

Arkansas Medicare Advantage Prior Authorization list

Responsible Party	Category	CPT Code	Description
Facility inpatient and observation authorizations			
ArkBCBS UM	ALL INPATIENT FACILITY ADMISSIONS	Use Rev Codes appropriate for service	Please Submit Ip Stay Asap Upon Admission. Post Discharge Notificaton Cannot Be Processed By The Preservice Team And Would Require Post Service Medical Necessity Review.
ArkBCBS UM	All skilled care facility admissions	Use appropriate facility code	SNF, Rehab, and LTAC
ArkBCBS UM	All observation stays	G0378	Hospital observation service, per hour
ArkBCBS UM	All observation stays	G0379	Direct admission of patient for hospital observation care
The following procedures require Prior Authorization			
Medical/Surgical Procedures			
ArkBCBS UM	Abdominoplasty	15830	Excision, Excessive Skin And Subcutaneous Tissue (Includes Lipectomy); abdomen
ArkBCBS UM	Abdominoplasty	15847	Excision, Excessive Skin/Subcutaneous Tissue (Includes umbilical transposition and fascial plication)
ArkBCBS UM	Autologous Cultured Chondrocytes, Implant	J7330	Autologous Cultured Chondrocytes, Implant
ArkBCBS UM	Bariatric Surgery	43644	Laparoscopy, Surgical, Gastric Restrictive Procedure; With Gastric Bypass
ArkBCBS UM	Bariatric Surgery	43645	Laparoscopy, Surgical, Gastric Restrictive Procedure; With Gastric Bypass
ArkBCBS UM	Bariatric Surgery	43770	Laparoscopy, Surgical, Gastric Restrictive Procedure; Placement Of Adjustable gastric restrictive device
ArkBCBS UM	Bariatric Surgery	43771	Laparoscopy, Surgical, Gastric Restrictive Procedure; revision of adjustable gastric device component only
ArkBCBS UM	Bariatric Surgery	43772	Laparoscopy, Surgical, Gastric Restrictive Procedure; Removal of adjustable gastric restrictive device component only
ArkBCBS UM	Bariatric Surgery	43773	Laparoscopy, Surgical, Gastric Restrictive Procedure; Removal And Replacement of adjustable gastric restrictive device component only
ArkBCBS UM	Bariatric Surgery	43774	Laparoscopy, Surgical, Gastric Restrictive Procedure; Removal Of Adjustable gastric restrictive device and subcutaneous port components
ArkBCBS UM	Bariatric Surgery	43775	Laparoscopy, Surgical, Gastric Restrictive Procedure; Longitudinal Gastrectomy
ArkBCBS UM	Bariatric Surgery	43842	Gastric Restrictive Procedure, Without Gastric Bypass, For Morbid Obesity; vertical-banded gastroplasty
ArkBCBS UM	Bariatric Surgery	43843	Gastric Restrictive Procedure, Without Gastric Bypass, For Morbid Obesity; other than vertical-banded gastroplasty
ArkBCBS UM	Bariatric Surgery	43845	Gastric Restrictive Procedure With Partial Gastrectomy, Pylorus-Preserving duodenoileostomy and ileoileostomy (50 to 100 cm common channel) to limit absorption
ArkBCBS UM	Bariatric Surgery	43846	Gastric Restrictive Procedure, with short limb (150 cm or less) Roux-en-Y gastroenterostomy
ArkBCBS UM	Bariatric Surgery	43847	Gastric Restrictive Procedure, with small intestine reconstruction to limit absorption
ArkBCBS UM	Bariatric Surgery	43848	Revision, Open, Of Gastric Restrictive Procedure For Morbid Obesity, Other than adjustable gastric restrictive device (separate procedure)
ArkBCBS UM	Bariatric Surgery	43886	Gastric restrictive procedure, open; revision of subcutaneous port component only
ArkBCBS UM	Bariatric Surgery	43887	Gastric Restrictive Procedure, Open; Removal Of Subcutaneous Port component only
ArkBCBS UM	Bariatric Surgery	43888	Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only
ArkBCBS UM	Biofeedback	90901	Biofeedback training by any modality
ArkBCBS UM	Biofeedback	90912	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; initial 15 minutes of one-on-one physician or other qualified health care professional contact with the patient
ArkBCBS UM	Biofeedback	90913	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; each additional 15 minutes of one-on-one physician or other qualified health care professional contact with the patient (List separately in addition to code for primary procedure)
ArkBCBS UM	Blepharoplasty	15820	Blepharoplasty, Lower Eyelid
ArkBCBS UM	Blepharoplasty	15821	Blepharoplasty, Lower Eyelid; With Extensive Herniated Fat Pad
ArkBCBS UM	Blepharoplasty	15822	Blepharoplasty, Upper Eyelid
ArkBCBS UM	Blepharoplasty	15823	Blepharoplasty, Upper Eyelid; With Excessive Skin Weighting Down Lid
ArkBCBS UM	Blepharoplasty	67901	Repair Of Blepharoptosis; Frontalis Muscle Technique With Suture Or other material
ArkBCBS UM	Blepharoplasty	67902	Repair Of Blepharoptosis; Frontalis Muscle Technique With Autologous fascial sling
ArkBCBS UM	Blepharoplasty	67903	Repair Of Blepharoptosis; (Tarso) Levator Resection Or Advancement, internal approach
ArkBCBS UM	Blepharoplasty	67904	Repair Of Blepharoptosis; (Tarso) Levator Resection Or Advancement, external approach

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ArkBCBS UM	Blepharoplasty	67906	Repair Of Blepharoptosis; Superior Rectus Technique With Fascial Sling
ArkBCBS UM	Blepharoplasty	67908	Repair Of Blepharoptosis; Conjunctivo-Tarso-Muller'S Muscle-Levator Resection
ArkBCBS UM	Bone-Anchred Hearing Aid (BAHA)	L8690	Auditory osseointegrated device, includes all internal and external components
ArkBCBS UM	Bone-Anchred Hearing Aid (BAHA)	L8691	Auditory osseointegrated device, external sound processor, excludes transducer/actuator, replacement only, each
ArkBCBS UM	Bone-Anchred Hearing Aid (BAHA)	L8692	Auditory osseointegrated device, external sound processor, used without osseointegration, body worn, includes headband or other means of external attachment
ArkBCBS UM	Breast Procedures	19300	Mastectomy For Gynecomastia
ArkBCBS UM	Breast Procedures	19303	Mastectomy, Simple, Complete
ArkBCBS UM	Breast Procedures	19318	Reduction Mammoplasty
ArkBCBS UM	Breast Procedures	19350	Nipple/Areola Reconstruction
ArkBCBS UM	Chelation Therapy	M0300	IV chelation therapy (chemical endarterectomy)
ArkBCBS UM	Cochlear Implant	L8614	Cochlear device, includes all internal and external components
ArkBCBS UM	Cochlear Implant	L8619	Cochlear Implant, External Speech Processor And Controller, Integrated System, Replacement
ArkBCBS UM	Epidural injections	62320	Njx Interlaminar Crv/Thrc; without imaging guidance
ArkBCBS UM	Epidural injections	62321	Njx Interlaminar Crv/Thrc; with imaging guidance
ArkBCBS UM	Epidural injections	62322	Njx Interlaminar Lmbr/Sac; without imaging guidance
ArkBCBS UM	Epidural injections	62323	Njx Interlaminar Lmbr/Sac; with imaging guidance
ArkBCBS UM	Epidural injections	62324	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance
ArkBCBS UM	Epidural injections	62325	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)
ArkBCBS UM	Epidural injections	62326	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance
ArkBCBS UM	Epidural injections	62327	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)
ArkBCBS UM	Epidural injections	64479	Injection, Anesthetic Agent And/Or Steroid, Transforaminal with imaging guidance, cervical or thoracic, single level
ArkBCBS UM	Epidural injections	64480	Injection, Anesthetic Agent And/Or Steroid, Transforaminal with imaging guidance, cervical or thoracic, each additional
ArkBCBS UM	Epidural injections	64483	Injection, Anesthetic Agent And/Or Steroid, Transforaminal with imaging guidance, lumbar or sacral, single level
ArkBCBS UM	Epidural injections	64484	Injection, Anesthetic Agent And/Or Steroid, Transforaminal with imaging guidance, cervical or thoracic, each additional
ArkBCBS UM	Epidural injections	62280	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; subarachnoid
ArkBCBS UM	Epidural injections	62281	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, cervical or thoracic
ArkBCBS UM	Epidural injections	62282	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, lumbar, sacral (caudal)
ArkBCBS UM	Epidural injections	62292	Injection procedure for chemonucleolysis, including discography, intervertebral disc, single or multiple levels, lumbar
ArkBCBS UM	Facet injections	0213T	Njx Dx or Tx Agent, Paravertebral Facet joint with ultrasound guidance, cervical or thoracic; single level
ArkBCBS UM	Facet injections	0214T	Njx Dx or Tx Agent, Paravertebral Facet joint with ultrasound guidance, cervical or thoracic; second level
ArkBCBS UM	Facet injections	0215T	Njx Dx or Tx Agent, Paravertebral Facet joint with ultrasound guidance, cervical or thoracic; each additional
ArkBCBS UM	Facet injections	0216T	Njx Dx or Tx Agent, Paravertebral Facet joint with ultrasound guidance, lumbar or sacral; single level
ArkBCBS UM	Facet injections	0217T	Njx Dx or Tx Agent, Paravertebral Facet joint, lumbar or sacral; second level
ArkBCBS UM	Facet injections	0218T	Njx Dx or Tx Agent, Paravertebral Facet joint, lumbar or sacral; each additional
ArkBCBS UM	Facet injections	64490	Njx Dx or Tx Agent, Paravertebral Facet joint with ultrasound guidance, cervical or thoracic; single level
ArkBCBS UM	Facet injections	64491	Njx Dx or Tx Agent, Paravertebral Facet joint with ultrasound guidance, cervical or thoracic; second level
ArkBCBS UM	Facet injections	64492	Njx Dx or Tx Agent, Paravertebral Facet joint with ultrasound guidance, cervical or thoracic; each additional

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ArkBCBS UM	Facet injections	64493	Njx Dx or Tx Agent, Paravertebral Facet joint with ultrasound guidance, lumbar or sacral; single level
ArkBCBS UM	Facet injections	64494	Njx Dx or Tx Agent, Paravertebral Facet joint, lumbar or sacral; second level
ArkBCBS UM	Facet injections	64495	Njx Dx or Tx Agent, Paravertebral Facet joint, lumbar or sacral; each additional
ArkBCBS UM	Facet injections	64633	Destruct Neurolytic Agent, Paravertebral Facet Joint Nerve(S), W/ guidance; cervical or thoracic, single facet joint
ArkBCBS UM	Facet injections	64634	Destruct Neurolytic Agent, Paravertebral Facet Joint Nerve(S), W/ guidance; cervical or thoracic, each additional
ArkBCBS UM	Facet injections	64635	Destruct By Neurolytic Agent, Paravertebral Facet Joint Nerve, W/ guidance; lumbar or sacral, single facet joint
ArkBCBS UM	Facet injections	64636	Destruct By Neurolytic Agent, Paravertebral Facet Joint Nerve, W/ guidance; lumbar or sacral, each additional
ArkBCBS UM	Gender Affirming Procedures	15734	Muscle, Myocutaneous, Or Fasciocutaneous Flap; Trunk
ArkBCBS UM	Gender Affirming Procedures	15738	Muscle, Myocutaneous, Or Fasciocutaneous Flap; Lower Extremity
ArkBCBS UM	Gender Affirming Procedures	15750	Flap; Neurovascular Pedicle
ArkBCBS UM	Gender Affirming Procedures	15757	Free Skin Flap With Microvascular Anastomosis
ArkBCBS UM	Gender Affirming Procedures	15758	Free Fascial Flap With Microvascular Anastomosis
ArkBCBS UM	Gender Affirming Procedures	53410	Urethroplasty, 1-stage reconstruction of male anterior urethra
ArkBCBS UM	Gender Affirming Procedures	53430	Urethroplasty, Reconstruction Of Female Urethra
ArkBCBS UM	Gender Affirming Procedures	54125	Amputation Of Penis; Complete
ArkBCBS UM	Gender Affirming Procedures	54520	Orchiectomy, Simple (Including Subcapsular), With Or Without Testicula
ArkBCBS UM	Gender Affirming Procedures	54660	Insertion Of Testicular Prosthesis (Separate Procedure)
ArkBCBS UM	Gender Affirming Procedures	54690	Laparoscopy, Surgical; Orchiectomy
ArkBCBS UM	Gender Affirming Procedures	55180	Scrotoplasty; Complicated
ArkBCBS UM	Gender Affirming Procedures	55970	Intersex Surgery; Male To Female
ArkBCBS UM	Gender Affirming Procedures	55980	Intersex Surgery; Female To Male
ArkBCBS UM	Gender Affirming Procedures	56625	Vulvectomy Simple; Complete
ArkBCBS UM	Gender Affirming Procedures	56800	Plastic Repair Of Introitus
ArkBCBS UM	Gender Affirming Procedures	56805	Clitoroplasty For Intersex State
ArkBCBS UM	Gender Affirming Procedures	57110	Vaginectomy, Complete Removal Of Vaginal Wall;
ArkBCBS UM	Gender Affirming Procedures	57291	Construction Of Artificial Vagina; Without Graft
ArkBCBS UM	Gender Affirming Procedures	57292	Construction Of Artificial Vagina; With Graft
ArkBCBS UM	Gender Affirming Procedures	57295	Revision (Including Removal) Of Prosthetic Vaginal Graft; Vaginal Approach
ArkBCBS UM	Gender Affirming Procedures	57296	Revision (Including Removal) Of Prosthetic Vaginal Graft; Open Abdominal approach
ArkBCBS UM	Gender Affirming Procedures	57335	Vaginoplasty For Intersex State
ArkBCBS UM	Gender Affirming Procedures	57426	Revision (Including Removal) Of Prosthetic Vaginal Graft, Laparoscopic
ArkBCBS UM	Incontinence Services and Devices	53451	Periurethral transperineal adjustable balloon continence device; bilateral insertion, including cystourethroscopy and imaging guidance
ArkBCBS UM	Incontinence Services and Devices	53452	Periurethral transperineal adjustable balloon continence device; unilateral insertion, including cystourethroscopy and imaging guidance
ArkBCBS UM	Incontinence Services and Devices	53453	Periurethral transperineal adjustable balloon continence device; removal, each balloon
ArkBCBS UM	Incontinence Services and Devices	53454	Periurethral transperineal adjustable balloon continence device; percutaneous adjustment of balloon(s) fluid volume
ArkBCBS UM	Incontinence Services and Devices	L8603	Injectable bulking agent, collagen implant, urinary tract, 2.5 ml syringe, includes shipping and necessary supplies
ArkBCBS UM	Incontinence Services and Devices	L8605	Injectable bulking agent, dextranomer/hyaluronic acid copolymer implant, anal canal, 1 ml, includes shipping and necessary supplies
ArkBCBS UM	Incontinence Services and Devices	L8606	Injectable bulking agent, synthetic implant, urinary tract, 1 ml syringe, includes shipping and necessary supplies
ArkBCBS UM	Hyperbaric Oxygen Treatment	G0277	Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval
ArkBCBS UM	Hyperbaric Oxygen Treatment	99183	Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session
ArkBCBS UM	Neurostimulators	61860	Craniectomy or craniotomy for implantation of neurostimulator electrodes, cerebral, cortical
ArkBCBS UM	Neurostimulators	61885	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array
ArkBCBS UM	Neurostimulators	61886	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to 2 or more electrode arrays
ArkBCBS UM	Neurostimulators	61888	Revision or removal of cranial neurostimulator pulse generator or receiver
ArkBCBS UM	Neurostimulators	64553	Percutaneous implantation of neurostimulator electrode array; cranial nerve
ArkBCBS UM	Neurostimulators	64568	Open implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator

