70332	Temporomandibular joint arthrography, radiological supervision and interpretation		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
70336	MRI (e.g., proton) imaging, temporomandibular joint(s)		
70450	Computed tomography (CT), head or brain; without contrast material		
70460	Computed tomography (CT), head or brain; with contrast material(s)		
70470	Computed tomography (CT), head or brain; without contrast material, followed by contrast material(s) and further sections		
70480	Computed tomography (CT), orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		
70481	Computed tomography (CT), orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s)		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
70482	Computed tomography (CT), orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material, followed by contrast material(s) and further sections		
70486	Computed tomography (CT), maxillofacial area; without contrast material	Contact SHP UM for PA Exception: services performed at ARC (limited to ENT clinic) contact Sendero for PA UM # 512-978-8669 UM Fax # 512-901-9724	
70487	Computed tomography (CT), maxillofacial area; with contrast material (s)		
70488	Computed tomography (CT), maxillofacial area; without contrast material, followed by contrast material(s) and further sections		
70490	Computed tomography (CT), soft tissue neck; without contrast material		
70491	Computed tomography (CT), soft tissue neck; with contrast material(s)		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
70492	Computed tomography (CT), soft tissue neck; without contrast material followed by contrast material(s) and further sections		
70496	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		
70498	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		
70540	MRI orbit, face, neck, without contrast materials		
70542	MRI, orbit, face and neck, with contrast materials		
70543	MRI, orbit, face and neck, without contrast material(s), followed by contrast material(s) and further sequences		

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CPT, HCPCS or Revenue Code	Description	Comment	Note
70544	MRA, head; without contrast materials		
70545	MRA, head; with contrast material(s)		
70546	MRA, head; without contrast material(s), followed by contrast material (s) and further sequences		
70547	MRA, neck; without contrast material(s)		
70548	MRA, neck; with contrast material(s)		
70549	MRA, neck; without contrast material(s), followed by contrast material (s) and further sequences		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
70551	MRI, brain, including brain stem; without contrast material(s)		
70552	MRI brain, including brain stem; with contrast material(s)		
70553	MRI, brain, including brain stem; without contrast material(s), followed by contrast material(s) and further sequences		
70554	Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and / or visual stimulation, not requiring physician or psychologist administration		
70555	Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing		
71250	Computed tomography, thorax, diagnostic; without contrast material		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
71260	Computed tomography, thorax, diagnostic; with contrast material(s)		
71270	Computed tomography, thorax, diagnostic; without contrast material, followed by contrast material(s) and further sections		
71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		
71550	MRI, chest (e.g., for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)		
71551	MRI, chest (e.g., for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s)		
71552	MRI, chest (e.g., for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
71555	MRA, chest (excluding myocardium), with or without contrast materials		
72125	Computed tomography (CT), cervical spine; without contrast material		
72126	Computed tomography (CT), cervical spine; with contrast material		
72127	Computed tomography (CT), cervical spine; without contrast material, followed by contrast material(s) and further sections		
72128	Computed tomography (CT), thoracic spine; without contrast material		
72129	Computed tomography (CT), thoracic spine; with contrast material		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
72130	Computed tomography (CT), thoracic spine; without contrast material, followed by contrast material(s) and further sections		
72131	Computed tomography (CT), lumbar spine; without contrast material		
72132	Computed tomography (CT), lumbar spine; with contrast material		
72133	Computed tomography (CT), lumbar spine; without contrast material, followed by contrast material(s) and further sections		
72141	MRI, spinal canal and contents, cervical; without contrast material		
72142	MRI, spinal canal and contents, cervical; with contrast material(s)		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
72146	MRI, spinal canal and contents, thoracic; without contrast material		
72147	MRI spinal canal and contents, thoracic; with contrast material(s)		
72148	MRI spinal canal and contents, lumbar; without contrast material		
72149	MRI, spinal canal and contents, lumbar; with contrast material(s)		
72156	MRI, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical		
72157	MRI, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
72158	MRI, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar		
72159	MRA, spinal canal and contents, with or without contrast material(s)		
72191	Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		
72192	Computed tomography (CT), pelvis; without contrast material		
72193	Computed tomography (CT), pelvis; with contrast material(s)		
72194	Computed tomography (CT), pelvis; without contrast material, followed by contrast material(s) and further sections		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
72195	MRI, pelvis; without contrast material(s)		
72196	MRI, pelvis; with contrast material(s)		
72197	MRI, pelvis; without contrast material(s), followed by contrast material (s) and further sequences		
72198	MRA, pelvis, with or without contrast material(s)		
72285	Discography, cervical or thoracic, radiological supervision and interpretation		
73200	Computed tomography (CT), upper extremity; without contrast material		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
73201	Computed tomography (CT), upper extremity; with contrast material(s)		
73202	Computed tomography (CT), upper extremity; without contrast material, followed by contrast material(s) and further sections		
73206	Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing		
73218	MRI, upper extremity, other than joint; without contrast material(s)		
73219	MRI, upper extremity, other than joint; with contrast material(s)		
73220	MRI, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
73221	MRI, any joint of upper extremity; without contrast material(s)		
73222	MRI, any joint of upper extremity; with contrast material(s)		
73223	MRI, any joint of upper extremity; without contrast material(s), followed by contrast material(s) and further sequences		
73225	MRA, upper extremity, with or without contrast material(s)		
73700	Computed tomography (CT), lower extremity; without contrast material		
73701	Computed tomography (CT), lower extremity; with contrast material(s)		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
73702	Computed tomography (CT), lower extremity; without contrast material, followed by contrast material(s) and further sections		
73706	Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing		
73718	MRI, lower extremity other than joint; without contrast material(s)		
73719	MRI, lower extremity other than joint; with contrast material(s)		
73720	MRI, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		
73721	MRI, any joint of lower extremity; without contrast material		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
73722	MRI, any joint of lower extremity; with contrast material(s)		
73723	MRI, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences		
73725	MRA, lower extremity, with or without contrast material(s)		
74150	Computed tomography (CT), abdomen; without contrast material		
74160	Computed tomography (CT), abdomen; with contrast material(s)		
74170	Computed tomography (CT), abdomen; without contrast material, followed by contrast material(s) and further sections		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
74174	Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		
74175	Computed tomographic angiography, abdomen, with contrast material (s), including noncontrast images, if performed, and image postprocessing		
74176	Computed tomography, abdomen and pelvis; without contrast material		
74177	Computed tomography, abdomen and pelvis; with contrast material(s)		
74178	Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions		
74181	MRI, abdomen; without contrast material(s)		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
74182	MRI, abdomen; with contrast material(s)		
74183	MRI, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences		
74185	MRA, abdomen, with or without contrast material(s)		
74740	Hysterosalpingography, radiological supervision and interpretation		Exclude with ICD-10 codes: N970 – N979; Z31.41; Z31.49
75557	Cardiac magnetic resonance imaging for morphology and function without contrast material		
75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
75561	Cardiac magnetic resonance imaging for morphology and function without contrast material(s) and further sequences		
75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s) and further sequences; with stress imaging		
75565	Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)		
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)		
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)		
75574	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
75635	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		
76377	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; requiring image postprocessing on an independent workstation		
76380	Computed tomography (CT), limited or localized follow-up study		
76390	Magnetic resonance spectroscopy (MRS)		
76497	IMRT Planning		
76498	Unlisted magnetic resonance procedure (e.g., diagnostic, interventional)		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
76499	Unlisted diagnostic radiographic procedure		
76831	Saline infusion sonohysterography (SIS), including color flow Doppler, when performed		
76873	US transrectal prostate volume study for brachytherapy		
76965	Ultrasound guidance for interstitial radioelement application		
77011	Computed Tomography Guidance for Stereotactic Localization		
77046	Magnetic resonance imaging, breast, without contrast material; unilateral		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
77047	Magnetic resonance imaging, breast, without contrast material; bilateral		
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		
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		
77078	Computed tomography, bone mineral density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)		
77080	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton		
77084	Magnetic resonance (eg, proton) imaging, bone marrow blood supply		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
77085	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine), including vertebral fracture assessment		
77086	Vertebral fracture assessment via dual-energy X-ray absorptiometry (DXA)		
77261	Therapeutic Radiology treatment planning; simple		
77262	Therapeutic Radiology treatment planning; intermediate		
77280	Therapeutic Radiology Simulation; simple		
77285	Therapeutic Radiology Simulation; intermediate		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
77290	Therapeutic Radiology Simulation; complex		
77293	Respiratory motion management simulation		
77295	Therapeutic Radiology Simulation 3-Dimensional		
77299	Unlisted procedure; Therapeutic Radiology treatment planning		
77300	Basic Radiation Dosimetry		
77301	IMRT Planning		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
77305	Teletherapy isodose plan simple		
77306	Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)		
77307	Teletherapy isodose plan; complex (multiple treatment areas, tangential ports, the use of wedges, blocking, rotational beam, or special beam considerations), includes basic dosimetry calculation(s)		
77310	Teletherapy isodose plan; intermediate		
77315	Teletherapy Isodose plan; complex		
77316	Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
77317	Brachytherapy isodose plan; intermediate (calculation[s] made from 5 to 10 sources, or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s)		
77318	Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)		
77321	Special Teletherapy port plan, particles, hemibody, total body		
77326	Brachytherapy isodose plan; simple (calculation made from single plane, one to four sources/ribbon application, remote afterloading brachytherapy, 1 to 8 sources)		
77327	Brachytherapy isodose plan; intermediate (multiplane dosage calculations, application involving 5 to 10 sources/ribbons, remote afterloading brachytherapy, 9 to 12 sources)		
77328	Brachytherapy isodose plan; complex (multiplane isodose plan, volume implant calculations, over 10 sources/ribbons used, special spatial reconstruction, remote afterloading brachytherapy, over 12 sources)		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
77331	Special radiation dosimetry		
77332	Treatment Devices; simple		
77333	Treatment Devices; intermediate		
77334	Treatment Devices; complex		
77338	Multi-leaf collimator (MLC) device(s) for IMRT, design and construction per IMRT plan		
77387	Guidance for localization of target volume for delivery of radiation treatment delivery, includes intrafraction tracking, when performed		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
77399	Unlisted procedure, medical radiation physics		
77402	Radiation treatment delivery; Level 1 (eg, single-electron field, multiple-electron fields, or 2D photons), including imaging guidance, when performed		
77403	Radiation treatment delivery; single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 11-19 MeV		
77404	Radiation treatment delivery; single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 6-10 MeV		
77406	Radiation treatment delivery; single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 20 MeV and greater		
77407	Radiation treatment delivery; Level 2, single-isocenter (eg, 3D or IMRT), photons, including imaging guidance, when performed		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
77408	Radiation treatment delivery; two separate treatment areas, three or more ports on a single treatment area use of multiple blocks; 6-10 MeV		
77409	Radiation treatment delivery; two separate treatment areas, three or more ports on a single treatment area use of multiple blocks; 11 - 19 MeV		
77411	Radiation treatment delivery; two separate treatment areas, three or more ports on a single treatment area use of multiple blocks; 20 MeV or greater		
77412	Radiation treatment delivery; Level 3, multiple isocenters with photon therapy (eg, 2D, 3D, or IMRT) or a single-isocenter photon therapy (eg, 3D or IMRT) with active motion management, or total skin electrons, or mixed-electron/photon field(s), including imaging guidance, when performed		
77413	Radiation treatment delivery; three or more separate treatment areas; custom blocking, tangential ports wedges, rotational beam, compensators, electron beam; 6-10 MV Complex		
77416	Radiation treatment delivery; three or more separate treatment areas; custom blocking, tangential ports wedges, rotational beam, compensators, electron beam; 20 MV or greater		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
77417	Therapeutic Radiology Port Films		
77418	IMRT Treatment Delivery; single or multiple fields/arcs, via narrow spatially and temporarily modulated beams, binary, dynamic MLC, per treatment session		
77421	Stereoscopic x-ray guidance for localization of target volume		
77422	High energy neutron radiation treatment delivery; single treatment area using a single port or parallel-opposed ports with no blocks or simple blocking		
77423	High energy neutron radiation treatment delivery; 1 or more isocenter (s) with coplanar or non-coplanar geometry with blocking and/or wedge, and/or compensator(s)		
77424	Intraoperative radiation treatment delivery, x-ray, single treatment session		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
77425	Intraoperative radiation treatment delivery, electrons, single treatment session		
77431	Radiation treatment management, with complete course of therapy consisting of 1 -2 fractions		
77469	Intraoperative radiation treatment management		
77470	Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation) Updated description (January 2012)		
77499	Unlisted procedure, therapeutic radiology treatment management		
77750	Infusion or instillation of radioelement solution (includes 3-month follow-up care)		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
77761	Intracavitary radiation source application; simple		
77762	Intracavitary radiation source application; intermediate		
77763	Intracavitary radiation source application; complex		
77767	Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel		
77768	Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions		
77770	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
77771	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels		
77772	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels		
77776	Interstitial radiation source application; simple		
77777	Interstitial radiation source application; intermediate		
77778	Interstitial radiation source application; complex		
77785	Remote afterloading high dose rate radionuclide brachytherapy; 1 channel		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
77786	Remote afterloading high dose rate radionuclide brachytherapy; 2-12 channels		
77787	Remote afterloading high dose rate radionuclide brachytherapy; over 12 channels		
77789	Apply surface radiation		
77790	Radio Isotope Supervision, Handling, Loading		
77799	Unlisted procedure, clinical brachytherapy		
78072	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization		UM note: Not available at SFH, Approval at Austin Rad Assoc, when criteria met

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
78199	Unlisted hematopoietic, reticuloendothelial and lymphatic procedure, diagnostic nuclear medicine		
78201	Nuclear imaging of liver		
78202	Liver imaging; with vascular flow		
78215	Liver and spleen imaging; static only		
78216	Liver and spleen imaging; with vascular flow		
78226	Hepatobiliary system imaging, including gallbladder when present		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
78227	Hepatobiliary system imaging, including gallbladder when present; with pharmacologic intervention, including quantitative measurement (s) when performed		
78261	Gastric mucosa imaging		
78262	Gastroesophageal reflux study		
78264	Gastric emptying imaging study (eg, solid, liquid, or both);		
78265	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel transit		
78266	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel and colon transit, multiple days		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
78278	Acute gastrointestinal blood loss imaging		
78290	Intestine imaging (eg, ectopic gastric mucosa, Meckel's localization, volvulus)		
78299	Unlisted gastrointestinal procedure, diagnostic nuclear medicine		
78300	Bone and/or joint imaging; limited area		
78305	Bone and/or joint imaging; multiple areas		
78306	Bone and/or joint imaging; whole body		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
78315	Bone and/or joint imaging; 3 phase study		
78399	Unlisted musculoskeletal procedure, diagnostic nuclear medicine		
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		
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		
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		
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)		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
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		
78434	Absolute quantitation of myocardial blood flow (AQMBF), positron emission tomography (PET), rest and pharmacologic stress (List separately in addition to code for primary procedure)		
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)		
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		
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)		
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		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
78456	Acute venous thrombosis imaging, peptide		
78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation		
78466	Myocardial imaging, infarct avid, planar; qualitative or quantitative		
78468	Myocardial imaging, infarct avid, planar; with ejection fraction by first pass technique		
78469	Myocardial imaging, infarct avid, planar; tomographic SPECT with or without quantification		
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		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
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		
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		
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		
78491	Myocardial imaging, positron emission tomography (PET), perfusion; single study at rest or stress		
78492	Myocardial imaging, positron emission tomography (PET), perfusion; multiple studies at rest and/or stress		
78494	Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction, with or without quantitative processing		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
78496	Cardiac blood pool imaging, gated equilibrium, single study, at rest, with right ventricular ejection fraction by first pass technique (List separately in addition to code for primary procedure)		
78499	Unlisted cardiovascular procedure, diagnostic nuclear medicine		
78608	Brain imaging, positron emission tomography (PET); metabolic evaluation		
78609	Brain imaging, positron emission tomography (PET); perfusion evaluation		
78700	Kidney imaging morphology		
78701	Kidney imaging morphology; with vascular flow		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
78707	Kidney imaging morphology; with vascular flow and function, single study without pharmacological intervention		
78708	Kidney imaging morphology; with vascular flow and function, single study, with pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)		
78709	Kidney imaging morphology; with vascular flow and function, multiple studies, with and without pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)		
78725	Kidney function study, non-imaging radioisotopic study		
78800	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); limited area		
78801	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); multiple areas		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
78802	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); whole body, single day imaging		
78803	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging		
78804	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); whole body, requiring 2 or more days imaging		
78811	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)		
78812	Positron emission tomography (PET) imaging; skull base to mid-thigh		
78813	Positron emission tomography (PET) imaging; whole body		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
78814	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)		
78815	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh		
78816	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		
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) or acquisition, single day imaging		
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, chest and abdomen) or separate acquisitions (eg, lung ventilation and perfusion), single day imaging, or single area or acquisition over 2 or more days		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
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, chest and abdomen) or separate acquisitions (eg, lung ventilation and perfusion), single day imaging, or single area or acquisition over 2 or more days		
78835	Radiopharmaceutical quantification measurement(s) single area (List separately in addition to code for primary procedure)		
79005	Radiopharmaceutical therapy, by oral administration		
84999	Unlisted chemistry procedure		
85999	Unlisted hematology or coag procedure		
86486	Skin test; unlisted antigen, each		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
90281	Immune globulin, IM use		UM Note: PPAP
90283	Immune globulin (IgIV), human, for intravenous use		UM Note: PPAP
90284	Immune globulin, subcut infusions; 100 mg each		UM Note: PPAP
90378	Respiratory syncytial virus immune globulin (RSV-IgIM), for intramuscular use, 50 mg, each		
90678	Respiratory syncytial virus vaccine, preF, subunit, bivalent, for intramuscular use		
91117	Colon motility (manometric) study, minimum 6 hours continuous recording (including provocation tests, eg, meal, intracolonic balloon distension, pharmacologic agents, if performed), with interpretation and report		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
91299	Unlisted diagnostic gastroenterology procedure		
92137	Computerized ophthalmic diagnostic imaging (eg, optical coherence tomography [OCT]), posterior segment, with interpretation and report, unilateral or bilateral; retina, including OCT angiography		
92499	Unlisted ophthalmological service or procedure		
92700	Unlisted otorhinolaryngological service or procedure		
93303	Transthoracic echocardiography for congenital cardiac anomalies; complete		
93304	Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
93306	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography		
93307	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		
93308	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study		
93017	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; tracing only, without interpretation and report		
93312	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report		
93313	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); placement of transesophageal probe only		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
93314	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); image acquisition, interpretation and report only		
93315	Transesophageal echocardiography for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report		
93316	Transesophageal echocardiography for congenital cardiac anomalies; placement of transesophageal probe only		
93317	Interpretation and report of congenital heart ultrasound examination using esophageal probe		
93318	Echocardiography, transesophageal (TEE) for monitoring purposes, including probe placement, real time 2-dimensional image acquisition and interpretation leading to ongoing (continuous) assessment of (dynamically changing) cardiac pumping function and to therapeutic measures on an immediate time basis		
93319	3D echocardiographic imaging and postprocessing during transesophageal echocardiography, or during transthoracic echocardiography for congenital cardiac anomalies, for the assessment of cardiac structure(s) (eg, cardiac chambers and valves, left atrial appendage, interatrial septum, interventricular septum) and function, when performed (List separately in addition to code for echocardiographic imaging)		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
93350	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		
93351	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional		
93569	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary arterial angiography, unilateral (List separately in addition to code for primary procedure)		
93573	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary arterial angiography, bilateral (List separately in addition to code for primary procedure)		
93574	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary venous angiography of each distinct pulmonary vein during cardiac catheterization (List separately in addition to code for primary procedure)		
93575	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary angiography of major aortopulmonary collateral arteries (MAPCAs) arising off the aorta or its systemic branches, during cardiac catheterization for congenital heart defects, each distinct vessel (List separately in addition to code for primary procedure)		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
93580	Percutaneous transcatheter closure of congenital interatrial communication (i.e., Fontan fenestration, atrial septal defect) with implant		
93582	Percutaneous transcatheter closure pat duct arteriosus		
93583	Percutaneous transcatheter septal reduction therapy		
93590	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, mitral valve		
93591	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, aortic valve		
93592	Percutaneous transcatheter closure of paravalvular leak; each additional occlusion device (List separately in addition to code for primary procedure)		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
93593	Right heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone; normal native connections		
93594	Right heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone; abnormal native connections		
93595	Left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone, normal or abnormal native connections		
93596	Right and left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone(s); normal native connections		
93597	Right and left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone(s); abnormal native connections		
93598	Cardiac output measurement(s), thermodilution or other indicator dilution method, performed during cardiac catheterization for the evaluation of congenital heart defects (List separately in addition to code for primary procedure)		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
93569	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary arterial angiography, unilateral (List separately in addition to code for primary procedure)		
93573	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary arterial angiography, bilateral (List separately in addition to code for primary procedure)		
93574	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary venous angiography of each distinct pulmonary vein during cardiac catheterization (List separately in addition to code for primary procedure)		
93575	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary angiography of major aortopulmonary collateral arteries (MAPCAs) arising off the aorta or its systemic branches, during cardiac catheterization for congenital heart defects, each distinct vessel (List separately in addition to code for primary procedure)		
93799	Unlisted pulmonary service or procedure		
94799	Unlisted pulmonary service or procedure		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
95782	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist		
95783	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bi-level ventilation, attended by a technologist		
95800	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time		
95801	Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)		
95805	Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness		
95806	Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
95807	Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist		
95808	Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist		
95810	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist		
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		
95939	Central motor evoked potential study (transcranial motor stimulation); in upper and lower limbs		
95970	Electronic analysis of implanted neurostimulator pulse generator system; simple or complex brain, spinal cord, or peripheral, without reprogramming	Service is covered only when provided by Contracted provider	