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ArkBCBS UM	Neurostimulators	64569	Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator
ArkBCBS UM	Neurostimulators	64582	Open implantation of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array
ArkBCBS UM	Orthopedic surgeries	0200T	Percutaneous Sacral Augmentation (Sacroplasty), Unilateral Injections
ArkBCBS UM	Orthopedic surgeries	0201T	Percutaneous Sacral Augmentation (Sacroplasty), Bilateral Injections,
ArkBCBS UM	Orthopedic surgeries	22206	Osteotomy Of Spine, Posterior Or Posterolateral Approach, 3 Columns, 1 segment, thoracic
ArkBCBS UM	Orthopedic surgeries	22207	Osteotomy Of Spine, Posterior Or Posterolateral Approach, 3 Columns, 1 segment, lumbar
ArkBCBS UM	Orthopedic surgeries	22208	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); each additional vertebral segment (List separately in addition to code for primary procedure)
ArkBCBS UM	Orthopedic surgeries	22210	Osteotomy Of Spine, Posterior Or Posterolateral Approach, 1 Vertebral segment, cervical
ArkBCBS UM	Orthopedic surgeries	22212	Osteotomy Of Spine, Posterior Or Posterolateral Approach, 1 Vertebral segment, thoracic
ArkBCBS UM	Orthopedic surgeries	22214	Osteotomy Of Spine, Posterior Or Posterolateral Approach, 1 Vertebral segment, lumbar
ArkBCBS UM	Orthopedic surgeries	22216	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; each additional vertebral segment (List separately in addition to primary procedure)
ArkBCBS UM	Orthopedic surgeries	22220	Osteotomy Of Spine, Including Discectomy, Anterior Approach, Single Vertebral segment, cervical
ArkBCBS UM	Orthopedic surgeries	22222	Osteotomy Of Spine, Including Discectomy, Anterior Approach, Single Vertebral segment, thoracic
ArkBCBS UM	Orthopedic surgeries	22224	Osteotomy Of Spine, Including Discectomy, Anterior Approach, Single Vertebral segment, lumbar
ArkBCBS UM	Orthopedic surgeries	22226	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure)
ArkBCBS UM	Orthopedic surgeries	27412	Autologous Chondrocyte Implantation, Knee
ArkBCBS UM	Orthopedic surgeries	63001	Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/O
ArkBCBS UM	Orthopedic surgeries	63005	Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/O
ArkBCBS UM	Orthopedic surgeries	63012	Laminectomy With Removal Of Abnormal Facets And/Or Pars Inter-Articula
ArkBCBS UM	Orthopedic surgeries	63015	Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/O
ArkBCBS UM	Orthopedic surgeries	63017	Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/O
ArkBCBS UM	Orthopedic surgeries	63020	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Inc
ArkBCBS UM	Orthopedic surgeries	63030	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Inc
ArkBCBS UM	Orthopedic surgeries	63035	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar (List separately in addition to code for primary procedure)
ArkBCBS UM	Orthopedic surgeries	63040	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Inc
ArkBCBS UM	Orthopedic surgeries	63042	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Inc
ArkBCBS UM	Orthopedic surgeries	64510	Injection, anesthetic agent; stellate ganglion (cervical sympathetic)
ArkBCBS UM	Orthopedic surgeries	64520	Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)
ArkBCBS UM	Orthopedic surgeries	C9757	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and excision of herniated intervertebral disc, and repair of annular defect with implantation of bone anchored annular closure device, including annular defect measurement, alignment and sizing assessment, and image guidance; 1 interspace, lumbar
ArkBCBS UM	Rhinoplasty/Septoplasty	30400	Rhinoplasty, Primary; Lateral And Alar Cartilages And/Or Elevation Of nasal tip
ArkBCBS UM	Rhinoplasty/Septoplasty	30410	Rhinoplasty, Primary; Complete, External Parts Including Bony Pyramid,
ArkBCBS UM	Rhinoplasty/Septoplasty	30420	Rhinoplasty, Primary; Including Major Septal Repair
ArkBCBS UM	Rhinoplasty/Septoplasty	30430	Rhinoplasty, Secondary; Minor Revision (Small Amount Of Nasal Tip Work
ArkBCBS UM	Rhinoplasty/Septoplasty	30435	Rhinoplasty, Secondary; Intermediate Revision (Bony Work With Osteotom
ArkBCBS UM	Rhinoplasty/Septoplasty	30450	Rhinoplasty, Secondary; Major Revision (Nasal Tip Work And Osteotomies
ArkBCBS UM	Rhinoplasty/Septoplasty	30460	Rhinoplasty For Nasal Deformity Secondary To Congenital Cleft Lip And/
ArkBCBS UM	Rhinoplasty/Septoplasty	30462	Rhinoplasty For Nasal Deformity Secondary To Congenital Cleft Lip And/
ArkBCBS UM	Rhinoplasty/Septoplasty	30465	Repair Of Nasal Vestibular Stenosis (Eg, Spreader Grafting, Lateral Na
ArkBCBS UM	Rhinoplasty/Septoplasty	30468	Repair of nasal valve collapse with subcutaneous/submucosal lateral wall implant(s)
ArkBCBS UM	Rhinoplasty/Septoplasty	30520	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft
ArkBCBS UM	Sleeping Disorder Testing and Treatment	42145	Palatopharyngoplasty (Eg, Uvulopalatopharyngoplasty, Uvulopharyngoplas

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ArkBCBS UM	Sleeping Disorder Testing and Treatment	95805	Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness
ArkBCBS UM	Sleeping Disorder Testing and Treatment	95807	Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist
ArkBCBS UM	Sleeping Disorder Testing and Treatment	95808	Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist
ArkBCBS UM	Sleeping Disorder Testing and Treatment	95810	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist
ArkBCBS UM	Sleeping Disorder Testing and Treatment	95811	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist
ArkBCBS UM	Spinal fusion, decompression	0095T	Removal Of Total Disc Arthroplasty (Artificial Disc), Anterior Approac
ArkBCBS UM	Spinal fusion, decompression	0098T	Revision Including Replacement Of Total Disc Arthroplasty (Artificial
ArkBCBS UM	Spinal fusion, decompression	22510	Percutaneous Vertebroplasty (Bone Biopsy Included When Performed), 1 V
ArkBCBS UM	Spinal fusion, decompression	22511	Percutaneous Vertebroplasty (Bone Biopsy Included When Performed), 1 V
ArkBCBS UM	Spinal fusion, decompression	22512	Percutaneous Vertebroplasty (Bone Biopsy Included When Performed), 1 V
ArkBCBS UM	Spinal fusion, decompression	22513	Percutaneous Vertebral Augmentation, Including Cavity Creation (Fractu
ArkBCBS UM	Spinal fusion, decompression	22514	Percutaneous Vertebral Augmentation, Including Cavity Creation (Fractu
ArkBCBS UM	Spinal fusion, decompression	22515	Percutaneous Vertebral Augmentation, Including Cavity Creation (Fractu
ArkBCBS UM	Spinal fusion, decompression	22533	Arthrodesis, Lateral Extracavitary Technique, Including Minimal Discec
ArkBCBS UM	Spinal fusion, decompression	22534	Arthrodesis, Lateral Extracavitary Technique, Including Minimal Discec
ArkBCBS UM	Spinal fusion, decompression	22548	Arthrodesis, Anterior Transoral Or Extraoral Technique, Clivus-C1-C2 (
ArkBCBS UM	Spinal fusion, decompression	22551	Arthrodesis, Anterior Interbody, Including Disc Space Preparation, Dis
ArkBCBS UM	Spinal fusion, decompression	22554	Arthrodesis, Anterior Interbody Technique, Including Minimal Discectom
ArkBCBS UM	Spinal fusion, decompression	22558	Arthrodesis, Anterior Interbody Technique, Including Minimal Discectom
ArkBCBS UM	Spinal fusion, decompression	22585	Arthrodesis, Anterior Interbody Technique, Including Minimal Discectom
ArkBCBS UM	Spinal fusion, decompression	22590	Arthrodesis, Posterior Technique, Craniocervical (Occiput-C2)
ArkBCBS UM	Spinal fusion, decompression	22595	Arthrodesis, Posterior Technique, Atlas-Axis (C1-C2)
ArkBCBS UM	Spinal fusion, decompression	22600	Arthrodesis, Posterior Or Posterolateral Technique, Single Level; Cerv
ArkBCBS UM	Spinal fusion, decompression	22610	Arthrodesis, Posterior Or Posterolateral Technique, Single Level; Thor
ArkBCBS UM	Spinal fusion, decompression	22612	Arthrodesis, Posterior Or Posterolateral Technique, Single Level; Lumb
ArkBCBS UM	Spinal fusion, decompression	22614	Arthrodesis, Posterior Or Posterolateral Technique, Single Level; Each
ArkBCBS UM	Spinal fusion, decompression	22630	Arthrodesis, Posterior Interbody Technique, Including Laminectomy And/
ArkBCBS UM	Spinal fusion, decompression	22632	Arthrodesis, Posterior Interbody Technique, Including Laminectomy And/
ArkBCBS UM	Spinal fusion, decompression	22633	Arthrodesis, Combined Posterior Or Posterolateral Technique With Poste
ArkBCBS UM	Spinal fusion, decompression	22634	Arthrodesis, Combined Posterior Or Posterolateral Technique With Poste
ArkBCBS UM	Spinal fusion, decompression	22800	Arthrodesis, Posterior, For Spinal Deformity, With Or Without Cast; Up
ArkBCBS UM	Spinal fusion, decompression	22802	Arthrodesis, Posterior, For Spinal Deformity, With Or Without Cast; 7
ArkBCBS UM	Spinal fusion, decompression	22804	Arthrodesis, Posterior, For Spinal Deformity, With Or Without Cast; 13
ArkBCBS UM	Spinal fusion, decompression	22808	Arthrodesis, Anterior, For Spinal Deformity, With Or Without Cast; 2 T
ArkBCBS UM	Spinal fusion, decompression	22810	Arthrodesis, Anterior, For Spinal Deformity, With Or Without Cast; 4 T
ArkBCBS UM	Spinal fusion, decompression	22812	Arthrodesis, Anterior, For Spinal Deformity, With Or Without Cast; 8 O
ArkBCBS UM	Spinal fusion, decompression	22818	Kyphectomy, Circumferential Exposure Of Spine And Resection Of Vertebr
ArkBCBS UM	Spinal fusion, decompression	22819	Kyphectomy, Circumferential Exposure Of Spine And Resection Of Vertebr
ArkBCBS UM	Spinal fusion, decompression	22830	Exploration Of Spinal Fusion
ArkBCBS UM	Spinal fusion, decompression	22840	Posterior Non-Segmental Instrumentation (Eg, Harrington Rod Technique,
ArkBCBS UM	Spinal fusion, decompression	22841	Internal Spinal Fixation By Wiring Of Spinous Processes (List Separate
ArkBCBS UM	Spinal fusion, decompression	22842	Posterior Segmental Instrumentation (Eg, Pedicle Fixation, Dual Rods W

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ArkBCBS UM	Spinal fusion, decompression	22843	Posterior Segmental Instrumentation (Eg, Pedicle Fixation, Dual Rods W
ArkBCBS UM	Spinal fusion, decompression	22844	Posterior Segmental Instrumentation (Eg, Pedicle Fixation, Dual Rods W
ArkBCBS UM	Spinal fusion, decompression	22845	Anterior Instrumentation; 2 To 3 Vertebral Segments (List Separately I
ArkBCBS UM	Spinal fusion, decompression	22846	Anterior Instrumentation; 4 To 7 Vertebral Segments (List Separately I
ArkBCBS UM	Spinal fusion, decompression	22847	Anterior Instrumentation; 8 Or More Vertebral Segments (List Separatel
ArkBCBS UM	Spinal fusion, decompression	22848	Pelvic Fixation (Attachment Of Caudal End Of Instrumentation To Pelvic
ArkBCBS UM	Spinal fusion, decompression	22849	Reinsertion Of Spinal Fixation Device
ArkBCBS UM	Spinal fusion, decompression	22853	Insj Biomechanical Device
ArkBCBS UM	Spinal fusion, decompression	22854	Insj Biomechanical Device
ArkBCBS UM	Spinal fusion, decompression	22856	Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Includin
ArkBCBS UM	Spinal fusion, decompression	22857	Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Includin
ArkBCBS UM	Spinal fusion, decompression	22858	Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Includin
ArkBCBS UM	Spinal fusion, decompression	22859	Insj Biomechanical Device
ArkBCBS UM	Spinal fusion, decompression	22862	Revision Including Replacement Of Total Disc Arthroplasty (Artificial
ArkBCBS UM	Spinal fusion, decompression	22864	Removal Of Total Disc Arthroplasty (Artificial Disc), Anterior Approac
ArkBCBS UM	Spinal fusion, decompression	22865	Removal Of Total Disc Arthroplasty (Artificial Disc), Anterior Approac
ArkBCBS UM	Spinal fusion, decompression	27279	Arthrodesis, Sacroiliac Joint, Percutaneous Or Minimally Invasive (Ind
ArkBCBS UM	Spinal fusion, decompression	63043	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Inc
ArkBCBS UM	Spinal fusion, decompression	63044	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Inc
ArkBCBS UM	Spinal fusion, decompression	63045	Laminectomy, Facetectomy And Foraminotomy (Unilateral Or Bilateral Wit
ArkBCBS UM	Spinal fusion, decompression	63047	Laminectomy, Facetectomy And Foraminotomy (Unilateral Or Bilateral Wit
ArkBCBS UM	Spinal fusion, decompression	63048	Laminectomy, Facetectomy And Foraminotomy (Unilateral Or Bilateral Wit
ArkBCBS UM	Spinal fusion, decompression	63050	Laminoplasty, Cervical, With Decompression Of The Spinal Cord, 2 Or Mo
ArkBCBS UM	Spinal fusion, decompression	63051	Laminoplasty, Cervical, With Decompression Of The Spinal Cord, 2 Or Mo
ArkBCBS UM	Spinal fusion, decompression	63052	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; single vertebral segment (List separately in addition to code for primary procedure)
ArkBCBS UM	Spinal fusion, decompression	63053	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; each additional segment (List separately in addition to code for primary procedure)
ArkBCBS UM	Spinal fusion, decompression	63056	Transpedicular Approach With Decompression Of Spinal Cord, Equina And/
ArkBCBS UM	Spinal fusion, decompression	63057	Transpedicular Approach With Decompression Of Spinal Cord, Equina And/
ArkBCBS UM	Spinal fusion, decompression	63075	Discectomy, Anterior, With Decompression Of Spinal Cord And/Or Nerve R
ArkBCBS UM	Spinal fusion, decompression	63076	Discectomy, Anterior, With Decompression Of Spinal Cord And/Or Nerve R
ArkBCBS UM	Spinal fusion, decompression	63081	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete,
ArkBCBS UM	Spinal fusion, decompression	63082	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete,
ArkBCBS UM	Spinal fusion, decompression	63085	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete,
ArkBCBS UM	Spinal fusion, decompression	63086	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete,
ArkBCBS UM	Spinal fusion, decompression	63087	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete,
ArkBCBS UM	Spinal fusion, decompression	63088	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete,
ArkBCBS UM	Spinal fusion, decompression	63090	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete,
ArkBCBS UM	Spinal fusion, decompression	63091	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete,
ArkBCBS UM	Spinal fusion, decompression	63101	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete,
ArkBCBS UM	Spinal fusion, decompression	63102	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete,
ArkBCBS UM	Spinal fusion, decompression	63103	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete,
ArkBCBS UM	Spinal fusion, decompression	63185	Laminectomy With Rhizotomy; 1 Or 2 Segments
ArkBCBS UM	Spinal fusion, decompression	63190	Laminectomy With Rhizotomy; More Than 2 Segments
ArkBCBS UM	Spinal fusion, decompression	63191	Laminectomy With Section Of Spinal Accessory Nerve