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
95971	Electronic analysis of implanted neurostimulator pulse generator system; simple spinal cord, or peripheral, with intraoperative or subsequent programming		
95972	Electronic analysis of implanted neurostimulator pulse generator system; complex spinal cord, or peripheral, with intraoperative or subsequent programming, first hour		
95973	Electronic analysis of implanted neurostimulator pulse generator system; simple or complex brain, spinal cord, or peripheral, with intraoperative or subsequent programming, each additional 30 minutes after first hour		
95999	Unlisted neurological or neuromuscular diagnostic procedure		
96020	Neurofunctional testing selection and administration during noninvasive imaging functional brain mapping, with test administered entirely by a physician or other qualified health care professional (ie, psychologist), with review of test results and report		
96377	Application of on-body injector (includes cannula insertion) for timed subcutaneous injection		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
96379	Unlisted therapeutic, prophylactic, or diagnostic intravenous or intra-arterial injection or infusion		
96446	Chemotherapy administration into the peritoneal cavity via implanted port or catheter		
96920	Excimer laser treatment for psoriasis; total area less than 250 sq cm		
96921	Excimer laser treatment for psoriasis; 250 sq cm to 500 sq cm		
96922	Excimer laser treatment for psoriasis; over 500 sq cm		
96999	Unlisted special dermatological service or procedure		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
99183	Physician attendance and supervision of hyperbaric oxygen therapy, per session		
99600	Unlisted home visit service or procedure		Limitation: Telemedicine/Virtual Care is not a covered benefit (Modifier 95, POS 02)
99601	Home infusion procedures and services		Limitation: Telemedicine/Virtual Care is not a covered benefit (Modifier 95, POS 02)
0190T	Placement of intraocular radiation source applicator (List separately in addition to primary procedure)		
0620T	Endovascular venous arterialization, tibial or peroneal vein, with transcatheter placement of intravascular stent graft(s) and closure by any method, including percutaneous or open vascular access, ultrasound guidance for vascular access when performed, all catheterization(s) and intraprocedural roadmapping and imaging guidance necessary to complete the intervention, all associated radiological supervision and interpretation, when performed		
0714T	Transperineal laser ablation of benign prostatic hyperplasia, including imaging guidance; prostate volume less than 50 mL		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
0730T	Trabeculotomy by laser, including optical coherence tomography (OCT) guidance		
0735T	Preparation of tumor cavity, with placement of a radiation therapy applicator for intraoperative radiation therapy (IORT) concurrent with primary craniotomy (List separately in addition to code for primary procedure)		
0738T	Treatment planning for magnetic field induction ablation of malignant prostate tissue, using data from previously performed magnetic resonance imaging (MRI) examination		
0739T	Ablation of malignant prostate tissue by magnetic field induction, including all intraprocedural, transperineal needle/catheter placement for nanoparticle installation and intraprocedural temperature monitoring, thermal dosimetry, bladder irrigation, and magnetic field nanoparticle activation		
0742T	Absolute quantitation of myocardial blood flow (AQMBF), single-photon emission computed tomography (SPECT), with exercise or pharmacologic stress, and at rest, when performed (List separately in addition to code for primary procedure)		
0743T	Bone strength and fracture risk using finite element analysis of functional data and bone mineral density (BMD), with concurrent vertebral fracture assessment, utilizing data from a computed tomography scan, retrieval and transmission of the scan data, measurement of bone strength and BMD and classification of any vertebral fractures, with overall fracture-risk assessment, interpretation and report		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
0744T	Insertion of bioprosthetic valve, open, femoral vein, including duplex ultrasound imaging guidance, when performed, including autogenous or nonautogenous patch graft (eg, polyester, ePTFE, bovine pericardium), when performed		
0745T	Cardiac focal ablation utilizing radiation therapy for arrhythmia; noninvasive arrhythmia localization and mapping of arrhythmia site (nidus), derived from anatomical image data (eg, CT, MRI, or myocardial perfusion scan) and electrical data (eg, 12-lead ECG data), and identification of areas of avoidance		
0746T	Cardiac focal ablation utilizing radiation therapy for arrhythmia; conversion of arrhythmia localization and mapping of arrhythmia site (nidus) into a multidimensional radiation treatment plan		
0747T	Cardiac focal ablation utilizing radiation therapy for arrhythmia; delivery of radiation therapy, arrhythmia		
0749T	Bone strength and fracture-risk assessment using digital X-ray radiogrammetry-bone mineral density (DXR-BMD) analysis of bone mineral density (BMD) utilizing data from a digital X ray, retrieval and transmission of digital X-ray data, assessment of bone strength and fracture risk and BMD, interpretation and report		
0750T	Bone strength and fracture-risk assessment using digital X-ray radiogrammetry-bone mineral density (DXR-BMD) analysis of bone mineral density (BMD) utilizing data from a digital X ray, retrieval and transmission of digital X-ray data, assessment of bone strength and fracture risk and BMD, interpretation and report; with single-view digital X-ray examination of the hand taken for the purpose of DXR-BMD		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
0776T	Therapeutic induction of intra-brain hypothermia, including placement of a mechanical temperature-controlled cooling device to the neck over carotids and head, including monitoring (eg, vital signs and sport concussion assessment tool 5 [SCAT5]), 30 minutes of treatment		
0777T	Real-time pressure-sensing epidural guidance system (List separately in addition to code for primary procedure)		
A0130	Wheelchair van nonemergency transport	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	UM note: limited to CCC approved SNF placement transport from hospital to SNF
A0428	Ambulance, basic life support, nonemergency transport	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	UM note: limited to CCC approved SNF placement transport from hospital to SNF
A4230	Infusion set for external insulin pump, non needle cannula type		
A4231	Infusion set for external insulin pump, needle type		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
A4232	Syringe with needle for external insulin pump, sterile, 3 c		
A4604	Tubing with integrated heating element for use with positive airway pressure device		REPLACE WHEN NEEDED BUT NO MORE THAN 1 PER 12 MONTHS
A6515	Gradient compression wrap with adjustable straps, full leg, each, custom	Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
A6516	Gradient compression wrap with adjustable straps, foot, each, custom	Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
A6517	Gradient compression wrap with adjustable straps, below knee, each, custom	Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
A6518	Gradient compression wrap with adjustable straps, arm, each, custom	Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
A6519	Gradient compression garment, not otherwise specified, for nighttime use, each		
A6611	Gradient compression wrap with adjustable straps, above knee, each, custom	Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
A7027	Combination oral/nasal mask, used with continuous positive airway pressure device, each		REPLACE WHEN NEEDED BUT NO MORE THAN 1 PER 12 MONTHS
A7030	Full face mask used with positive airway pressure device, each		REPLACE WHEN NEEDED BUT NO MORE THAN 1 PER 12 MONTHS
A7034	Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap		REPLACE WHEN NEEDED BUT NO MORE THAN 1 PER 12 MONTHS
A7035	Headgear used with positive airway pressure device		REPLACE WHEN NEEDED BUT NO MORE THAN 1 PER 12 MONTHS

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
A7036	Chinstrap used with positive airway pressure device		REPLACE WHEN NEEDED BUT NO MORE THAN 1 PER 12 MONTHS
A7037	Tubing used with positive airway pressure device		REPLACE WHEN NEEDED BUT NO MORE THAN 1 PER 12 MONTHS
A7043	Vacuum Drainage bottle and tubing for use with implanted catheter		When service is specifically for Pleurex Drainage Kit with Vacuum Bottles and supplies: Not a covered benefit. The patient contacts Edgepark Medical for Patient Assistance Program (has to be requested by the patient). PA may be
A7044	Oral interface used with positive airway pressure device, each		REPLACE WHEN NEEDED BUT NO MORE THAN 1 PER 12 MONTHS
A7046	Water chamber for humidifier, used with positive airway pressure device, replacement, each		REPLACE WHEN NEEDED BUT NO MORE THAN 1 PER 12 MONTHS
A7048	Vacuum drainage collection unit and tubing kit, including all supplies needed for collection until change, for use with implanted catheter, each		When service is specifically for Pleurex Drainage Kit with Vacuum Bottles and supplies: Not a covered benefit. The patient contacts Edgepark Medical for Patient Assistance Program (has to be requested by the patient). PA may be

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
A9591	Fluoroestradiol f 18, diagnostic, 1 millicurie		
B4034	Enteral feeding supply kit; syringe fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tap		Long term therapy not covered. 3 month maximum
B4035	Enteral feeding supply kit; pump fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape		Long term therapy not covered. 3 month maximum
B4036	Enteral feeding supply kit; gravity fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape		Long term therapy not covered. 3 month maximum
B4150	Enteral formula, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit		Long term therapy not covered. 3 month maximum
B4152	Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit		Long term therapy not covered. 3 month maximum

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
B4153	Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit		Long term therapy not covered. 3 month maximum
B4154	Enteral formula, nutritionally complete, for special metabolic needs, excludes inherited disease of metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit		Long term therapy not covered. 3 month maximum
B4155	Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (e.g., glucose polymers), proteins/amino acids (e.g., glutamine, arginine), fat (e.g., medium chain triglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit		Long term therapy not covered. 3 month maximum
B4157	Enteral formula, nutritionally complete, for special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit		Long term therapy not covered. 3 month maximum
B4158	Enteral formula, for pediatrics, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit		Long term therapy not covered. 3 month maximum
B4159	Enteral formula, for pediatrics, nutritionally complete soy based with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit		Long term therapy not covered. 3 month maximum

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
B4160	Enteral formula, for pediatrics, nutritionally complete calorically dense (equal to or greater than 0.7 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit		Long term therapy not covered. 3 month maximum
B4161	Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit		Long term therapy not covered. 3 month maximum
B4187	Omegaven, 10 grams lipids		
B9002	Enteral nutrition infusion pump, any type		Long term therapy not covered. 3 month maximum
B9004	Parenteral nutrition infusion pump, portable		Long term therapy not covered. 3 month maximum
B9006	Parenteral nutrition infusion pump, stationary		Long term therapy not covered. 3 month maximum

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
B9998	Noc for enteral supplies		Long term therapy not covered. 3 month maximum
B9999	Noc for parenteral supplies		Long term therapy not covered. 3 month maximum
C1715	Brachytherapy needle		
C1716	Brachytherapy source, non-stranded, gold-198, per source		
C1717	Brachytherapy source, non-stranded, high dose rate iridium-192, per source		
C1718	Brachytherapy source, iodine 125, per source		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
C1719	Brachytherapy source, non-stranded, non-high dose rate iridium-192, per source		
C1728	Catheter, brachytherapy seed administration		
C1764	Event recorder, cardiac (implantable)		Limit 8 cases/year. UM NOTE: Authorize procedure in provider's office only
C1785	Pacemaker, Dual Chamber (implantable)		
C1786	Pacemaker, Single Chamber (implantable)		
C2616	Brachytherapy source, non-stranded, yttrium-90, per source		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
C2619	Pacemaker, Dual Chamber		
C2620	Pacemaker, Single Chamber		
C2621	Pacemaker, Other than Single or Dual		
C2634	Brachytherapy source, non-stranded, High Activity, Iodine-125, greater than 1.01 mCi (NIST), per source		
C2635	Brachytherapy source, non-stranded, high activity, palladium-103, greater than 2.2 mci (nist), per source		
C2636	Brachytherapy linear source, non-stranded, palladium-103, per 1 mm		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
C2637	Brachytherapy source, non-stranded, Ytterbium-169, per source		
C2638	Brachytherapy source, stranded, Iodine-125, per source		
C2639	Brachytherapy source, non-stranded, Iodine-125, per source		
C2640	Brachytherapy source, stranded, Palladium-103, per source		
C2641	Brachytherapy source, non-stranded, Palladium-103, per source		
C2642	Brachytherapy source, stranded, Cesium-131, per source		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
C2643	Brachytherapy source, non-stranded, Cesium-131, per source		
C2644	Brachytherapy source, cesium-131 chloride solution, per millicurie		
C2645	Brachytherapy planar source, palladium-103, per square millimeter		
C2698	Brachytherapy source, stranded, not otherwise specified, per source		
C2699	Brachytherapy source, non-stranded, not otherwise specified, per source		
C7500	Debridement, bone including epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed, first 20 sq cm or less with manual preparation and insertion of deep (eg, subfacial) drug-delivery device (s)		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
C7504	Percutaneous vertebroplasties (bone biopsies included when performed), first cervicothoracic and any additional cervicothoracic or lumbosacral vertebral bodies, unilateral or bilateral injection, inclusive of all imaging guidance		
C7505	Percutaneous vertebroplasties (bone biopsies included when performed), first lumbosacral and any additional cervicothoracic or lumbosacral vertebral bodies, unilateral or bilateral injection, inclusive of all imaging guidance		
C7506	Arthrodesis, interphalangeal joints, with or without internal fixation		
C7516	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, with endoluminal imaging of initial coronary vessel or graft using intravascular ultrasound (ivus) or optical coherence tomography (oct) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report		
C7517	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, with iliac and/or femoral artery angiography, non-selective, bilateral or ipsilateral to catheter insertion, performed at the same time as cardiac catheterization and/or coronary angiography, includes positioning or placement of the catheter in the distal aorta or ipsilateral femoral or iliac artery, injection of dye, production of permanent images, and radiologic supervision and interpretation		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
C7518	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography with endoluminal imaging of initial coronary vessel or graft using intravascular ultrasound (ivus) or optical coherence tomography (oct) during diagnostic evaluation and/or therapeutic intervention including imaging, supervision, interpretation and report		
C7519	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (initial coronary vessel or graft) during coronary angiography including pharmacologically induced stress		
C7520	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) includes intraprocedural injection(s) for bypass graft angiography with iliac and/or femoral artery angiography, non-selective, bilateral or ipsilateral to catheter insertion, performed at the same time as cardiac catheterization and/or coronary angiography, includes positioning or placement of the catheter in the distal aorta or ipsilateral femoral or iliac artery, injection of dye, production of permanent images, and radiologic supervision and interpretation		
C7521	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography with right heart catheterization with endoluminal imaging of initial coronary vessel or graft using intravascular ultrasound (ivus) or optical coherence tomography (oct) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
C7522	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation with right heart catheterization, with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (initial coronary vessel or graft) during coronary angiography including pharmacologically induced stress		
C7523	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, with endoluminal imaging of initial coronary vessel or graft using intravascular ultrasound (ivus) or optical coherence tomography (oct) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report		
C7524	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (initial coronary vessel or graft) during coronary angiography including pharmacologically induced stress		
C7525	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography with endoluminal imaging of initial coronary vessel or graft using intravascular ultrasound (ivus) or optical coherence tomography (oct) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
C7526	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (initial coronary vessel or graft) during coronary angiography including pharmacologically induced stress		
C7527	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, with endoluminal imaging of initial coronary vessel or graft using intravascular ultrasound (ivus) or optical coherence tomography (oct) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report		
C7528	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (initial coronary vessel or graft) during coronary angiography including pharmacologically induced stress		
C7529	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (initial coronary vessel or graft) during coronary angiography including pharmacologically induced stress		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
C7531	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(ies), unilateral, with transluminal angioplasty with intravascular ultrasound (initial noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation		
C7532	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), initial artery, open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, with intravascular ultrasound (initial noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation		
C7533	Percutaneous transluminal coronary angioplasty, single major coronary artery or branch with transcatheter placement of radiation delivery device for subsequent coronary intravascular brachytherapy		
C7534	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(ies), unilateral, with atherectomy, includes angioplasty within the same vessel, when performed with intravascular ultrasound (initial noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation		
C7535	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(ies), unilateral, with transluminal stent placement(s), includes angioplasty within the same vessel, when performed, with intravascular ultrasound (initial noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation		
C7537	Insertion of new or replacement of permanent pacemaker with atrial transvenous electrode(s), with insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (eg, for upgrade to dual chamber system)		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
C7538	Insertion of new or replacement of permanent pacemaker with ventricular transvenous electrode(s), with insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (eg, for upgrade to dual chamber system)		
C7539	Insertion of new or replacement of permanent pacemaker with atrial and ventricular transvenous electrode(s), with insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (eg, for upgrade to dual chamber system)		
C7540	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator, dual lead system, with insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (eg, for upgrade to dual chamber system)		
C7541	Diagnostic endoscopic retrograde cholangiopancreatography (ercp), including collection of specimen(s) by brushing or washing, when performed, with endoscopic cannulation of papilla with direct visualization of pancreatic/common bile ducts(s)		
C7542	Endoscopic retrograde cholangiopancreatography (ercp) with biopsy, single or multiple, with endoscopic cannulation of papilla with direct visualization of pancreatic/common bile ducts(s)		
C7543	Endoscopic retrograde cholangiopancreatography (ercp) with sphincterotomy/papillotomy, with endoscopic cannulation of papilla with direct visualization of pancreatic/common bile ducts(s)		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
C7544	Endoscopic retrograde cholangiopancreatography (ercp) with removal of calculi/debris from biliary/pancreatic duct(s), with endoscopic cannulation of papilla with direct visualization of pancreatic/common bile ducts(s)		
C7545	Percutaneous exchange of biliary drainage catheter (eg, external, internal-external, or conversion of internal-external to external only), with removal of calculi/debris from biliary duct(s) and/or gallbladder, including destruction of calculi by any method (eg, mechanical, electrohydraulic, lithotripsy) when performed, including diagnostic cholangiography(ies) when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation		
C7546	Removal and replacement of externally accessible nephroureteral catheter (eg, external/internal stent) requiring fluoroscopic guidance, with ureteral stricture balloon dilation, including imaging guidance and all associated radiological supervision and interpretation		
C7547	Convert nephrostomy catheter to nephroureteral catheter, percutaneous via pre-existing nephrostomy tract, with ureteral stricture balloon dialation, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation		
C7548	Exchange nephrostomy catheter, percutaneous, with ureteral stricture balloon dilation, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation		
C7549	Change of ureterostomy tube or externally accessible ureteral stent via ileal conduit with ureteral stricture balloon dilation, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
C7550	Cystourethroscopy, with biopsy(ies) with adjunctive blue light cystoscopy with fluorescent imaging agent		
C7551	Excision of major peripheral nerve neuroma, except sciatic, with implantation of nerve end into bone or muscle		
C7552	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress, initial vessel		
C7553	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography with pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed		
C7554	Cystourethroscopy with adjunctive blue light cystoscopy with fluorescent imaging agent		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
			UM Note: PPAP
C9072	Injection, immune globulin (asceniv), 500 mg		
C9399	Unclassified drugs or biologicals		
C9725	Placement of endorectal intracavitary applicator for high intensity brachytherapy		
E0181	Powered pressure reducing mattress overlay/pad, alternating, with pump, includes heavy duty		
E0182	Pump for alternating pressure pad, for replacement only		
E0184	Dry pressure mattress		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
E0185	Gel or gel-like pressure pad for mattress, standard mattress length and width		
E0186	Air pressure mattress		
E0187	Water pressure mattress		
E0196	Gel pressure mattress		
E0197	Air pressure pad for mattress, standard mattress length and width		
E0198	Water pressure pad for mattress, standard mattress length and width		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
E0199	Dry pressure pad for mattress, standard mattress length and width		
E0250	Hospital bed, fixed height, with any type side rails, with mattress		
E0251	Hospital bed, fixed height, with any type side rails, without mattress		
E0255	Hospital bed, variable height, hi-lo, with any type side rails, with mattress		
E0256	Hospital bed, variable height, hi-lo, with any type side rails, without mattress		
E0260	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
E0261	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress		
E0265	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, with mattress		
E0266	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, without mattress		
E0270	Hospital bed, institutional type includes: oscillating, circulating and stryker frame, with mattress		
E0277	Powered pressure-reducing air mattress		code used for both alternating pressure mattress (covered benefit) and Low Air loss mattress (not covered). Only approve when for Alt pressure mattress
E0300	Pediatric crib, hospital grade, fully enclosed		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
E0301	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, without mattress		
E0302	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress		
E0303	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress		
E0304	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress		
E0316	Safety enclosure frame/canopy for use with hospital bed, any type		
E0371	Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
E0372	Powered air overlay for mattress, standard mattress length and width	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
E0373	Nonpowered advanced pressure reducing mattress	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
E0424	Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing		
E0425	Stationary compressed gas system, purchase; includes regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing		
E0431	Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing		
E0470	Bipap- Respiratory assist device, bi-level pressure capability		UM note: Approve for 3 months initial usage, then compliance report for continued rental of CPAP/ BIPAP. Replacement: 1 per 5 years

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
E0471	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)		UM note: Approve for 3 months initial usage, then compliance report for continued rental of CPAP/ BIPAP. Replacement: 1 per 5 years
E0472	Respiratory assist device, bi-level pressure capability, with backup rate feature		UM note: Approve for 3 months initial usage, then compliance report for continued rental of CPAP/ BIPAP. Replacement: 1 per 5 years
E0500	Ippb machine, all types, with built-in nebulization; manual or automatic valves; internal or external power source		
E0600	Respiratory suction pump, home model, portable or stationary, electric		
E0601	Continuous positive airway pressure (cpap) device		UM note: Approve for 3 months initial usage, then compliance report for continued rental of CPAP/ BIPAP. Replacement: 1 per 5 years
E0621	Sling or seat, patient lift, canvas, or nylon		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
E0630	Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s), or pad(s)		
E0650	Pneumatic compressor, non-segmental home model		Pneumatic compression devices; Direct to Lymphedema services at Cancer Care Collaborative - SMCA for management of Lymphedema
E0651	Pneumatic compressor, segmental home model without calibrated gradient pressure		Pneumatic compression devices; Direct to Lymphedema services at Cancer Care Collaborative - SMCA for management of Lymphedema
E0652	Pneumatic compressor, segmental home model with calibrated gradient pressure		Pneumatic compression devices; Direct to Lymphedema services at Cancer Care Collaborative - SMCA for management of Lymphedema
E0655	Non-segmental pneumatic appliance for use with pneumatic compressor, half arm		
E0656	Segmental pneumatic appliance for use with pneumatic compressor, trunk		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
E0657	Segmental pneumatic appliance for use with pneumatic compressor, chest		
E0660	Non-segmental pneumatic appliance for use with pneumatic compressor, full leg		
E0665	Non-segmental pneumatic appliance for use with pneumatic compressor, full arm		
E0666	Non-segmental pneumatic appliance for use with pneumatic compressor, half leg		
E0667	Segmental pneumatic appliance for use with pneumatic compressor, full leg		
E0668	Segmental pneumatic appliance for use with pneumatic compressor, full arm		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
E0669	Segmental pneumatic appliance for use with pneumatic compressor, half leg		
E0670	Segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full legs and trunk		
E0671	Segmental gradient pressure pneumatic appliance, full leg		
E0672	Segmental gradient pressure pneumatic appliance, full arm		
E0673	Segmental gradient pressure pneumatic appliance, half leg		
E0675	Pneumatic compression device, high pressure, rapid inflation/deflation cycle, for arterial insufficiency (unilateral or bilateral system)		Pneumatic compression devices; Direct to Lymphedema services at Cancer Care Collaborative - SMCA for management of Lymphedema