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Responsible Party	Category	CPT Code	Description
ArkBCBS UM	Spinal fusion, decompression	63200	Laminectomy, With Release Of Tethered Spinal Cord, Lumbar
ArkBCBS UM	Spinal fusion, decompression	63252	Laminectomy For Excision Or Occlusion Of Arteriovenous Malformation Of
ArkBCBS UM	Spinal fusion, decompression	63267	Laminectomy For Excision Or Evacuation Of Intraspinous Lesion Other Than
ArkBCBS UM	Spinal fusion, decompression	63272	Laminectomy For Excision Of Intraspinous Lesion Other Than Neoplasm, In
ArkBCBS UM	Spinal fusion, decompression	63277	Laminectomy For Biopsy/Excision Of Intraspinous Neoplasm; Extradural, L
ArkBCBS UM	Spinal fusion, decompression	63282	Laminectomy For Biopsy/Excision Of Intraspinous Neoplasm; Intradural, E
ArkBCBS UM	Spinal fusion, decompression	63287	Laminectomy For Biopsy/Excision Of Intraspinous Neoplasm; Intradural, I
ArkBCBS UM	Spinal fusion, decompression	63290	Laminectomy For Biopsy/Excision Of Intraspinous Neoplasm; Combined Extr
ArkBCBS UM	Spinal fusion, decompression	63301	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete,
ArkBCBS UM	Spinal fusion, decompression	63302	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete,
ArkBCBS UM	Spinal fusion, decompression	63303	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete,
ArkBCBS UM	Spinal fusion, decompression	63305	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete,
ArkBCBS UM	Spinal fusion, decompression	63306	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete,
ArkBCBS UM	Spinal fusion, decompression	63307	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete,
ArkBCBS UM	Spinal fusion, decompression	63308	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete,
ArkBCBS UM	TMJ surgeries	21010	Arthrotomy, Temporomandibular Joint
ArkBCBS UM	TMJ surgeries	21050	Condylectomy, Temporomandibular Joint (Separate Procedure)
ArkBCBS UM	TMJ surgeries	21060	Meniscectomy, Partial Or Complete, Temporomandibular Joint (Separate Procedure)
ArkBCBS UM	TMJ surgeries	21073	Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (ie, general or monitored anesthesia care)
ArkBCBS UM	TMJ surgeries	21085	Impression And Custom Preparation; Oral Surgical Splint
ArkBCBS UM	TMJ surgeries	21116	Injection Procedure For Temporomandibular Joint Arthrography
ArkBCBS UM	TMJ surgeries	21240	Arthroplasty, Temporomandibular Joint, With Or Without Autograft
ArkBCBS UM	TMJ surgeries	21242	Arthroplasty, Temporomandibular Joint, With Allograft
ArkBCBS UM	TMJ surgeries	21243	Arthroplasty, Temporomandibular Joint, With Prosthetic Joint Replacement
ArkBCBS UM	TMJ surgeries	29800	Arthroscopy, Temporomandibular Joint, Diagnostic, With Or Without Synovial Biopsy
ArkBCBS UM	TMJ surgeries	29804	Arthroscopy, Temporomandibular Joint, Surgical
ArkBCBS UM	Transplant surgeries	0584T	Islet Cell Transplant, Includes Portal Vein Catheterization And Infusion, Including All Imaging, Including Guidance, And Radiological Supervision And Interpretation, When Performed; Percutaneous
ArkBCBS UM	Transplant surgeries	0585T	Islet Cell Transplant, Includes Portal Vein Catheterization And Infusion, Including All Imaging, Including Guidance, And Radiological Supervision And Interpretation, When Performed; Laparoscopic
ArkBCBS UM	Transplant surgeries	0586T	Islet Cell Transplant, Includes Portal Vein Catheterization And Infusion, Including All Imaging, Including Guidance, And Radiological Supervision And Interpretation, When Performed; Open
ArkBCBS UM	Transplant surgeries	32851	Lung Transplant, Single; Without Cardiopulmonary Bypass
ArkBCBS UM	Transplant surgeries	32852	Lung Transplant, Single; With Cardiopulmonary Bypass
ArkBCBS UM	Transplant surgeries	32853	Lung Transplant, Double (Bilateral Sequential Or En Bloc); Without Cardio
ArkBCBS UM	Transplant surgeries	32854	Lung Transplant, Double (Bilateral Sequential Or En Bloc); With Cardio
ArkBCBS UM	Transplant surgeries	33927	Implantation Of A Total Replacement Heart System (Artificial Heart) With Recipient Cardiectomy
ArkBCBS UM	Transplant surgeries	33928	Removal And Replacement Of Total Replacement Heart System (Artificial Heart)
ArkBCBS UM	Transplant surgeries	33929	Removal Of A Total Replacement Heart System (Artificial Heart) For Heart Transplantation (List Separately In Addition To Code For Primary Procedure)
ArkBCBS UM	Transplant surgeries	33935	Heart-Lung Transplant With Recipient Cardiectomy-Pneumonectomy
ArkBCBS UM	Transplant surgeries	33945	Heart Transplant, With Or Without Recipient Cardiectomy
ArkBCBS UM	Transplant surgeries	33975	Insertion of ventricular assist device; extracorporeal, single ventricle
ArkBCBS UM	Transplant surgeries	33976	Insertion of ventricular assist device; extracorporeal, biventricular
ArkBCBS UM	Transplant surgeries	33979	Insertion of ventricular assist device, implantable intracorporeal, single ventricle
ArkBCBS UM	Transplant surgeries	33981	Insertion of ventricular assist device, implantable intracorporeal, single ventricle
ArkBCBS UM	Transplant surgeries	33982	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, without cardiopulmonary bypass
ArkBCBS UM	Transplant surgeries	33983	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, with cardiopulmonary bypass

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Responsible Party	Category	CPT Code	Description
ArkBCBS UM	Transplant surgeries	33990	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; left heart, arterial access only
ArkBCBS UM	Transplant surgeries	33991	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; left heart, both arterial and venous access, with transeptal puncture
ArkBCBS UM	Transplant surgeries	33992	Removal of percutaneous left heart ventricular assist device, arterial or arterial and venous cannula(s), at separate and distinct session from insertion
ArkBCBS UM	Transplant surgeries	33993	Repositioning of percutaneous right or left heart ventricular assist device with imaging guidance at separate and distinct session from insertion
ArkBCBS UM	Transplant surgeries	33995	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; right heart, venous access only
ArkBCBS UM	Transplant surgeries	38204	Management of recipient hematopoietic progenitor cell donor search and cell acquisition
ArkBCBS UM	Transplant surgeries	38205	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; allogeneic
ArkBCBS UM	Transplant surgeries	38208	Transplant Preparation Of Hematopoietic Progenitor Cells; Thawing Of P
ArkBCBS UM	Transplant surgeries	38209	Transplant Preparation Of Hematopoietic Progenitor Cells; Thawing Of P
ArkBCBS UM	Transplant surgeries	38210	Transplant Preparation Of Hematopoietic Progenitor Cells; Specific Cel
ArkBCBS UM	Transplant surgeries	38212	Transplant Preparation Of Hematopoietic Progenitor Cells; Red Blood Ce
ArkBCBS UM	Transplant surgeries	38213	Transplant Preparation Of Hematopoietic Progenitor Cells; Platelet Dep
ArkBCBS UM	Transplant surgeries	38214	Transplant Preparation Of Hematopoietic Progenitor Cells; Plasma (Volu
ArkBCBS UM	Transplant surgeries	38215	Transplant Preparation Of Hematopoietic Progenitor Cells; Cell Concent
ArkBCBS UM	Transplant surgeries	38230	Bone Marrow Harvesting For Transplantation; Allogeneic
ArkBCBS UM	Transplant surgeries	38232	Bone Marrow Harvesting For Transplantation; Autologous
ArkBCBS UM	Transplant surgeries	38240	Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor
ArkBCBS UM	Transplant surgeries	38241	Hematopoietic progenitor cell (HPC); autologous transplantation
ArkBCBS UM	Transplant surgeries	38242	Allogeneic lymphocyte infusions
ArkBCBS UM	Transplant surgeries	38243	Hematopoietic Progenitor Cell (Hpc); Hpc Boost
ArkBCBS UM	Transplant surgeries	44135	Intestinal Allotransplantation; From Cadaver Donor
ArkBCBS UM	Transplant surgeries	44136	Intestinal Allotransplantation; From Living Donor
ArkBCBS UM	Transplant surgeries	47135	Liver Allotransplantation; Orthotopic, Partial Or Whole, From Cadaver
ArkBCBS UM	Transplant surgeries	48160	Pancreatectomy, Total Or Subtotal, With Autologous Transplantation Of
ArkBCBS UM	Transplant surgeries	50360	Renal Allotransplantation, Implantation Of Graft; Without Recipient Ne
ArkBCBS UM	Transplant surgeries	50365	Renal Allotransplantation, Implantation Of Graft; With Recipient Neph
ArkBCBS UM	Transplant surgeries	81595	Cardiology (Hear Trnspl) Mrna Gene Profile
ArkBCBS UM	Transplant surgeries	G0341	Percutaneous islet cell transplant, includes portal vein catheterization and infusion
ArkBCBS UM	Transplant surgeries	G0342	Laparoscopy for islet cell transplant, includes portal vein catheterization and infusion
ArkBCBS UM	Transplant surgeries	G0343	Laparotomy for islet cell transplant, includes portal vein catheterization and infusion
ArkBCBS UM	Transplant surgeries	Q2041	Yescarta (axicabtagene ciloleucel)
ArkBCBS UM	Transplant surgeries	Q2042	Kymriah (tisagenlecleucel)
ArkBCBS UM	Varicose vein treatment	0524T	Endovenous Catheter Directed Chemical Ablation With Balloon Isolation Of Incompetent Extremity Vein, Open Or Percutaneous, Including All Vascular Access, Catheter Manipulation, Diagnostic Imaging, Imaging Guidance And Monitoring
ArkBCBS UM	Varicose vein treatment	36465	Injection Of Non-Compounded Foam Sclerosant With Ultrasound Compression Maneuvers To Guide Dispersion Of The Injectate, Inclusive Of All Imaging Guidance And Monitoring; Single Incompetent Extremity Truncal Vein (Eg, Great Saphenous Vein, Accessory Sapheno
ArkBCBS UM	Varicose vein treatment	36466	Injection Of Non-Compounded Foam Sclerosant With Ultrasound Compression Maneuvers To Guide Dispersion Of The Injectate, Inclusive Of All Imaging Guidance And Monitoring; Multiple Incompetent Truncal Veins (Eg, Great Saphenous Vein, Accessory Saphenous Vein
ArkBCBS UM	Varicose vein treatment	36468	Single Or Multiple Injections Of Sclerosing Solutions, Spider Veins (T
ArkBCBS UM	Varicose vein treatment	36470	Injection Of Sclerosing Solution; Single Vein
ArkBCBS UM	Varicose vein treatment	36471	Injection Of Sclerosing Solution; Multiple Veins, Same Leg
ArkBCBS UM	Varicose vein treatment	36473	Endovenous Mchnchem 1St Vein
ArkBCBS UM	Varicose vein treatment	36474	Endovenous Mchnchem Add-On
ArkBCBS UM	Varicose vein treatment	36475	Endovenous Ablation Therapy Of Incompetent Vein, Extremity, Inclusive
ArkBCBS UM	Varicose vein treatment	36476	Endovenous Ablation Therapy Of Incompetent Vein, Extremity, Inclusive
ArkBCBS UM	Varicose vein treatment	36478	Endovenous Ablation Therapy Of Incompetent Vein, Extremity, Inclusive