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
E0676	Intermittent limb compression device (includes all accessories), not otherwise specified		
E0747	Osteogenesis stimulator, electrical, non-invasive, other than spinal applications		
E0748	Osteogenesis stimulator, electrical, noninvasive, spinal applications		
E0760	Osteogenesis stimulator, low intensity ultrasound, non-invasive		
E0935	Continuous passive motion exercise device for use on knee only		
E1050	Fully reclining wheelchair; fixed full-length arms, swing-away, detachable, elevating leg rests		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
E1060	Fully reclining wheelchair; detachable arms, desk or full-length, swing-away, detachable, elevating leg rests		
E1070	Fully reclining wheelchair; detachable arms, desk or full-length, swing-away, detachable footrests		
E1083	Hemi-wheelchair; fixed full-length arms, swing-away, detachable, elevating leg rests		
E1084	Hemi-wheelchair; detachable arms, desk or full-length, swing-away, detachable, elevating leg rests		
E1085	Hemi-wheelchair; fixed full-length arms, swing-away, detachable foot rests		
E1086	Hemi-wheelchair; detachable arms, desk or full-length, swing-away, detachable foot rests		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
E1087	High-strength lightweight wheelchair; fixed full-length arms, swing-away, detachable, elevating leg rests		
E1088	High-strength lightweight wheelchair; detachable arms, desk or full-length, swing-away, detachable, elevating leg rests		
E1089	High-strength lightweight wheelchair; fixed-length arms, swing-away, detachable foot rests		
E1090	High-strength lightweight wheelchair; detachable arms, desk or full-length, swing-away, detachable foot rests		
E1092	Wide, heavy-duty wheelchair; detachable arms, (desk or full-length); swing-away, detachable, elevating leg rests		
E1093	Wide, heavy-duty wheelchair; detachable arms, desk or full-length arms, swing-away, detachable foot rests		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
E1100	Semi-reclining wheelchair; fixed full-length arms, swing-away, detachable, elevating leg res		
E1110	Semi-reclining wheelchair; detachable arms, (desk or full-length), elevating leg rest		
E1140	Wheelchair, detachable arms, desk or full length, swing away detachable footrests		
E1150	Wheelchair, detachable arms, desk or full length swing away detachable elevating legrests		
E1161	Manual adult size wheelchair, includes tilt in space		
E1170	Amputee wheelchair; fixed full-length arms, swing-away, detachable, elevating leg rests		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
E1171	Amputee wheelchair; fixed full-length arms, without foot rests or leg rest		
E1172	Amputee wheelchair; detachable arms, desk or full-length, without foot rests or leg rest		
E1180	Amputee wheelchair; detachable arms, (desk or full-length), swing-away, detachable foot rests		
E1190	Amputee wheelchair; detachable arms, (desk or full-length), swing-away, detachable, elevating leg rests		
E1195	Heavy duty wheelchair; fixed full-length arms, swing-away, detachable, elevating leg rests		
E1200	Amputee wheelchair; fixed full-length arms, swing-away, detachable foot rest		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
E1220	Wheelchair; specially sized or constructed (indicate brand name, model number, if any, and justification)	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
E1225	Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each		
E1226	Manual wheelchair accessory, manual fully-reclining back, (recline greater than 80 degrees), each		
E1229	Wheelchair, pediatric size, not otherwise specified		
E1240	Lightweight wheelchair; detachable arms, (desk or full-length), swing-away, detachable, elevating leg rest		
E1250	Lightweight wheelchair; fixed full-length arms, swing-away, detachable foot rests		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
E1260	Lightweight wheelchair; detachable arms, desk or full-length, swing-away, detachable foot rests		
E1270	Lightweight wheelchair; fixed full-length arms, swing-away, detachable elevating leg rests		
E1280	Heavy-duty wheelchair; detachable arms, (desk or full-length), elevating leg rests		
E1285	Heavy-duty wheelchair; fixed full-length arms, swing-away, detachable foot rests		
E1290	Heavy-duty wheelchair; detachable arms, desk or full-length, swing-away, detachable foot rests		
E1295	Heavy-duty wheelchair; fixed full-length arms, elevating leg rests		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
E1353	Oxygen supplies regulator		
E1390	Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate		
E1399	Durable medical equipment, miscellaneous		
E1405	Oxygen and water vapor enriching system with heated delivery		
E1406	Oxygen and water vapor enriching system without heated delivery		
E1803	Dynamic adjustable elbow extension only device, includes soft interface material		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
E1804	Dynamic adjustable elbow flexion only device, includes soft interface material		
E1807	Dynamic adjustable wrist extension only device, includes soft interface material		
E1808	Dynamic adjustable wrist flexion only device, includes soft interface material		
E1811	Static progressive stretch/patient actualized serial stretch knee device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories		
E1813	Dynamic adjustable knee extension only device, includes soft interface material		
E1814	Dynamic adjustable knee flexion only device, includes soft interface material		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
E1816	Static progressive stretch/patient actualized serial stretch ankle device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories		
E1818	Static progressive stretch/patient actualized serial stretch forearm pronation / supination device, with or without range of motion adjustment, includes all components and accessories		
E1821	Replacement soft interface material/cuffs for bi-directional static progressive stretch device		
E1822	Dynamic adjustable ankle extension only device, includes soft interface material		
E1823	Dynamic adjustable ankle flexion only device, includes soft interface material		
E1826	Dynamic adjustable finger extension only device, includes soft interface material		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
E1827	Dynamic adjustable finger flexion only device, includes soft interface material		
E1828	Dynamic adjustable toe extension only device, includes soft interface material		
E1829	Dynamic adjustable toe flexion only device, includes soft interface material		
E1840	Dynamic adjustable shoulder flexion/abduction/rotation device, includes soft interface material		
E1841	Static progressive stretch/patient actualized serial stretch shoulder device, with or without range of motion adjustment, includes all components and accessories		
E2000	Gastric suction pump, home model, portable or stationary, electric		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
E2402	Negative Pressure Wound Therapy (NPWT) Pumps		UM - redirect to SFH outpatient wound care department to make arrangements for wound vac and wound care (SHP does not currently authorize for claim payment)
E2601	General use wheelchair seat cushion, width less than 22 inches, any depth		
E2602	General use wheelchair seat cushion, width 22 inches or greater, any depth		
E2609	Custom fabricated wheelchair seat cushion, any size	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
E2617	Custom fabricated wheelchair seat cushion, any size, including any type mounted hardware	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
E2622	Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
E2623	Skin protection wheelchair seat cushion, adjustable, width 22 inches or greater, any depth		
G0151	Services performed by a qualified physical therapist in the home health or hospice setting, each 15 minutes		Limitation: Telemedicine/Virtual Care is not a covered benefit (Modifier 95, POS 02)
G0152	Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes		Limitation: Telemedicine/Virtual Care is not a covered benefit (Modifier 95, POS 02)
G0153	Services performed by a qualified speech-language pathologist in the home health or hospice setting, each 15 minutes		Limitation: Telemedicine/Virtual Care is not a covered benefit (Modifier 95, POS 02)
G0157	Services performed by a qualified physical therapist assistant in the home health or hospice setting, each 15 minutes		Limitation: Telemedicine/Virtual Care is not a covered benefit (Modifier 95, POS 02)
G0158	Services performed by a qualified occupational therapist assistant in the home health or hospice setting, each 15 minutes		Limitation: Telemedicine/Virtual Care is not a covered benefit (Modifier 95, POS 02)

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
G0159	Services performed by a qualified physical therapist, in the home health setting, in the establishment or delivery of a safe and effective physical therapy maintenance program, each 15 minutes		Limitation: Telemedicine/Virtual Care is not a covered benefit (Modifier 95, POS 02)
G0160	Services performed by a qualified occupational therapist, in the home health setting, in the establishment or delivery of a safe and effective occupational therapy maintenance program, each 15 minutes		Limitation: Telemedicine/Virtual Care is not a covered benefit (Modifier 95, POS 02)
G0161	Services performed by a qualified speech-language pathologist, in the home health setting, in the establishment or delivery of a safe and effective speech-language pathology maintenance program, each 15 minutes		Limitation: Telemedicine/Virtual Care is not a covered benefit (Modifier 95, POS 02)
G0162	Skilled services by a registered nurse (RN) for management and evaluation of the plan of care; each 15 minutes (the patient's underlying condition or complication requires an RN to ensure that essential non-skilled care achieves its purpose in the home health or hospice setting)		Limitation: Telemedicine/Virtual Care is not a covered benefit (Modifier 95, POS 02)
G0164	Skilled services of a licensed nurse (LPN or RN), in the training and/or education of a patient or family member, in the home health or hospice setting, each 15 minutes		Limitation: Telemedicine/Virtual Care is not a covered benefit (Modifier 95, POS 02)
G0277	Hyperbaric Oxygen Therapy		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
G0299	Direct skilled nursing services of a registered nurse (rn) in the home health or hospice setting, each 15 minutes		
G0300	Direct skilled nursing services of a license practical nurse (lpn) in the home health or hospice setting, each 15 minutes		
G0493	Skilled services of a registered nurse (rn) for the observation and assessment of the patient's condition, each 15 minutes (the change in the patient's condition requires skilled nursing personnel to identify and evaluate the patient's need for possible modification of treatment in the home health or hospice setting)		
G0494	Skilled services of a licensed practical nurse (lpn) for the observation and assessment of the patient's condition, each 15 minutes (the change in the patient's condition requires skilled nursing personnel to identify and evaluate the patient's need for possible modification of treatment in the home health or hospice setting)		
K0001	Standard Wheelchair		
K0002	Standard hemi (low seat) wheelchair		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
K0003	Lightweight wheelchair		
K0004	High strength, lightweight wheelchair		
K0006	Heavy-duty wheelchair		
K0007	Extra heavy-duty wheelchair		
K0009	Other manual wheelchair/base		
K0056	Seat height less than 17 inches or equal to or greater than 21 inches for a high strength, lightweight, or ultralightweight wheelchair		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
K0108	Wheelchair component or accessory, not otherwise specified		
L0450	TLSO, flexible, provides trunk support, upper thoracic region, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, prefabricated, off-the-shelf		UM note: If provided to member who is inpatient at SFH, Provider to obtain PO from facility, not approved through SHP.
L0452	TLSO, flexible, provides trunk support, upper thoracic region, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, custom fabricated	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L0454	Tlso flexible, provides trunk support, extends from sacrococcygeal junction to above t-9 vertebra, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L0455	TLSO, flexible, provides trunk support, extends from sacrococcygeal junction to above T-9 vertebra, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, prefabricated, off-the-shelf		UM note: If provided to member who is inpatient at SFH, Provider to obtain PO from facility, not approved through SHP.
L0456	TLSO, flexible, provides trunk support, thoracic region, rigid posterior panel and soft anterior apron, extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks, includes straps and closures, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
L0457	TLSO, flexible, provides trunk support, thoracic region, rigid posterior panel and soft anterior apron, extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks, includes straps and closures, prefabricated, off-the-shelf		UM note: If provided to member who is inpatient at SFH, Provider to obtain PO from facility, not approved through SHP.
L0458	Tlso, triplanar control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment		UM note: If provided to member who is inpatient at SFH, Provider to obtain PO from facility, not approved through SHP.
L0460	TLSO, triplanar control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L0462	TLSO, triplanar control, modular segmented spinal system, three rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment		UM note: If provided to member who is inpatient at SFH, Provider to obtain PO from facility, not approved through SHP.
L0464	TLSO, triplanar control, modular segmented spinal system, four rigid plastic shells, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment		UM note: If provided to member who is inpatient at SFH, Provider to obtain PO from facility, not approved through SHP.

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
L0466	TLISO, sagittal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, restricts gross trunk motion in sagittal plane, produces intracavitary pressure to reduce load on intervertebral disks, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L0467	TISO, sagittal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, restricts gross trunk motion in sagittal plane, produces intracavitary pressure to reduce load on intervertebral disks, prefabricated, off-the-shelf		UM note: If provided to member who is inpatient at SFH, Provider to obtain PO from facility, not approved through SHP.
L0468	TLISO, sagittal-coronal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, extends from sacrococcygeal junction over scapulae, lateral strength provided by pelvic, thoracic, and lateral frame pieces, restricts gross trunk motion in sagittal, and coronal planes, produces intracavitary pressure to reduce load on intervertebral disks, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L0469	TISO, sagittal-coronal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, extends from sacrococcygeal junction over scapulae, lateral strength provided by pelvic, thoracic, and lateral frame pieces, restricts gross trunk motion in sagittal and coronal planes, produces intracavitary pressure to reduce load on intervertebral disks, prefabricated, off-the-shelf		UM note: If provided to member who is inpatient at SFH, Provider to obtain PO from facility, not approved through SHP.
L0470	TISO, triplanar control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, extends from sacrococcygeal junction to scapula, lateral strength provided by pelvic, thoracic, and lateral frame pieces, rotational strength provided by subclavicular extensions, restricts gross trunk motion in sagittal, coronal, and transverse planes, provides intracavitary pressure to reduce load on the intervertebral disks, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment		UM note: If provided to member who is inpatient at SFH, Provider to obtain PO from facility, not approved through SHP.

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
L0472	TLSO, triplanar control, hyperextension, rigid anterior and lateral frame extends from symphysis pubis to sternal notch with two anterior components (one pubic and one sternal), posterior and lateral pads with straps and closures, limits spinal flexion, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment		UM note: If provided to member who is inpatient at SFH, Provider to obtain PO from facility, not approved through SHP.
L0480	TLSO, triplanar control, one piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or cad-cam model, custom fabricated	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L0482	TLSO, triplanar control, one piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or cad-cam model, custom fabricated	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L0484	TLSO, triplanar control, two piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes a carved plaster or cad-cam model, custom fabricated	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L0486	TLSO, triplanar control, two piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
L0488	TLSO, triplanar control, one piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, prefabricated, includes fitting and adjustment		UM note: If provided to member who is inpatient at SFH, Provider to obtain PO from facility, not approved through SHP.
L0490	TLSO, sagittal-coronal control, one piece rigid plastic shell, with overlapping reinforced anterior, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates at or before the T-9 vertebra, anterior extends from symphysis pubis to xiphoid, anterior opening, restricts gross trunk motion in sagittal and coronal planes, prefabricated, includes fitting and adjustment		UM note: If provided to member who is inpatient at SFH, Provider to obtain PO from facility, not approved through SHP.
L0491	TLSO, sagittal-coronal control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal and coronal planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment		UM note: If provided to member who is inpatient at SFH, Provider to obtain PO from facility, not approved through SHP.
L0492	TLSO, sagittal-coronal control, modular segmented spinal system, three rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal and coronal planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment		UM note: If provided to member who is inpatient at SFH, Provider to obtain PO from facility, not approved through SHP.
L0720	Cervical-thoracic-lumbar-sacral-orthoses (ctlso), anterior-posterior-lateral control, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L0970	TLSO, corset front		UM note: If provided to member who is inpatient at SFH, Provider to obtain PO from facility, not approved through SHP.