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Responsible Party	Category	CPT Code	Description
ArkBCBS UM	Varicose vein treatment	36479	Endovenous Ablation Therapy Of Incompetent Vein, Extremity, Inclusive
ArkBCBS UM	Varicose vein treatment	36482	Endovenous Ablation Therapy Of Incompetent Vein, Extremity, By Transcatheter Delivery Of A Chemical Adhesive (Eg, Cyanoacrylate) Remote From The Access Site, Inclusive Of All Imaging Guidance And Monitoring, Percutaneous; First Vein Treated
ArkBCBS UM	Varicose vein treatment	36483	Endovenous Ablation Therapy Of Incompetent Vein, Extremity, By Transcatheter Delivery Of A Chemical Adhesive (Eg, Cyanoacrylate) Remote From The Access Site, Inclusive Of All Imaging Guidance And Monitoring, Percutaneous; Subsequent Vein(S) Treated In A Single Extremity, Each Through Separate Access Sites (List Separately In Addition To Code For Primary Procedure)
ArkBCBS UM	Varicose vein treatment	37500	Vascular Endoscopy, Surgical, With Ligation Of Perforator Veins, Subfa
ArkBCBS UM	Varicose vein treatment	37700	Ligation And Division Of Long Saphenous Vein At Saphenofemoral Junctio
ArkBCBS UM	Varicose vein treatment	37718	Ligation, Division, And Stripping, Short Saphenous Vein
ArkBCBS UM	Varicose vein treatment	37722	Ligation, Division, And Stripping, Long (Greater) Saphenous Veins From
ArkBCBS UM	Varicose vein treatment	37735	Ligation And Division And Complete Stripping Of Long Or Short Saphenou
ArkBCBS UM	Varicose vein treatment	37760	Ligation Of Perforator Veins, Subfascial, Radical (Linton Type), Inclu
ArkBCBS UM	Varicose vein treatment	37761	Ligation Of Perforator Vein(S), Subfascial, Open, Including Ultrasound
ArkBCBS UM	Varicose vein treatment	37765	Stab Phlebectomy Of Varicose Veins, 1 Extremity; 10-20 Stab Incisions
ArkBCBS UM	Varicose vein treatment	37766	Stab Phlebectomy Of Varicose Veins, 1 Extremity; More Than 20 Incision
ArkBCBS UM	Varicose vein treatment	37780	Ligation And Division Of Short Saphenous Vein At Saphenopopliteal Junc
ArkBCBS UM	Varicose vein treatment	37785	Ligation, Division, And/Or Excision Of Varicose Vein Cluster(S), 1 Leg
ArkBCBS UM	Varicose vein treatment	37799	Unlisted procedure, vascular surgery
Rehabilitation			
ArkBCBS UM	Pulmonary Rehab	G0237	Therapeutic procedures to increase strength or endurance of respiratory muscles, face to face, one on one, each 15 minutes (includes monitoring)
ArkBCBS UM	Pulmonary Rehab	G0238	Therapeutic procedures to improve respiratory function, other than described by G0237, one on one, face to face, per 15 minutes (includes monitoring)
ArkBCBS UM	Pulmonary Rehab	G0239	Therapeutic procedures to improve respiratory function or increase strength or endurance of respiratory muscles, two or more individuals (includes monitoring)
ArkBCBS UM	Pulmonary Rehab	94625	Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; without continuous oximetry monitoring (per session)
ArkBCBS UM	Pulmonary Rehab	94626	Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; with continuous oximetry monitoring (per session)
Genetic Testing			
ArkBCBS UM	Genetic Testing	0005U	Oncology (Prostate) Gene Expression Profile By Real-Time Rt-Pcr Of 3 Gens (Erg,Pca3, And Spdef), Urine, Algorithm Reported As Risk Score
ArkBCBS UM	Genetic Testing	0022U	Targeted Genomic Sequence Analysis Panel, Non Small Cell Lung Neoplasia, Dna And Rna Analysis, 23 Genes, Interrogation For Sequence Variants And Rearrangements, Reported As Presence/Absence Of Variants And Associated Therapy(ies) To Consider
ArkBCBS UM	Genetic Testing	0023U	Oncology (Acute Myelogenous Leukemia), Dna, Genotyping Of Internal Tandem Duplication, P.D835, P.I836, Using Mononuclear Cells, Reported As Detection Or Non Detection Of Flt3 Mutation And Indication For Or Against The Use Of Midostaurin
ArkBCBS UM	Genetic Testing	0026U	Oncology (Thyroid), Dna And Mrna Of 112 Genes, Next Generation Sequencing, Fine Needle Aspirate Of Thyroid Nodule, Algorithmic Analysis Reported As A Categorical Result ("Positive, High Probability Of Malignancy" Or "Negative, Low Probability Of Malignancy")
ArkBCBS UM	Genetic Testing	0034U	TPMT (thiopurine S-methyltransferase), NUDT15 (nudix hydroxylase 15)(eg, thiopurine metabolism) gene analysis, common variants (ie, TPMT *2, *3A, *3B, *3C, *4, *5, *6, *8, *12; NUDT15 *3, *4, *5)
ArkBCBS UM	Genetic Testing	0037U	Targeted Genomic Sequence Analysis, Solid Organ Neoplasm, Dna Analysis Of 324 Genes, Interrogation For Sequence Variants, Gene Copy Number Amplifications, Gene Rearrangements, Microsatellite Instability And Tumor Mutational Burden
ArkBCBS UM	Genetic Testing	0040U	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis, major breakpoint, quantitative
ArkBCBS UM	Genetic Testing	0058U	Oncology (Merkel Cell Carcinoma), Detection Of Antibodies To The Merkel Cell Polyoma Virus Oncoprotein (Small T Antigen), Serum, Quantitative
ArkBCBS UM	Genetic Testing	0070U	Cyp2D6 (Cytochrome P450, Family 2, Subfamily D, Polypeptide 6)(Eg, Drug Metabolism) Gene Analysis, Common And Select Rare Variants (1e, *2, *3, *4, *4N, *5, *6, *7, *8, *9, *10, *11, *12, *13, *14A, *14B, *15, *17, *29, *35, *36, *41, *57, *61, *63, *68, *83, *Xn)
ArkBCBS UM	Genetic Testing	0071U	Cyp2D6 (Cytochrome P450, Family 2, Subfamily D, Polypeptide 6)(Eg, Drug Metabolism) Gene Analysis, Full Gene Sequence (List Separately In Addition To Code For Primary Procedure)

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Responsible Party	Category	CPT Code	Description
ArkBCBS UM	Genetic Testing	0072U	Cyp2D6 (Cytochrome P450, Family 2, Subfamily D, Polypeptide 6)(Eg, Drug Metabolism) Gene Analysis, Targeted Sequence Analysis (Ie, Cyp2D6 2D7 Hybrid Gene) (List Separately In Addition To Code For Primary Procedure)
ArkBCBS UM	Genetic Testing	0111U	Oncology (Colon Cancer), Targeted Kras (Codons 12, 13, And 61) And Nras (Codons 12, 13, And 61) Gene Analysis Utilizing Formalin Fixed Paraffin Embedded Tissue
ArkBCBS UM	Genetic Testing	0129U	Hereditary Breast Cancer Related Disorders (Eg, Hereditary Breast Cancer, Hereditary Ovarian Cancer, Hereditary Endometrial Cancer), Genomic Sequence Analysis And Deletion/Duplication Analysis Panel (Atm, Brca1, Brca2, Cdh1, Chek2, Palb2, Pten, And Tp53)
ArkBCBS UM	Genetic Testing	0154U	Fgfr3(Fibroblast Growth Factor Receptor 3) Gene Analysis (Ie,P.R248C [C.742C>T], P.S249C [C.746C>G],P.G370C [C.1108G>T], P.Y373C [C.1118A>G], Fgfr3 Tacc3V1, And Fgfr3 Tacc3V3)
ArkBCBS UM	Genetic Testing	0155U	Pik3Ca(Phosphatidylinositol 4,5 Bisphosphate 3 Kinase, Catalytic Subunit Alpha) (Eg, Breast Cancer) Gene Analysis (Ie,P.C420R, P.E542K, P.E545A, P.E545D [G.1635G>T Only], P.E545G, P.E545K, P.Q546E, P.Q546R, P.H1047L, P.H1047R, P.H1047Y)
ArkBCBS UM	Genetic Testing	0156U	Copy Number (Eg, Intellectual Disability, Dysmorphology), Sequence Analysis
ArkBCBS UM	Genetic Testing	0172U	Oncology (solid tumor as indicated by the label), somatic mutation analysis of BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) and analysis of homologous recombination deficiency pathways, DNA, formalin-fixed paraffin-embedded tissue, algorithm quantifying tumor genomic instability score
ArkBCBS UM	Genetic Testing	0177U	Oncology (breast cancer), DNA, PIK3CA (phosphatidylinositol-4,5-bisphosphate 3-kinase catalytic subunit alpha) gene analysis of 11 gene variants utilizing plasma, reported as PIK3CA gene mutation status
ArkBCBS UM	Genetic Testing	0179U	Oncology (non-small cell lung cancer), cell-free DNA, targeted sequence analysis of 23 genes (single nucleotide variations, insertions and deletions, fusions without prior knowledge of partner/breakpoint, copy number variations), with report of significant mutation(s)
ArkBCBS UM	Genetic Testing	0239U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free DNA, analysis of 311 or more genes, interrogation for sequence variants, including substitutions, insertions, deletions, select rearrangements, and copy number variations
ArkBCBS UM	Genetic Testing	0242U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating DNA analysis of 55-74 genes, interrogation for sequence variants, gene copy number amplifications, and gene rearrangements
ArkBCBS UM	Genetic Testing	0245U	Oncology (thyroid), mutation analysis of 10 genes and 37 RNA fusions and expression of 4 mRNA markers using next-generation sequencing, fine needle aspirate, report includes associated risk of malignancy expressed as a percentage
ArkBCBS UM	Genetic Testing	0253U	Reproductive medicine (endometrial receptivity analysis), RNA gene expression profile, 238 genes by next-generation sequencing, endometrial tissue, predictive algorithm reported as endometrial window of implantation (eg, pre-receptive, receptive, post-receptive)
ArkBCBS UM	Genetic Testing	0255U	Andrology (infertility), sperm-capacitation assessment of ganglioside GM1 distribution patterns, fluorescence microscopy, fresh or frozen specimen, reported as percentage of capacitated sperm and probability of generating a pregnancy score
ArkBCBS UM	Genetic Testing	0268U	Hematology (atypical hemolytic uremic syndrome [aHUS]), genomic sequence analysis of 15 genes, blood, buccal swab, or amniotic fluid
ArkBCBS UM	Genetic Testing	0269U	Hematology (autosomal dominant congenital thrombocytopenia), genomic sequence analysis of 14 genes, blood, buccal swab, or amniotic fluid
ArkBCBS UM	Genetic Testing	0271U	Hematology (congenital neutropenia), genomic sequence analysis of 23 genes, blood, buccal swab, or amniotic fluid
ArkBCBS UM	Genetic Testing	0273U	Hematology (genetic hyperfibrinolysis, delayed bleeding), analysis of 9 genes (F13A1, F13B, FGA, FGB, FGG, SERPINA1, SERPINE1, SERPINF2 by next-generation sequencing and PLAU by array comparative genomic hybridization), blood, buccal swab, or amniotic fluid
ArkBCBS UM	Genetic Testing	0274U	Hematology (genetic platelet disorders), genomic sequence analysis of 43 genes, blood, buccal swab, or amniotic fluid
ArkBCBS UM	Genetic Testing	0276U	Hematology (inherited thrombocytopenia), genomic sequence analysis of 23 genes, blood, buccal swab, or amniotic fluid
ArkBCBS UM	Genetic Testing	0277U	Hematology (genetic platelet function disorder), genomic sequence analysis of 31 genes, blood, buccal swab, or amniotic fluid
ArkBCBS UM	Genetic Testing	81162	Full Sequence Analysis And Full Duplication/Deletion Analysis
ArkBCBS UM	Genetic Testing	81163	Brca1 (Brca1, Dna Repair Associated), Brca2 (Brca2, Dna Repair Associated) (Eg, Hereditary Breast And Ovarian Cancer) Gene Analysis; Full Sequence Analysis
ArkBCBS UM	Genetic Testing	81165	Brca1 (Brca1, Dna Repair Associated) (Eg, Hereditary Breast And Ovarian Cancer) Gene Analysis; Full Sequence Analysis
ArkBCBS UM	Genetic Testing	81166	Brca1 (Brca1, Dna Repair Associated) (Eg, Hereditary Breast And Ovarian Cancer) Gene Analysis; Full Duplication/Deletion Analysis (Ie, Detection Of Large Gene Rearrangements)
ArkBCBS UM	Genetic Testing	81167	Brca2 (Brca2, Dna Repair Associated) (Eg, Hereditary Breast And Ovarian Cancer) Gene Analysis; Full Duplication/Deletion Analysis (Ie, Detection Of Large Gene Rearrangements)
ArkBCBS UM	Genetic Testing	81168	CCND1/IGH (t(11;14)) (eg, mantle cell lymphoma) translocation analysis, major breakpoint, qualitative and quantitative, if performed
ArkBCBS UM	Genetic Testing	81170	ABL1 (ABL proto-oncogene 1, non-receptor tyrosine kinase) (eg, acquired imatinib tyrosine kinase inhibitor resistance), gene analysis, variants in the kinase domain

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ArkBCBS UM	Genetic Testing	81175	Asx1 (Additional Sex Combs Like 1, Transcriptional Regulator) (Eg, Myelodysplastic Syndrome, Myeloproliferative Neoplasms, Chronic Myelomonocytic Leukemia), Gene Analysis; Full Gene Sequence
ArkBCBS UM	Genetic Testing	81176	Asx1 (Additional Sex Combs Like 1, Transcriptional Regulator) (Eg, Myelodysplastic Syndrome, Myeloproliferative Neoplasms, Chronic Myelomonocytic Leukemia), Gene Analysis; Targeted Sequence Analysis (Eg, Exon 12)
ArkBCBS UM	Genetic Testing	81191	NTRK1 (neurotrophic receptor tyrosine kinase 1) (eg, solid tumors) translocation analysis
ArkBCBS UM	Genetic Testing	81192	NTRK2 (neurotrophic receptor tyrosine kinase 2) (eg, solid tumors) translocation analysis
ArkBCBS UM	Genetic Testing	81193	NTRK3 (neurotrophic receptor tyrosine kinase 3) (eg, solid tumors) translocation analysis
ArkBCBS UM	Genetic Testing	81194	NTRK (neurotrophic receptor tyrosine kinase 1, 2, and 3) (eg, solid tumors) translocation analysis
ArkBCBS UM	Genetic Testing	81201	Apc (Adenomatous Polyposis Coli) (Eg, Familial Adenomatosis Polyposis [FAP], attenuated FAP) gene analysis; full gene sequence
ArkBCBS UM	Genetic Testing	81202	Apc (Adenomatous Polyposis Coli) (Eg, Familial Adenomatosis Polyposis [FAP], attenuated FAP) gene analysis; known familial variants
ArkBCBS UM	Genetic Testing	81203	Apc (Adenomatous Polyposis Coli) (Eg, Familial Adenomatosis Polyposis [FAP], attenuated FAP) gene analysis; duplication/deletion variants
ArkBCBS UM	Genetic Testing	81206	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; major breakpoint, qualitative or quantitative
ArkBCBS UM	Genetic Testing	81207	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; minor breakpoint, qualitative or quantitative
ArkBCBS UM	Genetic Testing	81210	Braf (V-Raf Murine Sarcoma Viral Oncogene Homolog B1) (Eg, Colon Cancer)
ArkBCBS UM	Genetic Testing	81212	Brca1, Brca2 (Breast Cancer 1 And 2) (Eg, Hereditary Breast And Ovarian cancer)
ArkBCBS UM	Genetic Testing	81215	Brca1 (Breast Cancer 1) (Eg, Hereditary Breast And Ovarian Cancer) gene analysis; known familial variant
ArkBCBS UM	Genetic Testing	81216	Brca2 (Breast Cancer 2) (Eg, Hereditary Breast And Ovarian Cancer) gene analysis; full sequence analysis
ArkBCBS UM	Genetic Testing	81217	Brca2 (Breast Cancer 2) (Eg, Hereditary Breast And Ovarian Cancer) gene analysis; known familial variant
ArkBCBS UM	Genetic Testing	81218	Cebpa, Gene Analysis, Full Gene Sequence
ArkBCBS UM	Genetic Testing	81219	Calr, Gene Analysis, Common Variants In Exon 9
ArkBCBS UM	Genetic Testing	81220	Cftr (Cystic Fibrosis Transmembrane Conductance Regulator) gene analysis; common variants
ArkBCBS UM	Genetic Testing	81221	Cftr (Cystic Fibrosis Transmembrane Conductance Regulator) gene analysis; known familial variants
ArkBCBS UM	Genetic Testing	81222	Cftr (Cystic Fibrosis Transmembrane Conductance Regulator) gene analysis; duplication/deletion variants
ArkBCBS UM	Genetic Testing	81223	Cftr (Cystic Fibrosis Transmembrane Conductance Regulator) gene analysis; full gene sequence
ArkBCBS UM	Genetic Testing	81225	Cyp2C19 (Cytochrome P450, Family 2, Subfamily C, Polypeptide 19), gene analysis, common variants
ArkBCBS UM	Genetic Testing	81226	Cyp2D6 (Cytochrome P450, Family 2, Subfamily D, Polypeptide 6), gene analysis, common variants
ArkBCBS UM	Genetic Testing	81227	Cyp2C9 (Cytochrome P450, Family 2, Subfamily C, Polypeptide 9), gene analysis, common variants
ArkBCBS UM	Genetic Testing	81228	Cytogenomic Constitutional (Genome-Wide) Microarray Analysis; Interrogation of genomic regions for variants
ArkBCBS UM	Genetic Testing	81229	Cytogenomic Constitutional, Microarray Analysis; Interrogation of genomic regions for copy number and SNP variants
ArkBCBS UM	Genetic Testing	81231	Cyp3A5 (Cytochrome P450 Family 3 Subfamily A Member 5) (Eg, Drug Metabolism), Gene Analysis, Common Variants (Eg, *2, *3, *4, *5, *6, *7)
ArkBCBS UM	Genetic Testing	81232	Dpyd (Dihydropyrimidine Dehydrogenase) (Eg, 5 Fluorouracil/5 Fu And Capecitabine Drug Metabolism), Gene Analysis, Common Variant(S) (Eg, *2A, *4, *5, *6)
ArkBCBS UM	Genetic Testing	81233	Btk (Bruton'S Tyrosine Kinase) (Eg, Chronic Lymphocytic Leukemia) Gene Analysis, Common Variants (Eg, C481S, C481R, C481F)
ArkBCBS UM	Genetic Testing	81235	Egfr (Epidermal Growth Factor Receptor) (Eg, Non-Small Cell Lung Cancer)
ArkBCBS UM	Genetic Testing	81237	Ezh2 (Enhancer Of Zeste 2 Polycomb Repressive Complex 2 Subunit) (Eg, Diffuse Large B Cell Lymphoma) Gene Analysis, Common Variant(S) (Eg, Codon 646)
ArkBCBS UM	Genetic Testing	81240	F2 (Prothrombin, Coagulation Factor Ii) gene analysis, 20210G>A variant
ArkBCBS UM	Genetic Testing	81241	F5 (Coagulation Factor V) (Eg, Hereditary Hypercoagulability) Gene analysis, Leiden variant
ArkBCBS UM	Genetic Testing	81243	Fmr1 (Fragile X Mental Retardation 1) gene analysis; evaluation to detect abnormal (eg, expanded) alleles
ArkBCBS UM	Genetic Testing	81244	Fmr1 (Fragile X Mental Retardation 1) gene analysis; characterization of alleles
ArkBCBS UM	Genetic Testing	81245	Flt3 (Fms-Related Tyrosine Kinase 3) (Eg, Acute Myeloid Leukemia), gene analysis; (ITD) variants
ArkBCBS UM	Genetic Testing	81246	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; tyrosine kinase domain (TKD) variants (eg, D835, I836)
ArkBCBS UM	Genetic Testing	81261	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); amplified methodology (eg, polymerase chain reaction)
ArkBCBS UM	Genetic Testing	81262	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); direct probe methodology (eg, Southern blot)
ArkBCBS UM	Genetic Testing	81263	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemia and lymphoma, B-cell), variable region somatic mutation analysis

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ArkBCBS UM	Genetic Testing	81264	IGK@ (Immunoglobulin kappa light chain locus) (eg, leukemia and lymphoma, B-cell), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)
ArkBCBS UM	Genetic Testing	81270	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) gene analysis, p.Val617Phe (V617F) variant
ArkBCBS UM	Genetic Testing	81272	Kit, Gene Analysis, Targeted Sequence Analysis gene analysis, targeted sequence analysis
ArkBCBS UM	Genetic Testing	81275	Kras (V-Ki-Ras2 Kirsten Rat Sarcoma Viral Oncogene) (Eg, Carcinoma) gene analysis; variants in exon 2
ArkBCBS UM	Genetic Testing	81276	Kras Gene Analysis; Additional Variant(S) (Eg, Codon 61, Codon 146)
ArkBCBS UM	Genetic Testing	81277	Cytogenomic Neoplasia (Genome Wide) Microarray Analysis, Interrogation Of Genomic Regions For Copy Number And Loss Of Heterozygosity Variants For Chromosomal Abnormalities
ArkBCBS UM	Genetic Testing	81278	IGH@/BCL2 (t(14;18)) (eg, follicular lymphoma) translocation analysis, major breakpoint region (MBR) and minor cluster region (mcr) breakpoints, qualitative or quantitative
ArkBCBS UM	Genetic Testing	81279	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) targeted sequence analysis (eg, exons 12 and 13)
ArkBCBS UM	Genetic Testing	81287	Mgmt (O-6-Methylguanine-Dna Methyltransferase) promoter methylation analysis
ArkBCBS UM	Genetic Testing	81288	Mlh1 (Mutl Homolog 1, Colon Cancer, Nonpolyposis Type 2) gene analysis; promoter methylation analysis
ArkBCBS UM	Genetic Testing	81292	Mlh1 (Mutl Homolog 1, Colon Cancer, Nonpolyposis Type 2) gene analysis; full sequence analysis
ArkBCBS UM	Genetic Testing	81293	Mlh1 (Mutl Homolog 1, Colon Cancer, Nonpolyposis Type 2) gene analysis; known familial variants
ArkBCBS UM	Genetic Testing	81294	Mlh1 (Mutl Homolog 1, Colon Cancer, Nonpolyposis Type 2) gene analysis; duplication/deletion variants
ArkBCBS UM	Genetic Testing	81295	Msh2 (Muts Homolog 2, Colon Cancer, Nonpolyposis Type 1) gene analysis; full sequence analysis
ArkBCBS UM	Genetic Testing	81296	Msh2 (Muts Homolog 2, Colon Cancer, Nonpolyposis Type 1) gene analysis; known familial variants
ArkBCBS UM	Genetic Testing	81297	Msh2 (Muts Homolog 2, Colon Cancer, Nonpolyposis Type 1) gene analysis; duplication/deletion variants
ArkBCBS UM	Genetic Testing	81298	Msh6 (Muts Homolog 6 [E. Coli]) (Eg, Hereditary Non-Polyposis Colorectal) gene analysis; full sequence analysis
ArkBCBS UM	Genetic Testing	81299	Msh6 (Muts Homolog 6 [E. Coli]) (Eg, Hereditary Non-Polyposis Colorectal) gene analysis; known familial variants
ArkBCBS UM	Genetic Testing	81300	Msh6 (Muts Homolog 6 [E. Coli]) (Eg, Hereditary Non-Polyposis Colorectal) gene analysis; duplication/deletion variants
ArkBCBS UM	Genetic Testing	81301	Microsatellite Instability Analysis (Eg, Hereditary Non-Polyposis Colo
ArkBCBS UM	Genetic Testing	81305	Myd88 (Myeloid Differentiation Primary Response 88) (Eg, Waldenstrom'S Macroglobulinemia, Lymphoplasmacytic Leukemia) Gene Analysis, P.Leu265Pro (L265P) Variant
ArkBCBS UM	Genetic Testing	81306	Nudt15 (Nudix Hydrolase 15) (Eg, Drug Metabolism) Gene Analysis, Common Variant(S) (Eg, *2, *3, *4, *5, *6)
ArkBCBS UM	Genetic Testing	81307	Palb2 (Partner And Localizer Of Brca2) (Eg, Breast And Pancreatic Cancer) Gene Analysis; Full Gene Sequence
ArkBCBS UM	Genetic Testing	81309	Pik3Ca (Phosphatidylinositol 4, 5 Biphosphate 3 Kinase, Catalytic Subunit Alpha) (Eg, Colorectal And Breast Cancer) Gene Analysis, Targeted Sequence Analysis (Eg, Exons 7, 9, 20)
ArkBCBS UM	Genetic Testing	81310	Npm1 (Nucleophosmin) (Eg, Acute Myeloid Leukemia) Gene Analysis, Exon 12 variants
ArkBCBS UM	Genetic Testing	81311	Nras Gene Variants Exon 2&3
ArkBCBS UM	Genetic Testing	81313	Pca3/Klk3 (Prostate Cancer Antigen 3 [Non-Protein Coding]/Kallikrein-Related peptidase 3 [prostate specific antigen]) ratio
ArkBCBS UM	Genetic Testing	81314	Pdgfra Gene Analysis, Targeted Sequence Analysis
ArkBCBS UM	Genetic Testing	81315	Pml/Raralpha, (T(15;17)), translocation analysis; common breakpoints, qualitative or quantitative
ArkBCBS UM	Genetic Testing	81316	Pml/Raralpha, (T(15;17)), translocation analysis; single breakpoint, qualitative or quantitative
ArkBCBS UM	Genetic Testing	81317	Pms2 (Postmeiotic Segregation Increased 2 [S. Cerevisiae]) gene analysis; full sequence analysis
ArkBCBS UM	Genetic Testing	81318	Pms2 (Postmeiotic Segregation Increased 2 [S. Cerevisiae]) gene analysis; known familial variants
ArkBCBS UM	Genetic Testing	81319	Pms2 (Postmeiotic Segregation Increased 2 [S. Cerevisiae]) gene analysis; duplication/deletion variants
ArkBCBS UM	Genetic Testing	81320	Plcg2 (Phospholipase C Gamma 2) (Eg, Chronic Lymphocytic Leukemia) Gene Analysis, Common Variants (Eg, R665W, S707F, L845F)
ArkBCBS UM	Genetic Testing	81321	Pten (Phosphatase And Tensin Homolog) gene analysis; full sequence analysis
ArkBCBS UM	Genetic Testing	81323	Pten (Phosphatase And Tensin Homolog) gene analysis; duplication/deletion variant
ArkBCBS UM	Genetic Testing	81329	Smn1 (Survival Of Motor Neuron 1, Telomeric) (Eg, Spinal Muscular Atrophy) Gene Analysis; Dosage/Deletion Analysis (Eg, Carrier Testing), Includes Smn2 (Survival Of Motor Neuron 2, Centromeric) Analysis, If Performed
ArkBCBS UM	Genetic Testing	81335	Tpmt (Thiopurine S Methyltransferase) (Eg, Drug Metabolism), Gene Analysis, Common Variants (Eg, *2, *3)
ArkBCBS UM	Genetic Testing	81338	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; common variants (eg, W515A, W515K, W515L, W515R)
ArkBCBS UM	Genetic Testing	81339	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; sequence analysis, exon 10
ArkBCBS UM	Genetic Testing	81340	TRB@ (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using amplification methodology (eg, polymerase chain reaction)

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ArkBCBS UM	Genetic Testing	81341	TRB@ (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using direct probe methodology (eg, Southern blot)
ArkBCBS UM	Genetic Testing	81342	TRG@ (T cell antigen receptor, gamma) (eg, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)
ArkBCBS UM	Genetic Testing	81345	Tert (Telomerase Reverse Transcriptase) (Eg, Thyroid Carcinoma, Glioblastoma Multiforme) Gene Analysis, Targeted Sequence Analysis (Eg, Promoter Region)
ArkBCBS UM	Genetic Testing	81347	SF3B1 (splicing factor [3b] subunit B1) (eg, myelodysplastic syndrome/acute myeloid leukemia) gene analysis, common variants (eg, A672T, E622D, L833F, R625C, R625L)
ArkBCBS UM	Genetic Testing	81348	SRSF2 (serine and arginine-rich splicing factor 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, P95H, P95L)
ArkBCBS UM	Genetic Testing	81349	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number and loss-of-heterozygosity variants, low-pass sequencing analysis
ArkBCBS UM	Genetic Testing	81350	Ugt1A1 (Udp Glucuronosyltransferase 1 Family, Polypeptide A1) gene analysis, common variants
ArkBCBS UM	Genetic Testing	81351	Tp53 (Tumor Protein 53) (Eg, Li Fraumeni Syndrome) Gene Analysis; Full Gene Sequence
ArkBCBS UM	Genetic Testing	81352	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; targeted sequence analysis (eg, 4 oncology)
ArkBCBS UM	Genetic Testing	81353	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; known familial variant
ArkBCBS UM	Genetic Testing	81355	Vkorc1 (Vitamin K Epoxide Reductase Complex, Subunit 1) gene analysis, common variant(s)
ArkBCBS UM	Genetic Testing	81357	U2AF1 (U2 small nuclear RNA auxiliary factor 1) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, S34F, S34Y, Q157R, Q157P)
ArkBCBS UM	Genetic Testing	81360	ZRSR2 (zinc finger CCCH-type, RNA binding motif and serine/arginine-rich 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variant(s) (eg, E65fs, E122fs, R448fs)
ArkBCBS UM	Genetic Testing	81403	Molecular Pathology Procedure, Level 4
ArkBCBS UM	Genetic Testing	81404	Molecular Pathology Procedure, Level 5
ArkBCBS UM	Genetic Testing	81405	Molecular Pathology Procedure, Level 6
ArkBCBS UM	Genetic Testing	81406	Molecular Pathology Procedure, Level 7
ArkBCBS UM	Genetic Testing	81407	Molecular Pathology Procedure, Level 8
ArkBCBS UM	Genetic Testing	81408	Molecular Pathology Procedure, Level 9
ArkBCBS UM	Genetic Testing	81412	Ashkenazi Jewish Assoc Dis, Genomic Sequence Gene Analys (>=9 Genes)
ArkBCBS UM	Genetic Testing	81413	Car Ion Chnnlpath Inc 10 Gns
ArkBCBS UM	Genetic Testing	81414	Car Ion Chnnlpath Inc 2 Gns
ArkBCBS UM	Genetic Testing	81415	Exome (Eg, Unexplained Constitutional Or Heritable Disorder Or Syndrome); sequence analysis
ArkBCBS UM	Genetic Testing	81416	Exome (Unexplained Constitutional Or Heritable Disorder Or Syndrome) sequence analysis, each comparator exome
ArkBCBS UM	Genetic Testing	81417	Exome (Eg, Unexplained Constitutional Or Heritable Disorder Or Syndrome); re-evaluation of previous sequence
ArkBCBS UM	Genetic Testing	81420	Fetal Chromosomal Aneuploidy (Eg, Trisomy 21, Monosomy X) analysis, must include chromosomes 13, 18, and 21
ArkBCBS UM	Genetic Testing	81432	Hered Brst Ca-Related Dsordrs, Genomic Sequence Gene Analys (>=14 Genes)
ArkBCBS UM	Genetic Testing	81433	Hrdtry Brst Ca-Related Dsordrs, Duplication/Deletion Gene Analysis
ArkBCBS UM	Genetic Testing	81435	Hereditary Colon Cancer, panel at least 10 gns (APC, BMPR1A, CDH1, MLH1, MSH2, MSH6, MUTYH, PTEN, SMAD4, STK11)
ArkBCBS UM	Genetic Testing	81436	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatous polyposis); duplication/deletion analysis panel, must include analysis of at least 5 genes, including MLH1, MSH2, EPCAM, SMAD4, and STK11
ArkBCBS UM	Genetic Testing	81438	Hereditary neuroendocrine tumor disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma); duplication/deletion analysis panel, must include analyses for SDHB, SDHC, SDHD, and VHL
ArkBCBS UM	Genetic Testing	81439	Hereditary cardiomyopathy (eg, hypertrophic cardiomyopathy, dilated cardiomyopathy, arrhythmogenic right ventricular cardiomyopathy), genomic sequence analysis panel, must include sequencing of at least 5 cardiomyopathy-related genes (eg, DSG2, MYBPC3, MYH7, PKP2, TTN)
ArkBCBS UM	Genetic Testing	81450	Targeted Genomic Sequence Analysis Panel, Hematolymphoid Neoplasm DNA analysis, and RNA analysis when performed, 5-50 genes
ArkBCBS UM	Genetic Testing	81479	Unlisted Molecular Pathology Procedure
ArkBCBS UM	Genetic Testing	81519	Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 21 genes, utilizing formalin-fixed paraffin embedded tissue