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
L0974	TLSO, full corset		UM note: If provided to member who is inpatient at SFH, Provider to obtain PO from facility, not approved through SHP.
L1933	Ankle foot orthosis, rigid anterior tibial section, total carbon fiber or equal material, prefabricated, off-the-shelf		
L1945	Ankle foot orthosis, plastic, rigid anterior tibial section (floor reaction), custom fabricated	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L1952	Ankle foot orthosis, spiral, (institute of rehabilitative medicine type), plastic or other material, prefabricated, off-the-shelf		
L2210	Additions to lower extremity orthosis, dorsiflexion assist	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L2232	Addition to lower extremity orthosis, rocker bottom for total contact ankle foot orthosis, for custom fabricated orthosis only	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
L2250	Addition to lower extremity, foot plate, molded to patient model, stirrup attachment	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L2270	Additions to lower extremity orthosis, varus/valgus T-strap	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L2275	Additions to lower extremity orthosis, varus/valgus correction	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L2280	Addition to lower extremity, molded inner boot	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L2320	Addition to lower extremity, non-molded lacer, for custom fabricated orthosis only	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L2330	Addition to lower extremity, lacer molded to patient model, for custom fabricated orthosis only	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
L2340	Addition to lower extremity, pre-tibial shell, molded to patient model	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L2350	Addition to lower extremity, prosthetic type, (BK) socket, molded to patient model	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L2385	Addition to lower extremity orthosis, straight knee joint	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L2387	Addition to lower extremity, polycentric knee joint, for custom fabricated knee ankle foot orthosis, each joint	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L2405	Additions to straight knee or offset knee, drop lock	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L2510	Addition to lower extremity, thigh/weight bearing, quadri-lateral brim, molded to patient model	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
L2520	Addition to lower extremity, thigh/weight bearing, quadri-lateral brim, custom fitted	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L2525	Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim, molded to patient model	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L2526	Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim, custom fitted	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L2540	Addition to lower extremity, thigh/weight bearing, lacer, molded to patient model	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L2627	Addition to lower extremity, pelvic control, plastic, molded to patient model, reciprocating hip joint and cables	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L2795	Additions to lower extremity orthosis, knee control	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
L2800	Addition to lower extremity orthosis, knee control, knee cap, medial or lateral pull, for use with custom fabricated orthosis only	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L2820	Addition to lower extremity orthosis, soft interface for molded plastic, below knee section	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L2830	Addition to lower extremity orthosis, soft interface for molded plastic, above knee section	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L2861	Addition to lower extremity joint, knee or ankle, concentric adjustable torsion style mechanism for custom fabricated orthotics only	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L2999	Lower extremity orthosis, NOS	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L3230	Orthopedic footwear, custom shoe, depth inlay, each	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
L3250	Orthopedic footwear, custom molded shoe, removable inner mold, prosthetic shoe, each	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L3251	Foot, shoe molded to patient model, silicone shoe, each	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L3252	Foot, shoe molded to patient model, silicone shoe, each	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L3253	Foot, molded shoe Plastazote (or similar) custom fitted, each	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L3254	Non-standard size or width	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L3255	Non-standard size or length	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
L3257	Orthopedic footwear, additional charge for split size	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L3649	Orthopedic shoe, modification, addition or transfer, not otherwise specified	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L3671	Shoulder orthosis, shoulder joint design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L3672	Shoulder orthosis, abduction positioning (airplane design), thoracic component and support bar, without joints, custom fabricated	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L3673	Shoulder orthosis, abduction positioning (airplane design), thoracic component and support bar, includes nontorsion joint/turnbuckle, custom fabricated	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L3674	Shoulder orthosis, abduction positioning (airplane design), thoracic component and support bar, with or without nontorsion joints/turnbuckle, custom fabricated	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	

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CPT, HCPCS or Revenue Code	Description	Comment	Note
L3677	Shoulder orthosis, shoulder joint design, without joints, customized to fit a specific patient by an individual with expertise	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L3702	Elbow orthosis, without joints, custom fabricated	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L3720	Elbow orthosis, double upright with forearm/arm cuffs, free motion, custom fabricated	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L3730	Elbow orthosis, double upright with forearm/arm cuffs, extension/flexion assist, custom fabricated	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L3740	Elbow orthosis, double upright with forearm/arm cuffs, adjustable position lock with active control, custom fabricated	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L3763	Elbow wrist hand orthosis, rigid, without joints, custom fabricated	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
L3764	Elbow wrist hand orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L3765	Elbow wrist hand finger orthosis, rigid, without joints, custom fabricated	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L3766	Elbow wrist hand finger orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, custom fabricated	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L3800	Wrist hand finger orthosis, short opponens, no attachments, custom fabricated	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L3805	Wrist hand finger orthosis, long opponens, no attachments, custom fabricated	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L3806	Wrist hand finger orthosis, includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, custom fabricated	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
L3807	Wrist hand finger orthosis, without joint(s), customized to fit a specific patient by an individual with expertise	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L3808	Wrist hand finger orthosis, rigid without joints, custom fabricated	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L3891	Addition to upper extremity joint, wrist or elbow, concentric adjustable torsion style mechanism for custom fabricated orthotics only, each	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L3900	Wrist hand finger orthosis, dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion/extension, wrist or finger driven, custom fabricated	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L3901	Wrist hand finger orthosis, dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion/extension, cable driven, custom fabricated	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L3902	Wrist hand finger orthosis, external powered, compressed gas, custom fabricated	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	

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CPT, HCPCS or Revenue Code	Description	Comment	Note
L3905	Wrist hand orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, custom fabricated	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L3906	Wrist hand orthosis, without joints, custom fabricated	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L3907	Wrist hand orthosis, wrist gauntlet with thumb spica, custom fabricated	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L3913	Hand finger orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L3915	Wrist hand orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, customized to fit a specific patient by an individual with expertise	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L3917	Hand orthosis, metacarpal fracture orthosis, customized to fit a specific patient by an individual with expertise	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	

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CPT, HCPCS or Revenue Code	Description	Comment	Note
L3919	Hand orthosis, without joints, custom fabricated	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L3921	Hand finger orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, custom fabricated	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L3923	Hand finger orthosis, without joints, may include soft interface, straps, customized to fit a specific patient by an individual with expertise	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L3929	Hand finger orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, customized to fit a specific patient by an individual with expertise	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L3933	Finger orthosis, without joints, custom fabricated	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L3935	Finger orthosis, nontorsion joint, may include soft interface, custom fabricated, includes fitting and adjustment	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	

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CPT, HCPCS or Revenue Code	Description	Comment	Note
L3961	Shoulder elbow wrist hand orthosis, shoulder cap design, without joints, custom fabricated	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L3963	Shoulder elbow wrist hand orthosis, molded shoulder, arm, forearm and wrist, with articulating elbow joint, custom fabricated	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L3967	Shoulder elbow wrist hand orthosis, abduction positioning (airplane design), thoracic component and support bar, without joints, custom fabricated	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L3971	Shoulder elbow wrist hand orthosis, shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, custom fabricated	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L3973	Shoulder elbow wrist hand orthosis, abduction positioning (airplane design), thoracic component and support bar, custom fabricated	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L3975	Shoulder elbow wrist hand finger orthosis, shoulder cap design, without joints, custom fabricated	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
L3976	Shoulder elbow wrist hand finger orthosis, abduction positioning (airplane design), thoracic component and support bar, without joints, custom fabricated	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L3977	Shoulder elbow wrist hand finger orthosis, shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, custom fabricated	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L3978	Shoulder elbow wrist hand finger orthosis, abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints, elastic bands, turnbuckles, custom fabricated	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L3999	Upper limb orthosis, NOS	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L4020	Replace quadrilateral socket brim, molded to patient model	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L4030	Replace quadrilateral socket brim, custom fitted	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
L4040	Replace molded thigh lacer, for custom fabricated orthosis only	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L4045	Replace non-molded thigh lacer, for custom fabricated orthosis only	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L4050	Replace molded calf lacer, for custom fabricated orthosis only	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L4055	Replace non-molded calf lacer, for custom fabricated orthosis only	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L4396	Static or dynamic ankle foot orthosis, including soft interface material, adjustable for fit, for positioning, customized to fit a specific patient by an individual with expertise	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L4631	Ankle foot orthosis, walking boot type, varus/valgus correction, rocker bottom, anterior tibial shell, soft interface, custom fabricated	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
L5000	Partial foot, shoe insert with longitudinal arch, toe filler	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5010	Partial foot, molded socket, ankle height, with toe filler	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5020	Partial foot, molded socket, tibial tubercle height, with toe filler	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5050	Ankle, Symes, molded socket, SACH foot	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5060	Ankle, Symes, metal frame, molded leather socket, articulated ankle/foot	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5100	Below knee, molded socket, shin, SACH foot	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
L5105	Below knee, plastic socket, joints and thigh lacer, SACH foot	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5150	Knee disarticulation (or through knee), molded socket, external knee joints, shin, SACH foot	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5160	Knee disarticulation (or through knee), molded socket, bent knee configuration, external knee joints, shin, SACH foot	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5200	Above knee, molded socket, single axis constant friction knee, shin, SACH foot	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5210	Above knee, short prosthesis, no knee joint ('stubbies'), with foot blocks, no ankle joints, each	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5220	Above knee, short prosthesis, no knee joint ('stubbies'), with articulated ankle/foot, dynamically aligned, each	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
L5230	Above knee, for proximal femoral focal deficiency, constant friction knee, shin, SACH foot	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5250	Hip disarticulation, Canadian type, molded socket, hip joint, single axis constant friction knee, shin, SACH foot	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5270	Hip disarticulation, tilt table type, molded socket, locking hip joint, single axis constant friction knee, shin, SACH foot	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5280	Hemipelvectomy, Canadian type, molded socket, hip joint, single axis constant friction knee, shin, SACH foot	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5300	Below knee, molded socket, SACH foot, endoskeletal system, including soft cover and finishing	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5301	Below knee, molded socket, shin, SACH foot, endoskeletal system	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
L5310	Knee disarticulation (or through knee), molded socket, SACH foot endoskeletal system	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5311	Knee disarticulation (or through knee), molded socket, external knee joints, shin, SACH foot, endoskeletal system	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5312	Knee disarticulation molded socket, single axis knee pylon sach foot endoskeletal system	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5320	Above knee, molded socket, open end, SACH foot, endoskeletal system, single axis knee, including soft cover and finishing	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5321	Above knee, molded socket, open end, SACH foot, endoskeletal system, single axis knee	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5330	Hip disarticulation, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot, including soft cover and finishing	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
L5331	Hip disarticulation, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5340	Hemipelvectomy, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot, including soft cover and finishing	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5341	Hemipelvectomy, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5400	Immediate post surgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension, and one cast change, below knee	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5410	Immediate post surgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension, below knee, each additional cast change and realignment	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5420	Immediate post surgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension, and one cast change 'AK' or knee disarticulation	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
L5430	Immediate post surgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension, 'AK' or knee disarticulation, each additional cast change and realignment	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5450	Immediate post surgical or early fitting, application of non-weight bearing rigid dressing, below knee	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5460	Immediate post surgical or early fitting, application of non-weight bearing rigid dressing, above knee	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5500	Initial, below knee 'ptb' type socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, direct formed	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5505	Initial, above knee - knee disarticulation, ischial level socket, non-alignable system	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5510	Preparatory, below knee 'ptb' type socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, molded to model	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
L5520	Preparatory, below knee 'ptb' type socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5530	Preparatory, below knee 'ptb' type socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5535	Preparatory, below knee 'ptb' type socket nonalignable system, no cover, SACH foot, prefabricated	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5540	Preparatory, below knee 'ptb' type socket nonalignable system, pylon, no cover, SACH foot, laminated socket, molded to model	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5560	Preparatory, above knee- knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, molded to model	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5570	Preparatory, above knee- knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
L5580	Preparatory, above knee- knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5585	Preparatory, above knee- knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, prefabricated	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5590	Preparatory, above knee- knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, laminated socket	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5595	Preparatory, hip disarticulation-hemipelvectomy, pylon, no cover, SACH foot, thermoplastic or equal, molded to patient model	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5600	Preparatory, hip disarticulation-hemipelvectomy, pylon, no cover, SACH foot, laminated socket, molded to patient model	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5611	Addition to lower extremity, endoskeletal system, above knee-knee disarticulation, 4 bar linkage, with friction swing phase control	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
L5616	Addition to lower extremity, endoskeletal system, above knee, universal multiplex system, friction swing phase control	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5617	Addition to lower extremity, quick change self-aligning unit	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5618	Addition to lower extremity, test socket, Symes	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5620	Addition to lower extremity, test socket, below knee	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5622	Addition to lower extremity, test socket, knee disarticulation	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5624	Addition to lower extremity, test socket, above knee	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
L5626	Addition to lower extremity, test socket, hip disarticulation	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5628	Addition to lower extremity, test socket, hemipelvectomy	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5629	Addition to lower extremity, below knee, acrylic socket	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5630	Symes type expandable wall socket	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5631	Above knee disarticulated acrylic socket	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5632	Symes type 'PTB' brim design socket	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	