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ArkBCBS UM	Genetic Testing	81520	Oncology (Breast), Mrna Gene Expression Profiling By Hybrid Capture Of 58 Genes (50 Content And 8 Housekeeping), Utilizing Formalin Fixed Paraffin Embedded Tissue
ArkBCBS UM	Genetic Testing	81521	Oncology (Breast), Mrna, Microarray Gene Expression Profiling Of 70 Content Genes And 465 Housekeeping Genes, Utilizing Fresh Frozen Or Formalin Fixed Paraffin Embedded Tissue, Algorithm Reported As Index Related To Risk Of Distant Metastasis
ArkBCBS UM	Genetic Testing	81522	Oncology (Breast), Mrna, Gene Expression Profiling By Rt Pcr Of 12 Genes (8 Content And 4 Housekeeping), Utilizing Formalin Fixed Paraffin Embedded Tissue, Algorithm Reported As Recurrence Risk Score
ArkBCBS UM	Genetic Testing	81546	Oncology (thyroid), mRNA, gene expression analysis of 10,196 genes, utilizing fine needle aspirate, algorithm reported as a categorical result (eg, benign or suspicious)
ArkBCBS UM	Genetic Testing	81551	Oncology (Prostate), Promoter Methylation Profiling By Real Time Pcr Of 3 Genes (Gstp1, Apc, Rassf1), Utilizing Formalin Fixed Paraffin Embedded Tissue, Algorithm Reported As A Likelihood Of Prostate Cancer Detection On Repeat Biopsy
ArkBCBS UM	Genetic Testing	81552	Oncology (Uveal Melanoma), Mrna, Gene Expression Profiling By Real Time Rt Pcr Of 15 Genes (12 Content And 3 Housekeeping), Utilizing Fine Needle Aspirate Or Formalin Fixed Paraffin Embedded Tissue, Algorithm Reported As Risk Of Metastasis
Reproductive Medicine			
ArkBCBS UM	Reproductive Medicine	55870	Electroejaculation
ArkBCBS UM	Reproductive Medicine	55400	Vasovasostomy, vasovasorrhaphy
ArkBCBS UM	Reproductive Medicine	89240	Unlisted miscellaneous pathology test
ArkBCBS UM	Reproductive Medicine	89250	Culture of oocyte(s)/embryo(s), less than 4 days;
ArkBCBS UM	Reproductive Medicine	89251	Culture of oocyte(s)/embryo(s), less than 4 days; with co-culture of oocyte(s)/embryos
ArkBCBS UM	Reproductive Medicine	89253	Assisted embryo hatching, microtechniques (any method)
ArkBCBS UM	Reproductive Medicine	89254	Oocyte identification from follicular fluid
ArkBCBS UM	Reproductive Medicine	89255	Preparation of embryo for transfer (any method)
ArkBCBS UM	Reproductive Medicine	89257	Sperm identification from aspiration (other than seminal fluid)
ArkBCBS UM	Reproductive Medicine	89258	Cryopreservation; embryo(s)
ArkBCBS UM	Reproductive Medicine	89259	Cryopreservation; sperm
ArkBCBS UM	Reproductive Medicine	89260	Sperm isolation; simple prep (eg, sperm wash and swim-up) for insemination or diagnosis with semen analysis
ArkBCBS UM	Reproductive Medicine	89261	Sperm isolation; complex prep (eg, Percoll gradient, albumin gradient) for insemination or diagnosis with semen analysis
ArkBCBS UM	Reproductive Medicine	89264	Sperm identification from testis tissue, fresh or cryopreserved
ArkBCBS UM	Reproductive Medicine	89268	Insemination of oocytes
ArkBCBS UM	Reproductive Medicine	89272	Extended culture of oocyte(s)/embryo(s), 4-7 days
ArkBCBS UM	Reproductive Medicine	89280	Assisted oocyte fertilization, microtechnique; less than or equal to 10 oocytes
ArkBCBS UM	Reproductive Medicine	89281	Assisted oocyte fertilization, microtechnique; greater than 10 oocytes
ArkBCBS UM	Reproductive Medicine	89290	Biopsy, oocyte polar body or embryo blastomere, microtechnique (for pre-implantation genetic diagnosis); less than or equal to 5 embryos
ArkBCBS UM	Reproductive Medicine	89291	Biopsy, oocyte polar body or embryo blastomere, microtechnique (for pre-implantation genetic diagnosis); greater than 5 embryos
ArkBCBS UM	Reproductive Medicine	89300	Semen analysis; presence and/or motility of sperm including Huhner test (post coital)
ArkBCBS UM	Reproductive Medicine	89310	Semen analysis; motility and count (not including Huhner test)
ArkBCBS UM	Reproductive Medicine	89320	Semen analysis; volume, count, motility, and differential
ArkBCBS UM	Reproductive Medicine	89321	Semen analysis; sperm presence and motility of sperm, if performed
ArkBCBS UM	Reproductive Medicine	89322	Semen analysis; volume, count, motility, and differential using strict morphologic criteria (eg, Kruger)
ArkBCBS UM	Reproductive Medicine	89329	Sperm evaluation, for retrograde ejaculation, urine (sperm concentration, motility, and morphology, as indicated)
ArkBCBS UM	Reproductive Medicine	89330	Sperm evaluation; cervical mucus penetration test, with or without spinnbarkeit test
ArkBCBS UM	Reproductive Medicine	89331	Sperm evaluation, for retrograde ejaculation, urine (sperm concentration, motility, and morphology, as indicated)
ArkBCBS UM	Reproductive Medicine	89335	Cryopreservation, reproductive tissue, testicular
ArkBCBS UM	Reproductive Medicine	89337	Cryopreservation, mature oocyte(s)
ArkBCBS UM	Reproductive Medicine	89342	Storage (per year); embryo(s)
ArkBCBS UM	Reproductive Medicine	89343	Storage (per year); sperm/semens
ArkBCBS UM	Reproductive Medicine	89344	Storage (per year); reproductive tissue, testicular/ovarian
ArkBCBS UM	Reproductive Medicine	89346	Storage (per year); oocyte(s)
ArkBCBS UM	Reproductive Medicine	89352	Thawing of cryopreserved; embryo(s)

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ArkBCBS UM	Reproductive Medicine	89353	Thawing of cryopreserved; sperm/semen, each aliquot
ArkBCBS UM	Reproductive Medicine	89354	Thawing of cryopreserved; reproductive tissue, testicular/ovarian
ArkBCBS UM	Reproductive Medicine	89356	Thawing of cryopreserved; oocytes, each aliquot
ArkBCBS UM	Reproductive Medicine	89398	Unlisted reproductive medicine laboratory procedure
ArkBCBS UM	Reproductive Medicine	58321	Artificial insemination; intra-cervical
ArkBCBS UM	Reproductive Medicine	58322	Artificial insemination; intra-uterine
ArkBCBS UM	Reproductive Medicine	58323	Sperm washing for artificial insemination
ArkBCBS UM	Reproductive Medicine	58340	Catheterization and introduction of saline or contrast material for saline infusion sonohysterography (SIS) or hysterosalpingography
ArkBCBS UM	Reproductive Medicine	58970	Follicle puncture for oocyte retrieval, any method
ArkBCBS UM	Reproductive Medicine	58974	Embryo transfer, intrauterine
ArkBCBS UM	Reproductive Medicine	58976	Gamete, zygote, or embryo intrafallopian transfer, any method
ArkBCBS UM	Reproductive Medicine	58999	Unlisted procedure, female genital system (nonobstetrical)
Part B Drugs Requiring Prior Authorization for non-oncology use			
Ark Pharmacy UM	Part B Drugs	J0129	ORENCIA
Ark Pharmacy UM	Part B Drugs	J0172	ADUHELM
Ark Pharmacy UM	Part B Drugs	J0178	EYLEA
Ark Pharmacy UM	Part B Drugs	J0179	BEOVU
Ark Pharmacy UM	Part B Drugs	J0180	FABRAZYME
Ark Pharmacy UM	Part B Drugs	J0185	CINVANTI
Ark Pharmacy UM	Part B Drugs	J0202	LEMTRADA
Ark Pharmacy UM	Part B Drugs	J0221	LUMIZYME
Ark Pharmacy UM	Part B Drugs	J0222	ONPATTRO
Ark Pharmacy UM	Part B Drugs	J0223	GIVLAARI
Ark Pharmacy UM	Part B Drugs	J0256	ZEMAIRA
Ark Pharmacy UM	Part B Drugs	J0257	GLASSIA
Ark Pharmacy UM	Part B Drugs	J0470	DIMERCAPROL
Ark Pharmacy UM	Part B Drugs	J0490	BENLYSTA
Ark Pharmacy UM	Part B Drugs	J0517	FASENRA
Ark Pharmacy UM	Part B Drugs	J0570	PROBUPHINE IMPLANT KIT
Ark Pharmacy UM	Part B Drugs	J0584	CRYSVITA
Ark Pharmacy UM	Part B Drugs	J0585	BOTOX
Ark Pharmacy UM	Part B Drugs	J0586	DYSPORE
Ark Pharmacy UM	Part B Drugs	J0587	MYOBLOC
Ark Pharmacy UM	Part B Drugs	J0588	XEOMIN
Ark Pharmacy UM	Part B Drugs	J0596	RUCONEST
Ark Pharmacy UM	Part B Drugs	J0597	BERINERT
Ark Pharmacy UM	Part B Drugs	J0598	CINRYZE
Ark Pharmacy UM	Part B Drugs	J0600	edetate calcium disodium
Ark Pharmacy UM	Part B Drugs	J0606	PARSABIV
Ark Pharmacy UM	Part B Drugs	J0640	leucovorin calcium, per 50 mg
Ark Pharmacy UM	Part B Drugs	J0641	levoleucovorin, not otherwise specified
Ark Pharmacy UM	Part B Drugs	J0642	levoleucovorin (Khapzory)
Ark Pharmacy UM	Part B Drugs	J0717	CIMZIA
Ark Pharmacy UM	Part B Drugs	J0775	XIAFLEX
Ark Pharmacy UM	Part B Drugs	J0791	ADAKVEO
Ark Pharmacy UM	Part B Drugs	J0800	ACTHAR
Ark Pharmacy UM	Part B Drugs	J0881	ARANESP ALBUMIN FREE
Ark Pharmacy UM	Part B Drugs	J0882	DARBEPOETIN ALFA

Arkansas Medicare Advantage Prior Authorization list

Responsible Party	Category	CPT Code	Description
Ark Pharmacy UM	Part B Drugs	J0885	EPOGEN
Ark Pharmacy UM	Part B Drugs	J0887	MIRCERA, EPOETIN BETA
Ark Pharmacy UM	Part B Drugs	J0888	MIRCERA, EPOETIN BETA non-ESRD
Ark Pharmacy UM	Part B Drugs	J0894	DACOGEN (decitabine)
Ark Pharmacy UM	Part B Drugs	J0895	DEFERAL (deferoxamine mesylate)
Ark Pharmacy UM	Part B Drugs	J0896	REBLOZYL
Ark Pharmacy UM	Part B Drugs	J0897	PROLIA
Ark Pharmacy UM	Part B Drugs	J1071	DEPO-TESTOSTERONE
Ark Pharmacy UM	Part B Drugs	J1290	KALBITOR
Ark Pharmacy UM	Part B Drugs	J1300	SOLIRIS
Ark Pharmacy UM	Part B Drugs	J1301	RADICAVA
Ark Pharmacy UM	Part B Drugs	J1303	ULTOMIRIS
Ark Pharmacy UM	Part B Drugs	J1306	LEQVIO
Ark Pharmacy UM	Part B Drugs	J1322	VIMIZIM
Ark Pharmacy UM	Part B Drugs	J1325	FLOLAN
Ark Pharmacy UM	Part B Drugs	J1428	EXONDYS 51
Ark Pharmacy UM	Part B Drugs	J1437	FERRIC DERISOMALTOSE, 10 MG
Ark Pharmacy UM	Part B Drugs	J1439	INJECTAFER
Ark Pharmacy UM	Part B Drugs	J1442	NEUPOGEN
Ark Pharmacy UM	Part B Drugs	J1447	GRANIX
Ark Pharmacy UM	Part B Drugs	J1453	EMEND
Ark Pharmacy UM	Part B Drugs	J1454	AKYNZEO
Ark Pharmacy UM	Part B Drugs	J1458	NAGLAZYME
Ark Pharmacy UM	Part B Drugs	J1459	PRIVIGEN
Ark Pharmacy UM	Part B Drugs	J1460	GAMASTAN
Ark Pharmacy UM	Part B Drugs	J1555	CUVITRU
Ark Pharmacy UM	Part B Drugs	J1556	BIVIGAM
Ark Pharmacy UM	Part B Drugs	J1557	GAMMAPLEX
Ark Pharmacy UM	Part B Drugs	J1558	XEMBIFY
Ark Pharmacy UM	Part B Drugs	J1559	HIZENTRA
Ark Pharmacy UM	Part B Drugs	J1561	GAMUNEX-C
Ark Pharmacy UM	Part B Drugs	J1566	CARIMUNE NANOFILTERED
Ark Pharmacy UM	Part B Drugs	J1568	OCTAGAM
Ark Pharmacy UM	Part B Drugs	J1569	GAMMAGARD LIQUID
Ark Pharmacy UM	Part B Drugs	J1572	FLEBOGAMMA DIF
Ark Pharmacy UM	Part B Drugs	J1575	HYQVIA
Ark Pharmacy UM	Part B Drugs	J1602	SIMPONI ARIA
Ark Pharmacy UM	Part B Drugs	J1627	SUSTOL
Ark Pharmacy UM	Part B Drugs	J1726	MAKENA
Ark Pharmacy UM	Part B Drugs	J1743	ELAPRASE
Ark Pharmacy UM	Part B Drugs	J1744	FIRAZYR
Ark Pharmacy UM	Part B Drugs	J1745	REMICADE
Ark Pharmacy UM	Part B Drugs	J1756	VENOFER
Ark Pharmacy UM	Part B Drugs	J1786	CEREZYME
Ark Pharmacy UM	Part B Drugs	J1823	UPLIZNA
Ark Pharmacy UM	Part B Drugs	J1930	SOMATULINE DEPOT
Ark Pharmacy UM	Part B Drugs	J1931	ALDURAZYME
Ark Pharmacy UM	Part B Drugs	J2182	NUCALA

Arkansas Medicare Advantage Prior Authorization list

Responsible Party	Category	CPT Code	Description
Ark Pharmacy UM	Part B Drugs	J2315	VIVITROL
Ark Pharmacy UM	Part B Drugs	J2323	TYSABRI
Ark Pharmacy UM	Part B Drugs	J2326	SPINRAZA
Ark Pharmacy UM	Part B Drugs	J2327	SKYRIZI
Ark Pharmacy UM	Part B Drugs	J2350	OCREVUS
Ark Pharmacy UM	Part B Drugs	J2353	SANDOSTATIN LAR DEPOT
Ark Pharmacy UM	Part B Drugs	J2354	OCTREOTIDE ACETATE
Ark Pharmacy UM	Part B Drugs	J2357	XOLAIR
Ark Pharmacy UM	Part B Drugs	J2430	pamidronate disodium
Ark Pharmacy UM	Part B Drugs	J2469	ALOXI
Ark Pharmacy UM	Part B Drugs	J2502	SIGNIFOR LAR
Ark Pharmacy UM	Part B Drugs	J2503	MACUGEN
Ark Pharmacy UM	Part B Drugs	J2507	KRYSTEXXA
Ark Pharmacy UM	Part B Drugs	J2562	MOZOBIL
Ark Pharmacy UM	Part B Drugs	J2777	VABSYMO
Ark Pharmacy UM	Part B Drugs	J2778	LUCENTIS
Ark Pharmacy UM	Part B Drugs	J2779	SUSVIMO
Ark Pharmacy UM	Part B Drugs	J2786	CINQAIR
Ark Pharmacy UM	Part B Drugs	J2796	NPLATE
Ark Pharmacy UM	Part B Drugs	J2820	LEUKINE
Ark Pharmacy UM	Part B Drugs	J2840	KANUMA
Ark Pharmacy UM	Part B Drugs	J2860	siltuximab
Ark Pharmacy UM	Part B Drugs	J2916	FERRLECIT
Ark Pharmacy UM	Part B Drugs	J3032	VYEPTI
Ark Pharmacy UM	Part B Drugs	J3304	ZILRETTA
Ark Pharmacy UM	Part B Drugs	J3060	ELELYSO
Ark Pharmacy UM	Part B Drugs	J3111	EVENITY
Ark Pharmacy UM	Part B Drugs	J3145	AVEED
Ark Pharmacy UM	Part B Drugs	J3241	TEPEZZA
Ark Pharmacy UM	Part B Drugs	J3245	ILUMYA
Ark Pharmacy UM	Part B Drugs	J3262	ACTEMRA
Ark Pharmacy UM	Part B Drugs	J3285	REMODULIN
Ark Pharmacy UM	Part B Drugs	J3315	triptorelin pamoate
Ark Pharmacy UM	Part B Drugs	J3358	STELARA
Ark Pharmacy UM	Part B Drugs	J3380	ENTYVIO
Ark Pharmacy UM	Part B Drugs	J3385	VPRIV
Ark Pharmacy UM	Part B Drugs	J3396	VISUDYNE
Ark Pharmacy UM	Part B Drugs	J3397	MEPSEVII
Ark Pharmacy UM	Part B Drugs	J3398	LUXTURNA
Ark Pharmacy UM	Part B Drugs	J3399	ZOLGENSMA
Ark Pharmacy UM	Part B Drugs	J3489	RECLAST
Ark Pharmacy UM	Part B Drugs	J7170	HEMLIBRA
Ark Pharmacy UM	Part B Drugs	J7175	COAGADEX
Ark Pharmacy UM	Part B Drugs	J7177	FIBRYGA
Ark Pharmacy UM	Part B Drugs	J7178	RIASTAP
Ark Pharmacy UM	Part B Drugs	J7182	NOVOEIGHT
Ark Pharmacy UM	Part B Drugs	J7185	XYNTHA
Ark Pharmacy UM	Part B Drugs	J7190	KOATE

Arkansas Medicare Advantage Prior Authorization list

Responsible Party	Category	CPT Code	Description
Ark Pharmacy UM	Part B Drugs	J7192	HELIXATE FS
Ark Pharmacy UM	Part B Drugs	J7193	ALPHANINE SD
Ark Pharmacy UM	Part B Drugs	J7194	Factor IX complex
Ark Pharmacy UM	Part B Drugs	J7195	IXINITY
Ark Pharmacy UM	Part B Drugs	J7200	RIXUBIS
Ark Pharmacy UM	Part B Drugs	J7201	ALPROLIX
Ark Pharmacy UM	Part B Drugs	J7202	IDELVION
Ark Pharmacy UM	Part B Drugs	J7203	REBINYN
Ark Pharmacy UM	Part B Drugs	J7204	ESPEROCT
Ark Pharmacy UM	Part B Drugs	J7205	ELOCTATE
Ark Pharmacy UM	Part B Drugs	J7207	ADYNOVATE
Ark Pharmacy UM	Part B Drugs	J7208	JIVI
Ark Pharmacy UM	Part B Drugs	J7209	NUWIQ
Ark Pharmacy UM	Part B Drugs	J7210	AFSTYLA
Ark Pharmacy UM	Part B Drugs	J7211	KOVALTRY
Ark Pharmacy UM	Part B Drugs	J7312	OZURDEX
Ark Pharmacy UM	Part B Drugs	J7318	DUROLANE
Ark Pharmacy UM	Part B Drugs	J7320	GENVISC 850
Ark Pharmacy UM	Part B Drugs	J7321	HYALGAN
Ark Pharmacy UM	Part B Drugs	J7322	HYMOVIS
Ark Pharmacy UM	Part B Drugs	J7323	EUFLEXXA
Ark Pharmacy UM	Part B Drugs	J7324	ORTHOVISC
Ark Pharmacy UM	Part B Drugs	J7325	SYNVISC, SYNVISC ONE
Ark Pharmacy UM	Part B Drugs	J7326	GEL-ONE
Ark Pharmacy UM	Part B Drugs	J7327	MONOVISC
Ark Pharmacy UM	Part B Drugs	J7328	GELSYN-3
Ark Pharmacy UM	Part B Drugs	J7329	TRIVISC
Ark Pharmacy UM	Part B Drugs	J7331	SYNOJOYNT
Ark Pharmacy UM	Part B Drugs	J7332	TRILURON
Ark Pharmacy UM	Part B Drugs	J7351	DURYSTA
Ark Pharmacy UM	Part B Drugs	J8520	Capecitabine - oral, Xeloda
Ark Pharmacy UM	Part B Drugs	J8521	Capecitabine - oral, Xeloda
Ark Pharmacy UM	Part B Drugs	J8560	Etoposide - oral, Toposar
Ark Pharmacy UM	Part B Drugs	J8700	Temozolomide - oral, Temodar
Ark Pharmacy UM	Part B Drugs	J9210	GAMIFANT (emapalumab-lzsg)
Ark Pharmacy UM	Part B Drugs	J9281	Mitomycin, Jelmyto
Ark Pharmacy UM	Part B Drugs	Q0138	FERAHEME non-ESRD
Ark Pharmacy UM	Part B Drugs	Q0139	FERAHEME, ESRD on dialysis
Ark Pharmacy UM	Part B Drugs	Q2053	Brexucabtagene autoleucel, up to 200 million autologous anti-CD19 CAR positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose
Ark Pharmacy UM	Part B Drugs	Q2054	Lisocabtagene maraleucel, up to 110 million autologous anti-CD19 CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose
Ark Pharmacy UM	Part B Drugs	Q2055	Idecabtagene vicleucel, up to 460 million autologous B-cell maturation antigen (BCMA) directed CAR-positive T cells, including leukapheresis and dose preparation procedures, per therapeutic dose
Ark Pharmacy UM	Part B Drugs	Q4081	EPOGEN/PROCRIT
Ark Pharmacy UM	Part B Drugs	Q5101	ZARXIO
Ark Pharmacy UM	Part B Drugs	Q5103	INFLECTRA
Ark Pharmacy UM	Part B Drugs	Q5104	RENFLEXIS

Arkansas Medicare Advantage Prior Authorization list

Responsible Party	Category	CPT Code	Description
Ark Pharmacy UM	Part B Drugs	Q5105	RETACRIT, ESRD on dialysis
Ark Pharmacy UM	Part B Drugs	Q5106	RETACRIT, non-ESRD
Ark Pharmacy UM	Part B Drugs	Q5108	FULPHILA
Ark Pharmacy UM	Part B Drugs	Q5110	NIVESTYM
Ark Pharmacy UM	Part B Drugs	Q5111	UDENYCA
Ark Pharmacy UM	Part B Drugs	Q5120	ZIEXTENZO
Ark Pharmacy UM	Part B Drugs	Q5121	AVSOLA
Ark Pharmacy UM	Part B Drugs	Q5122	NYVEPRIA
Ark Pharmacy UM	Part B Drugs	Q5124	BYOOVIZ
Ark Pharmacy UM	Part B Drugs	Q9991	SUBLOCADE
Ark Pharmacy UM	Part B Drugs	Q9992	SUBLOCADE
Ark Pharmacy UM	Part B Drugs	J3490	TESTOPEL
High-Tech Radiology, DME/Prosthetics and Medical Oncology			
eviCore	High-Tech Radiology	0042T	Cerebral Perfusion Analysis Using Computed Tomography With Contrast Ad
eviCore	High-Tech Radiology - added 12/9/2020	0609T	Magnetic Resonance Spectroscopy, Determination And Localization Of Discogenic Pain (Cervical, Thoracic, Or Lumbar); Acquisition Of Single Voxel Data, Per Disc, On Biomarkers (Ie, Lactic Acid, Carbohydrate, Alanine, Laal, Propionic Acid, Proteoglycan, And Collagen) In At Least 3 Discs
eviCore	High-Tech Radiology - added 12/9/2020	0610T	Magnetic Resonance Spectroscopy, Determination And Localization Of Discogenic Pain (Cervical, Thoracic, Or Lumbar); Transmission Of Biomarker Data For Software Analysis
eviCore	High-Tech Radiology - added 12/9/2020	0611T	Magnetic Resonance Spectroscopy, Determination And Localization Of Discogenic Pain (Cervical, Thoracic, Or Lumbar); Postprocessing For Algorithmic Analysis Of Biomarker Data For Determination Of Relative Chemical Differences Between Discs
eviCore	High-Tech Radiology - added 12/9/2020	0612T	Magnetic Resonance Spectroscopy, Determination And Localization Of Discogenic Pain (Cervical, Thoracic, Or Lumbar); Interpretation And Report
eviCore	High-Tech Radiology	0633T	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast material
eviCore	High-Tech Radiology	0634T	Computed tomography, breast, including 3D rendering, when performed, unilateral; with contrast material(s)
eviCore	High-Tech Radiology	0635T	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast, followed by contrast material(s)
eviCore	High-Tech Radiology	0636T	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast material(s)
eviCore	High-Tech Radiology	0637T	Computed tomography, breast, including 3D rendering, when performed, bilateral; with contrast material(s)
eviCore	High-Tech Radiology	0638T	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast, followed by contrast material(s)
eviCore	High-Tech Radiology	0648T	Quantitative Magnetic Resonance For Analysis Of Tissue Composition, Including Multiparametric Data Acquisition, Data Preparation And Transmission, Interpretation, And Report, Obtained Without Diagnostic Mri Examination Of The Same Anatomy During The Same Session.
eviCore	High-Tech Radiology	0649T	Quantitative Magnetic Resonance For Analysis Of Tissue Composition, Including Multiparametric Data Acquisition, Data Preparation And Transmission, Interpretation, And Report, Obtained With Diagnostic Mri Examination Of The Same Anatomy During The Same Session.
eviCore	High-Tech Radiology - added 12/9/2020	0697T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session; multiple organs
eviCore	High-Tech Radiology - added 12/9/2020	0698T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure); multiple organs (List separately in addition to code for primary procedure)
eviCore	High-Tech Radiology	70336	Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)
eviCore	High-Tech Radiology	70450	Computed Tomography, Head Or Brain; Without Contrast Material
eviCore	High-Tech Radiology	70460	Computed Tomography, Head Or Brain; With Contrast Material(S)
eviCore	High-Tech Radiology	70470	Computed Tomography, Head Or Brain; Without Contrast Material, Followe
eviCore	High-Tech Radiology	70480	Computed Tomography, Orbit, Sella, Or Posterior Fossa Or Outer, Middle
eviCore	High-Tech Radiology	70481	Computed Tomography, Orbit, Sella, Or Posterior Fossa Or Outer, Middle
eviCore	High-Tech Radiology	70482	Computed Tomography, Orbit, Sella, Or Posterior Fossa Or Outer, Middle
eviCore	High-Tech Radiology	70486	Computed Tomography, Maxillofacial Area; Without Contrast Material

Arkansas Medicare Advantage Prior Authorization list

Responsible Party	Category	CPT Code	Description
eviCore	High-Tech Radiology	70487	Computed Tomography, Maxillofacial Area; With Contrast Material(S)
eviCore	High-Tech Radiology	70488	Computed Tomography, Maxillofacial Area; Without Contrast Material, Fo
eviCore	High-Tech Radiology	70490	Computed Tomography, Soft Tissue Neck; Without Contrast Material
eviCore	High-Tech Radiology	70491	Computed Tomography, Soft Tissue Neck; With Contrast Material(S)
eviCore	High-Tech Radiology	70492	Computed Tomography, Soft Tissue Neck; Without Contrast Material Follo
eviCore	High-Tech Radiology	70496	Computed Tomographic Angiography, Head, With Contrast Material(S), Inc
eviCore	High-Tech Radiology	70498	Computed Tomographic Angiography, Neck, With Contrast Material(S), Inc
eviCore	High-Tech Radiology	70540	Magnetic Resonance (Eg, Proton) Imaging, Orbit, Face, And/Or Neck; Wit
eviCore	High-Tech Radiology	70542	Magnetic Resonance (Eg, Proton) Imaging, Orbit, Face, And/Or Neck; Wit
eviCore	High-Tech Radiology	70543	Magnetic Resonance (Eg, Proton) Imaging, Orbit, Face, And/Or Neck; Wit
eviCore	High-Tech Radiology	70544	Magnetic Resonance Angiography, Head; Without Contrast Material(S)
eviCore	High-Tech Radiology	70545	Magnetic Resonance Angiography, Head; With Contrast Material(S)
eviCore	High-Tech Radiology	70546	Magnetic Resonance Angiography, Head; Without Contrast Material(S), Fo
eviCore	High-Tech Radiology	70547	Magnetic Resonance Angiography, Neck; Without Contrast Material(S)
eviCore	High-Tech Radiology	70548	Magnetic Resonance Angiography, Neck; With Contrast Material(S)
eviCore	High-Tech Radiology	70549	Magnetic Resonance Angiography, Neck; Without Contrast Material(S), Fo
eviCore	High-Tech Radiology	70551	Magnetic Resonance (Eg, Proton) Imaging, Brain (Including Brain Stem);
eviCore	High-Tech Radiology	70552	Magnetic Resonance (Eg, Proton) Imaging, Brain (Including Brain Stem);
eviCore	High-Tech Radiology	70553	Magnetic Resonance (Eg, Proton) Imaging, Brain (Including Brain Stem);
eviCore	High-Tech Radiology	70554	Magnetic Resonance Imaging, Brain, Functional Mri; Including Test Sele
eviCore	High-Tech Radiology	70555	Magnetic Resonance Imaging, Brain, Functional Mri; Requiring Physician
eviCore	High-Tech Radiology	71250	Computed Tomography, Thorax; Without Contrast Material
eviCore	High-Tech Radiology	71260	Computed Tomography, Thorax; With Contrast Material(S)
eviCore	High-Tech Radiology	71270	Computed Tomography, Thorax; Without Contrast Material, Followed By Co
eviCore	High-Tech Radiology	71275	Computed Tomographic Angiography, Chest (Noncoronary), With Contrast M
eviCore	High-Tech Radiology	71550	Magnetic Resonance (Eg, Proton) Imaging, Chest (Eg, For Evaluation Of
eviCore	High-Tech Radiology	71551	Magnetic Resonance (Eg, Proton) Imaging, Chest (Eg, For Evaluation Of
eviCore	High-Tech Radiology	71552	Magnetic Resonance (Eg, Proton) Imaging, Chest (Eg, For Evaluation Of
eviCore	High-Tech Radiology	71555	Magnetic Resonance Angiography, Chest (Excluding Myocardium), With Or
eviCore	High-Tech Radiology	72125	Computed Tomography, Cervical Spine; Without Contrast Material
eviCore	High-Tech Radiology	72126	Computed Tomography, Cervical Spine; With Contrast Material
eviCore	High-Tech Radiology	72127	Computed Tomography, Cervical Spine; Without Contrast Material, Follow
eviCore	High-Tech Radiology	72128	Computed Tomography, Thoracic Spine; Without Contrast Material
eviCore	High-Tech Radiology	72129	Computed Tomography, Thoracic Spine; With Contrast Material
eviCore	High-Tech Radiology	72130	Computed Tomography, Thoracic Spine; Without Contrast Material, Follow
eviCore	High-Tech Radiology	72131	Computed Tomography, Lumbar Spine; Without Contrast Material
eviCore	High-Tech Radiology	72132	Computed Tomography, Lumbar Spine; With Contrast Material
eviCore	High-Tech Radiology	72133	Computed Tomography, Lumbar Spine; Without Contrast Material, Followed
eviCore	High-Tech Radiology	72141	Magnetic Resonance (Eg, Proton) Imaging, Spinal Canal And Contents, Ce
eviCore	High-Tech Radiology	72142	Magnetic Resonance (Eg, Proton) Imaging, Spinal Canal And Contents, Ce
eviCore	High-Tech Radiology	72146	Magnetic Resonance (Eg, Proton) Imaging, Spinal Canal And Contents, Th
eviCore	High-Tech Radiology	72147	Magnetic Resonance (Eg, Proton) Imaging, Spinal Canal And Contents, Th
eviCore	High-Tech Radiology	72148	Magnetic Resonance (Eg, Proton) Imaging, Spinal Canal And Contents, Lu
eviCore	High-Tech Radiology	72149	Magnetic Resonance (Eg, Proton) Imaging, Spinal Canal And Contents, Lu
eviCore	High-Tech Radiology	72156	Magnetic Resonance (Eg, Proton) Imaging, Spinal Canal And Contents, Wi
eviCore	High-Tech Radiology	72157	Magnetic Resonance (Eg, Proton) Imaging, Spinal Canal And Contents, Wi
eviCore	High-Tech Radiology	72158	Magnetic Resonance (Eg, Proton) Imaging, Spinal Canal And Contents, Wi
eviCore	High-Tech Radiology	72159	Magnetic Resonance Angiography, Spinal Canal And Contents, With Or Wit

Arkansas Medicare Advantage Prior Authorization list

Responsible Party	Category	CPT Code	Description
eviCore	High-Tech Radiology	72191	Computed Tomographic Angiography, Pelvis, With Contrast Material(S), I
eviCore	High-Tech Radiology	72192	Computed Tomography, Pelvis; Without Contrast Material
eviCore	High-Tech Radiology	72193	Computed Tomography, Pelvis; With Contrast Material(S)
eviCore	High-Tech Radiology	72194	Computed Tomography, Pelvis; Without Contrast Material, Followed By Co
eviCore	High-Tech Radiology	72195	Magnetic Resonance (Eg, Proton) Imaging, Pelvis; Without Contrast Mate
eviCore	High-Tech Radiology	72196	Magnetic Resonance (Eg, Proton) Imaging, Pelvis; With Contrast Materia
eviCore	High-Tech Radiology	72197	Magnetic Resonance (Eg, Proton) Imaging, Pelvis; Without Contrast Mate
eviCore	High-Tech Radiology	72198	Magnetic Resonance Angiography, Pelvis, With Or Without Contrast Mater
eviCore	High-Tech Radiology	73200	Computed Tomography, Upper Extremity; Without Contrast Material
eviCore	High-Tech Radiology	73201	Computed Tomography, Upper Extremity; With Contrast Material(S)
eviCore	High-Tech Radiology	73202	Computed Tomography, Upper Extremity; Without Contrast Material, Follo
eviCore	High-Tech Radiology	73206	Computed Tomographic Angiography, Upper Extremity, With Contrast Mater
eviCore	High-Tech Radiology	73218	Magnetic Resonance (Eg, Proton) Imaging, Upper Extremity, Other Than J
eviCore	High-Tech Radiology	73219	Magnetic Resonance (Eg, Proton) Imaging, Upper Extremity, Other Than J
eviCore	High-Tech Radiology	73220	Magnetic Resonance (Eg, Proton) Imaging, Upper Extremity, Other Than J
eviCore	High-Tech Radiology	73221	Magnetic Resonance (Eg, Proton) Imaging, Any Joint Of Upper Extremity;
eviCore	High-Tech Radiology	73222	Magnetic Resonance (Eg, Proton) Imaging, Any Joint Of Upper Extremity;
eviCore	High-Tech Radiology	73223	Magnetic Resonance (Eg, Proton) Imaging, Any Joint Of Upper Extremity;
eviCore	High-Tech Radiology	73225	Magnetic Resonance Angiography, Upper Extremity, With Or Without Contr
eviCore	High-Tech Radiology	73700	Computed Tomography, Lower Extremity; Without Contrast Material
eviCore	High-Tech Radiology	73701	Computed Tomography, Lower Extremity; With Contrast Material(S)
eviCore	High-Tech Radiology	73702	Computed Tomography, Lower Extremity; Without Contrast Material, Follo
eviCore	High-Tech Radiology	73706	Computed Tomographic Angiography, Lower Extremity, With Contrast Mater
eviCore	High-Tech Radiology	73718	Magnetic Resonance (Eg, Proton) Imaging, Lower Extremity Other Than Jo
eviCore	High-Tech Radiology	73719	Magnetic Resonance (Eg, Proton) Imaging, Lower Extremity Other Than Jo
eviCore	High-Tech Radiology	73720	Magnetic Resonance (Eg, Proton) Imaging, Lower Extremity Other Than Jo
eviCore	High-Tech Radiology	73721	Magnetic Resonance (Eg, Proton) Imaging, Any Joint Of Lower Extremity;
eviCore	High-Tech Radiology	73722	Magnetic Resonance (Eg, Proton) Imaging, Any Joint Of Lower Extremity;
eviCore	High-Tech Radiology	73723	Magnetic Resonance (Eg, Proton) Imaging, Any Joint Of Lower Extremity;
eviCore	High-Tech Radiology	73725	Magnetic Resonance Angiography, Lower Extremity, With Or Without Contr
eviCore	High-Tech Radiology	74150	Computed Tomography, Abdomen; Without Contrast Material
eviCore	High-Tech Radiology	74160	Computed Tomography, Abdomen; With Contrast Material(S)
eviCore	High-Tech Radiology	74170	Computed Tomography, Abdomen; Without Contrast Material, Followed By C
eviCore	High-Tech Radiology	74174	Computed Tomographic Angiography, Abdomen And Pelvis, With Contrast Ma
eviCore	High-Tech Radiology	74175	Computed Tomographic Angiography, Abdomen, With Contrast Material(S),
eviCore	High-Tech Radiology	74176	Computed Tomography, Abdomen And Pelvis; Without Contrast Material
eviCore	High-Tech Radiology	74177	Computed Tomography, Abdomen And Pelvis; With Contrast Material(S)
eviCore	High-Tech Radiology	74178	Computed Tomography, Abdomen And Pelvis; Without Contrast Material In
eviCore	High-Tech Radiology	74181	Magnetic Resonance (Eg, Proton) Imaging, Abdomen; Without Contrast Mat
eviCore	High-Tech Radiology	74182	Magnetic Resonance (Eg, Proton) Imaging, Abdomen; With Contrast Materi
eviCore	High-Tech Radiology	74183	Magnetic Resonance (Eg, Proton) Imaging, Abdomen; Without Contrast Mat
eviCore	High-Tech Radiology	74185	Magnetic Resonance Angiography, Abdomen, With Or Without Contrast Mate
eviCore	High-Tech Radiology	74261	Computed Tomographic (Ct) Colonography, Diagnostic, Including Image Po
eviCore	High-Tech Radiology	74262	Computed Tomographic (Ct) Colonography, Diagnostic, Including Image Po
eviCore	High-Tech Radiology	74263	Computed Tomographic (Ct) Colonography, Screening, Including Image Pos
eviCore	High-Tech Radiology	74712	Mri Fetal Sngl/1St Gestation
eviCore	High-Tech Radiology	74713	Magnetic Resonance (Eg, Proton) Imaging, Fetal, Including Placental And Maternal Pelvic Imaging When Performed; Each Additional Gestation (List Separately In Addition To Code For Primary Procedure)

Arkansas Medicare Advantage Prior Authorization list

Responsible Party	Category	CPT Code	Description
eviCore	High-Tech Radiology	75557	Cardiac magnetic resonance imaging for morphology and function without contrast material;
eviCore	High-Tech Radiology	75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging
eviCore	High-Tech Radiology	75561	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences;
eviCore	High-Tech Radiology	75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging
eviCore	High-Tech Radiology	75571	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium
eviCore	High-Tech Radiology	75572	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)
eviCore	High-Tech Radiology	75573	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of left ventricular [LV] cardiac function, right ventricular [RV] structure and function and evaluation of vascular structures, if performed)
eviCore	High-Tech Radiology	75635	Computed Tomographic Angiography, Abdominal Aorta And Bilateral Iliofe
eviCore	High-Tech Radiology	76390	Magnetic Resonance Spectroscopy
eviCore	High-Tech Radiology	76391	Magnetic Resonance (Eg, Vibration) Elastography
eviCore	High-Tech Radiology	76497	Unlisted computed tomography procedure (eg, diagnostic, interventional)
eviCore	High-Tech Radiology	76498	Unlisted magnetic resonance procedure (eg, diagnostic, interventional)
eviCore	High-Tech Radiology	77046	Magnetic Resonance Imaging, Breast, Without Contrast Material; Unilateral
eviCore	High-Tech Radiology	77047	Magnetic Resonance Imaging, Breast, Without Contrast Material; Bilateral
eviCore	High-Tech Radiology	77048	Magnetic Resonance Imaging, Breast, Without And With Contrast Material(S), Including Computer Aided Detection (Cad Real Time Lesion Detection, Characterization And Pharmacokinetic Analysis), When Performed; Unilateral
eviCore	High-Tech Radiology	77049	Magnetic Resonance Imaging, Breast, Without And With Contrast Material(S), Including Computer Aided Detection (Cad Real Time Lesion Detection, Characterization And Pharmacokinetic Analysis), When Performed; Bilateral
eviCore	High-Tech Radiology	77084	Magnetic Resonance (Eg, Proton) Imaging, Bone Marrow Blood Supply
eviCore	High-Tech Radiology	78012	Thyroid Uptake, Single Or Multiple Quantitative Measurement(S) (Includ
eviCore	High-Tech Radiology	78013	Thyroid Imaging (Including Vascular Flow, When Performed);
eviCore	High-Tech Radiology	78014	Thyroid Imaging (Including Vascular Flow, When Performed); With Single
eviCore	High-Tech Radiology	78015	Thyroid Carcinoma Metastases Imaging; Limited Area (Eg, Neck And Chest
eviCore	High-Tech Radiology	78016	Thyroid Carcinoma Metastases Imaging; With Additional Studies (Eg, Uri
eviCore	High-Tech Radiology	78018	Thyroid Carcinoma Metastases Imaging; Whole Body
eviCore	High-Tech Radiology	78020	Thyroid Carcinoma Metastases Uptake (List Separately In Addition To Co
eviCore	High-Tech Radiology	78070	Parathyroid Planar Imaging (Including Subtraction, When Performed);
eviCore	High-Tech Radiology	78071	Parathyroid Planar Imaging (Including Subtraction, When Performed); Wi
eviCore	High-Tech Radiology	78072	Parathyroid Planar Imaging (Including Subtraction, When Performed); Wi
eviCore	High-Tech Radiology	78075	Adrenal Imaging, Cortex And/Or Medulla
eviCore	High-Tech Radiology	78102	Bone Marrow Imaging; Limited Area
eviCore	High-Tech Radiology	78103	Bone Marrow Imaging; Multiple Areas
eviCore	High-Tech Radiology	78104	Bone Marrow Imaging; Whole Body
eviCore	High-Tech Radiology	78185	Spleen Imaging Only, With Or Without Vascular Flow
eviCore	High-Tech Radiology	78195	Lymphatics And Lymph Nodes Imaging
eviCore	High-Tech Radiology	78201	Liver Imaging; Static Only
eviCore	High-Tech Radiology	78202	Liver Imaging; With Vascular Flow
eviCore	High-Tech Radiology	78215	Liver And Spleen Imaging; Static Only
eviCore	High-Tech Radiology	78216	Liver And Spleen Imaging; With Vascular Flow
eviCore	High-Tech Radiology	78226	Hepatobiliary System Imaging, Including Gallbladder When Present;
eviCore	High-Tech Radiology	78227	Hepatobiliary System Imaging, Including Gallbladder When Present; With
eviCore	High-Tech Radiology	78230	Salivary Gland Imaging;
eviCore	High-Tech Radiology	78231	Salivary Gland Imaging; With Serial Images
eviCore	High-Tech Radiology	78232	Salivary Gland Function Study

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eviCore	High-Tech Radiology	78258	Esophageal Motility
eviCore	High-Tech Radiology	78261	Gastric Mucosa Imaging
eviCore	High-Tech Radiology	78262	Gastroesophageal Reflux Study
eviCore	High-Tech Radiology	78264	Gastric Emptying Study
eviCore	High-Tech Radiology	78265	Gastric Emptying Imaging Study, W/Small Bowel Transit
eviCore	High-Tech Radiology	78266	Gastric Emptying Imag Study
eviCore	High-Tech Radiology	78278	Acute Gastrointestinal Blood Loss Imaging
eviCore	High-Tech Radiology	78290	Intestine Imaging (Eg, Ectopic Gastric Mucosa, Meckel'S Localization,
eviCore	High-Tech Radiology	78291	Peritoneal-Venous Shunt Patency Test (Eg, For Leveen, Denver Shunt)
eviCore	High-Tech Radiology	78300	Bone And/Or Joint Imaging; Limited Area
eviCore	High-Tech Radiology	78305	Bone And/Or Joint Imaging; Multiple Areas
eviCore	High-Tech Radiology	78306	Bone And/Or Joint Imaging; Whole Body
eviCore	High-Tech Radiology	78315	Bone And/Or Joint Imaging; 3 Phase Study
eviCore	High-Tech Radiology	78414	Determination of central c-v hemodynamics (non-imaging) (eg, ejection fraction with probe technique) with or without pharmacologic intervention or exercise, single or multiple determinations
eviCore	High-Tech Radiology	78428	Cardiac shunt detection
eviCore	High-Tech Radiology	78429	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan
eviCore	High-Tech Radiology	78430	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan
eviCore	High-Tech Radiology	78431	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan
eviCore	High-Tech Radiology	78432	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability);
eviCore	High-Tech Radiology	78433	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); with concurrently acquired computed tomography transmission scan
eviCore	High-Tech Radiology	78445	Non-Cardiac Vascular Flow Imaging (Ie, Angiography, Venography)
eviCore	High-Tech Radiology	