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CPT, HCPCS or Revenue Code	Description	Comment	Note
L5634	Symes type poster opening socket	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5636	Symes type medial opening socket	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5637	Below knee total contact	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5638	Below knee leather socket	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5639	Below knee wood socket	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5640	Knee disarticulated leather socket	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
L5642	Above knee leather socket	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5643	Hip flexible inner socket external frame	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5644	Above knee wood socket	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5645	Above knee flexible inner socket external frame	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5646	Below knee air cushion socket	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5647	Below knee suction socket	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
L5648	Above knee air cushion socket	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5649	Ischial containment/narrow M-L socket	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5650	Total contact above knee disarticulation socket	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5651	Above knee, flexible inner socket external frame	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5652	Suction suspension, above knee or knee disarticulation socket	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5653	Knee disarticulation expand wall socket	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
L5654	Socket insert, Symes, (Kemblo, Pelite, Aliplast, Plastazote or equal)	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5655	Socket insert below knee	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5656	Socket insert knee disarticulation	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5658	Socket insert above knee	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5660	Socket insert, Symes, silicone gel or equal	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5661	Socket insert, multi-durometer Symes	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
L5662	Socket insert, below knee, silicone gel or equal	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5663	Socket insert, knee disarticulation, silicone gel or equal	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5664	Socket insert, above knee, silicone gel or equal	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5665	Multi-durometer below knee	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5666	Below knee cuff suspension	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5667	Below knee/above knee, socket insert, suction suspension with locking mechanism	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
L5668	Addition to lower extremity, below knee, molded distal cushion	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5669	Below knee/above knee, socket insert, suction suspension without locking mechanism	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5670	Below knee, molded supracondylar suspension ('PTS' or similar)	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5671	Addition to lower extremity, below knee/above knee suspension locking mechanism	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5672	Below knee removable medial brim suspension	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5673	Socket insert w locking mechanism	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
L5674	Below knee, suspension sleeve	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5675	Below knee, suspension sleeve, heavy duty	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5676	Below knee joints single axis, pair	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5677	Below knee joints polycentric, pair	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5678	Below knee joint covers, pair	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5679	Socket insert w/o locking mechanism	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	

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CPT, HCPCS or Revenue Code	Description	Comment	Note
L5680	Below knee, thigh lacer, non-molded	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5681	Below knee/above knee, with or without locking mechanism	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5682	Below knee, thigh lacer, gluteal/ischial, molded	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5683	Initial custom socket insert	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5684	Below knee fork strap	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5686	Below knee back check	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
L5688	Below knee waist belt webbing	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5690	Below knee waist belt padded and lined	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5692	Above knee pelvic control belt light	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5694	Above knee pelvic control belt padded and lined	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5695	Above knee sleeve suspension neoprene or equal	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5696	Above knee disarticulation pelvic joint	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
L5697	Above knee disarticulation pelvic band	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5698	Above knee disarticulation Silesian bandage	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5699	Shoulder harness	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5700	Replace socket below knee	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5701	Replace socket above knee	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5702	Replace socket hip	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
L5703	Ankle, Symes, molded to patient model, socket without solid ankle cushion heel (SACH) foot, replacement only	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5704	Custom shape cover below knee	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5705	Custom shape cover above knee	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5706	Custom shape cover knee disarticulation	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5707	Custom shape cover hip disarticulation	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5710	Knee-shin exoskeletal single axis manual lock	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
L5711	Knee-shin exoskeletal manual lock ultra	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5712	Knee-shin exoskeletal friction swing and stance phase control	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5714	Knee-shin exoskeletal variable friction	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5716	Knee-shin exoskeletal mechanical stance phase lock	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5718	Knee-shin exoskeletal friction swing and stance phase control	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5781	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
L5782	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy duty	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5810	Endoskeletal knee-shin manual lock	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5811	Endoskeletal knee-shin manual lock ultra	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5812	Endoskeletal knee-shin friction swing and stance phase control (safety knee)	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5816	Endoskeletal knee-shin mechanical stance phase control	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5818	Endoskeletal knee-shin friction swing and stance phase control	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
L5845	Knee-shin system stance flexion feature	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5850	Endoskeletal above knee or hip disarticulation, knee extension assist	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5855	Mechanical hip extension assist	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5910	Endoskeletal below knee alignable system	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5920	Endoskeletal above knee or hip disarticulation, alignable system	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5925	Above knee manual lock	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
L5962	Addition, endoskeletal system, below knee, flexible protective outer surface covering system	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5964	Addition, endoskeletal system, above knee, flexible protective outer surface covering system	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5966	Addition, endoskeletal system, hip disarticulation, flexible protective outer surface covering system	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5968	All lower extremity prosthesis, multiaxial ankle	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5970	All lower extremity prostheses, foot, external keel, SACH foot	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5971	All lower extremity prosthesis, solid ankle cushion heel (SACH) foot, replacement only	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
L5974	All lower extremity prostheses, foot, single axis ankle/foot	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5975	All lower extremity prosthesis, combination single axis ankle and flexible keel foot	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5982	All exoskeletal lower extremity prostheses, axial rotation unit	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5984	All endoskeletal lower extremity prosthesis, axial rotation unit, with or without adjustability	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5985	All endoskeletal lower extremity prostheses, dynamic prosthetic pylon	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5986	All lower extremity prostheses, multi-axial rotation unit	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
L5990	Addition to lower extremity prosthesis, user adjustable heel height	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5993	Addition to lower extremity prosthesis, heavy duty feature, foot only	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5994	Addition to lower extremity prosthesis, heavy duty feature, knee only	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5995	Addition to lower extremity prosthesis, heavy duty feature, other than foot or knee	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L5999	Lower extremity prosthesis, not otherwise specified	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6000	Partial hand, thumb remaining	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
L6010	Partial hand, little and/or ring finger remaining	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6020	Partial hand, no finger remaining	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6025	Transcarpal/partial hand disarticulation	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6028	Partial hand including fingers, flexible or non-flexible interface, endoskeletal system, molded to patient model, for use without external power, not including inserts described by L6692	Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6029	Upper extremity addition, test socket/interface, partial hand including fingers	Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6030	Upper extremity addition, external frame, partial hand including fingers	Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
L6031	Replacement socket/interface, partial hand including fingers, molded to patient model, for use with or without external power	Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6032	Addition to upper extremity prosthesis, partial hand including fingers, ultralight material (titanium, carbon fiber or equal)	Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6033	Addition to upper extremity prosthesis, partial hand including fingers, acrylic material	Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6037	Immediate post-surgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, partial hand including fingers	Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6050	Wrist disarticulation, molded socket, flexible elbow hinges, triceps pad	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6055	Wrist disarticulation, molded socket with expandable interface	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
L6100	Below elbow, molded socket, flexible elbow hinge	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6110	Below elbow, molded socket, (muenster or northwestern suspension types)	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6120	Below elbow, molded double wall split socket, step-up hinges, half cuff	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6130	Below elbow, molded double wall split socket, stump activated locking hinge	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6200	Elbow disarticulation, molded socket, outside locking hinge, forearm	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6205	Elbow disarticulation, molded socket with expandable interface	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
L6250	Above elbow, molded double wall socket	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6300	Shoulder disarticulation, molded socket	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6310	Shoulder disarticulation, passive restoration (complete prosthesis)	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6320	Shoulder disarticulation, passive restoration (shoulder cap only)	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6350	Interscapular thoracic, molded socket	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6360	Interscapular thoracic, passive restoration (complete prosthesis)	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
L6370	Interscapular thoracic, passive restoration (shoulder cap only)	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6380	Immediate post surgical or early fitting, wrist disarticulation or below elbow	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6382	Immediate post surgical or early fitting, elbow disarticulation or above elbow	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6384	Immediate post surgical or early fitting, shoulder disarticulation or interscapular thoracic	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6386	Immediate post surgical or early fitting, each additional cast change and realignment	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6388	Immediate post surgical or early fitting, application of rigid dressing only	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
L6400	Below elbow, molded socket, endoskeletal system	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6450	Elbow disarticulation, molded socket	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6500	Above elbow, molded socket	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6550	Shoulder disarticulation, molded socket, endoskeletal system	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6570	Interscapular thoracic, molded socket, endoskeletal system	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6580	Preparatory, wrist disarticulation or below elbow, molded to patient model	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
L6582	Preparatory, wrist disarticulation or below elbow, direct formed	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6584	Preparatory, elbow disarticulation or above elbow, molded to patient model	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6586	Preparatory, elbow disarticulation or above elbow, direct formed	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6588	Preparatory, shoulder disarticulation or interscapular thoracic, molded to patient model	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6590	Preparatory, shoulder disarticulation or interscapular thoracic, direct formed	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6600	Upper extremity additions, polycentric hinge	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
L6605	Upper extremity additions, single pivot hinge	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6610	Upper extremity additions, flexible metal hinge	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6615	Upper extremity addition, disconnect locking wrist unit	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6616	Upper extremity addition, additional disconnect insert	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6620	Upper extremity addition, flexion/extension wrist unit	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6621	Upper extremity prosthesis addition, flexion/extension wrist with or without friction, for use with external powered terminal device	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
L6623	Upper extremity addition, spring assisted rotational wrist unit	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6624	Flexion/extension and rotation wrist unit	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6625	Upper extremity addition, rotation wrist unit with cable lock	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6628	Quick disconnect hook adapter, Otto Bock or equal	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6629	Lamination collar w/ coupling piece	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6630	Stainless steel any wrist	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
L6632	Latex suspension sleeve each	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6637	Nudge control elbow lock	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6639	Upper extremity additions, heavy duty feature, any elbow	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6640	Upper extremity additions, shoulder abduction joint	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6645	Upper extremity addition, shoulder flexion-abduction joint	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6646	Upper extremity, shoulder joint	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
L6647	Upper extremity, shoulder lock mechanism, body powered actuator	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6650	Upper extremity addition, shoulder universal joint	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6655	Upper extremity addition, standard control cable	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6660	Upper extremity addition, heavy duty control cable	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6665	Upper extremity addition, teflon or equal cable lining	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6670	Upper extremity addition, hook to hand	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
L6672	Upper extremity addition, harness, chest or shoulder	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6675	Upper extremity addition, harness, single cable design	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6676	Upper extremity addition, harness, dual cable design	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6677	Upper extremity addition, harness, triple control, simultaneous operation of terminal device and elbow	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6680	Upper extremity addition, test socket, wrist disarticulation or below elbow	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6682	Upper extremity addition, test socket, elbow disarticulation or above elbow	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
L6684	Upper extremity addition, test socket, shoulder disarticulation or interscapular thoracic	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6686	Upper extremity addition, suction socket	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6687	Upper extremity addition, frame type socket, below elbow or wrist disarticulation	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6688	Upper extremity addition, frame type socket, above elbow or elbow disarticulation	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6689	Upper extremity addition, frame type socket, shoulder disarticulation	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6690	Upper extremity addition, frame type socket, interscapular-thoracic	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
L6691	Upper extremity addition, removable insert	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6692	Upper extremity addition, silicone gel insert or equal, with or without locking mechanism, each	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6693	Upper extremity addition, locking elbow	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6694	Elbow socket insert use with lock	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6695	Elbow socket insert use without lock	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6696	Custom elbow socket insert for congenital or atypical traumatic amputee	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
L6697	Custom elbow socket insert not for congenital or atypical traumatic amputee	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6698	Addition to upper extremity prosthesis, lock mechanism, excludes socket insert	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6700	Upper extremity addition, external powered feature, myoelectronic control module, additional emg inputs, pattern-recognition decoding intent movement	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6703	Terminal device, passive hand/mitt	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6705	Terminal device, hook, Dorrance, model #5	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6706	Terminal device mechanical hook voluntary opening	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
L6707	Terminal device mechanical hook voluntary closing	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6708	Terminal device mechanical hand voluntary opening	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6709	Terminal device mechanical hand voluntary closing	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6710	Terminal device, hook, Dorrance model #5X	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6711	Pediatric terminal device, hook voluntary opening	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6712	Pediatric terminal device, hook voluntary closing	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
L6713	Terminal device, hand voluntary opening	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6714	Terminal device, hand voluntary closing	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6720	Terminal device, hook, Dorrance model #6	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6721	Terminal device, hook or hand voluntary opening	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6722	Hook or hand voluntary closing	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6725	Terminal device, hook, Dorrance model #7	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
L6730	Terminal device, hook, Dorrance model #7LO	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6735	Terminal device, hook, Dorrance model #8	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6740	Terminal device, hook, Dorrance model #8X	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6745	Terminal device, hook, Dorrance model #88X	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6750	Terminal device, hook, Dorrance model #10P	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6755	Terminal device, hook, Dorrance model #10X	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
L6765	Terminal device, hook, Dorrance model #12P	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6770	Terminal device, hook, Dorrance model #99X	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6775	Terminal device, hook, Dorrance model #555	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6780	Terminal device, hook, Dorrance model #SS555	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6790	Terminal device, hook-Accu hook	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6795	Terminal device, hook-2 load	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
L6800	Terminal device, hook-APRL VC	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6805	Terminal device, modifier wrist unit	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6806	Terminal device, hook, TRS Grip	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6807	Terminal device, hook, Grip	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6808	Terminal device, hook, TRS Adept	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6809	Terminal device, hook, TRS Super Sport	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
L6810	Terminal device, pincher tool	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6825	Terminal device, hand, Dorrance, VO	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6830	Terminal device, hand, APRL, VC	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6835	Terminal device, hand, Sierra	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6840	Terminal device, hand, Becker Imperial	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6845	Terminal device, hand, Becker Lock Grip	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
L6850	Terminal device, hand, Becker Plylite	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6855	Terminal device, hand, Robin-Aids, VO	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6860	Terminal device, hand, Robin-Aids, VO soft	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6865	Terminal device, hand, passive hand	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6867	Terminal device, hand, Detroit Infant Hand	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6868	Terminal device, hand, passive infant hand	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
L6870	Terminal device, hand, child mitt	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6872	Terminal device, hand, NYU child hand	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6873	Terminal device, hand, mechanical infant hand	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6875	Terminal device, hand, Bock, VC	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6883	Replacement socket, below elbow/wrist disarticulation, molded to patient model, for use with or without external power	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6884	Replacement socket, above elbow disarticulation, molded to patient model, for use with or without external power	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
L6885	Replacement socket, shoulder disarticulation/interscapular thoracic, molded to patient model, for use with or without external power	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6890	Production glove	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6895	Custom glove	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6900	Hand restoration thumb/1 finger	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6905	Hand restoration multiple fingers	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6910	Hand restoration no fingers	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
L6915	Hand restoration replacement glove	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6920	Wrist disarticulation switch control	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6930	Below elbow switch control	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6940	Elbow disarticulation switch	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6950	Above elbow switch control	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L6960	Shoulder disarticulation switch control	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
L6970	Interscapular-thoracic switch control	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L7266	Servo control, Sleeper	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L7403	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, acrylic material	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L7404	Addition to upper extremity prosthesis, above elbow disarticulation, acrylic material	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L7405	Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, acrylic material	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L7406	Addition to upper extremity, user adjustable, mechanical, residual limb volume management system	Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
L7499	Upper extremity prosthesis, not otherwise specified	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L7500	Repair of prosthetic device, hourly rate	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L7510	Repair of prosthetic device, repair or replace minor parts	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L7520	Repair prosthetic device, labor component	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L7600	Prosthetic donning sleeve, any material, each	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L7611	Terminal device, hook, mechanical, voluntary opening, pediatric	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
L7612	Terminal device, hook, mechanical, voluntary closing, pediatric	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L7613	Terminal device, hand, mechanical, voluntary opening, pediatric	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L7614	Terminal device, hand, mechanical, voluntary closing, pediatric	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L7621	Terminal device, hook or hand, mechanical, voluntary opening	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L7622	Terminal device, hook or hand, mechanical, voluntary closing	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L8400	Prosthetic sheath, below knee	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
L8410	Prosthetic sheath, above knee	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L8415	Prosthetic sheath, upper limb	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L8417	Prosthetic sheath/sock, include a gel cushion layer, below knee or above knee	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L8420	Prosthetic sock, multiple ply, below knee	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L8430	Prosthetic sock, multiple ply, above knee	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L8435	Prosthetic sock, multiple ply, upper limb	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
L8440	Prosthetic shrinker, below knee	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L8460	Prosthetic shrinker, above knee	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L8465	Prosthetic shrinker, upper limb	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L8470	Prosthetic sock, single ply, below knee	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L8480	Prosthetic sock, single ply, above knee	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L8485	Prosthetic sock, single ply, upper limb	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
L8490	Addition to prosthetic sheath/sock, air seal suction retention system	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L8499	Unlisted procedure for miscellaneous prosthetic services	Effective 11/1/2024 Refer to Sendero for PA Sendero UM # 512-978-8669 Sendero Fax # 512-901-9724	
L8600	Implant breast silicone		
L8603	Collagen implant, urinary tract, 2.5 ml syringe		
L8604	Dextranomer/hyaluronic acid copolymer implant, urinary tract, 1 ml		
L8606	Synthetic implant, urinary tract, 1 ml syringe		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
L8612	Aqueous shunt prosthesis		
L8659	Interphalangeal finger joint replacement 2 or more pieces, metal ceramic like material for surgical implantation, any size		Device donation required when more than one level is requested
L8670	Vascular graft, synthetic		
Q3001	Radioelements for brachytherapy, any type, each		
Q4101	Apligraf, per square centimeter		
Q4102	Oasis wound matrix, per sq cm		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
Q4104	Integra bilayer matrix wound dressing (bmwd), per square centimeter		
Q4105	Integra dermal regeneration template (drt), per square centimeter		
Q4107	Graftjacket, per square centimeter		
Q4108	Integra matrix, per sq cm		
Q4116	Alloderm, per square centimeter		
Q4121	TheraSkin, per square centimeter		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
Q4124	Oasis ultra tri-layer wound matrix, per square centimeter		
Q4128	FlexHd, Allopatch HD, or Matrix HD per square centimeter		
S2202	Echosclerotherapy		
S5497	Home infusion therapy, catheter care / maintenance, not otherwise classified; includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem		
S5498	Home infusion therapy, catheter care / maintenance, simple (single lumen), includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem		
S5501	Home infusion therapy, catheter care / maintenance, complex (more than one lumen), includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
S5502	Home infusion therapy, catheter care / maintenance, implanted access device, includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem (use this code for interim maintenance of vascular access not currently in use)		
S5517	Home infusion therapy, all supplies necessary for restoration of catheter patency or declotting		
S5518	Home infusion therapy, all supplies necessary for catheter repair		
S5520	Home infusion therapy, all supplies (including catheter) necessary for a peripherally inserted central venous catheter (PICC) line insertion		
S5521	Home infusion therapy, all supplies (including catheter) necessary for a midline catheter insertion		
S5522	Home infusion therapy, insertion of peripherally inserted central venous catheter (PICC), nursing services only (no supplies or catheter included)		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
S5523	Home infusion therapy, insertion of midline venous catheter, nursing services only (no supplies or catheter included)		
S9097	Home visit for wound care		
S9123	Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when CPT codes 99500-99602 can be used)		
S9124	Nursing care, in the home; by licensed practical nurse, per hour		
S9128	Speech therapy, in the home, per diem		
S9129	Occupational therapy, in the home, per diem		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
S9152	Speech therapy, re-evaluation		
S9340	Home therapy; enteral nutrition; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem		
S9341	Home therapy; enteral nutrition via gravity; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem		
S9342	Home therapy; enteral nutrition via pump; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem		
S9343	Home therapy; enteral nutrition via bolus; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem		
S9364	Home infusion therapy, total parenteral nutrition (TPN); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem (do not use with home infusion codes S9365-S9368 using daily volume scales)		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
S9365	Home infusion therapy, total parenteral nutrition (TPN); one liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem		
S9366	Home infusion therapy, total parenteral nutrition (TPN); more than one liter but no more than two liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem		
S9367	Home infusion therapy, total parenteral nutrition (TPN); more than two liters but no more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem		
S9368	Home infusion therapy, total parenteral nutrition (TPN); more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem		
S9372	Home therapy; intermittent anticoagulant injection therapy (e.g., heparin); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code for flushing of infusion devices with heparin to maintain patency)		
S9373	Home infusion therapy, hydration therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use with hydration therapy codes S9374-S9377 using daily volume scales)		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
S9374	Home infusion therapy, hydration therapy; one liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem		
S9375	Home infusion therapy, hydration therapy; more than one liter but no more than two liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem		
S9376	Home infusion therapy, hydration therapy; more than two liters but no more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem		
S9377	Home infusion therapy, hydration therapy; more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies (drugs and nursing visits coded separately), per diem		
S9379	Home infusion therapy, infusion therapy, not otherwise classified; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem		
S9490	Home infusion therapy, corticosteroid infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
S9494	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code with home infusion codes for hourly dosing schedules S9497-S9504)		
S9497	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 3 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem		
S9500	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 24 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem		
S9501	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 12 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem		
S9502	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 8 hours, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem		
S9503	Home infusion therapy, antibiotic, antiviral, or antifungal; once every 6 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem		

MAP PRIOR AUTHORIZATION LIST EFF: 5/1/2026 (updated 2/19/2026)			
CPT, HCPCS or Revenue Code	Description	Comment	Note
S9504	Home infusion therapy, antibiotic, antiviral, or antifungal; once every 4 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem		
S9537	Home therapy; hematopoietic hormone injection therapy (e.g., erythropoietin, g-csf, gm-csf); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem		
S9542	Home injectable therapy, not otherwise classified, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem		
S9559	Home injectable therapy, interferon, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem		
S9590	Home therapy, irrigation therapy (e.g., sterile irrigation of an organ or anatomical cavity); including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem		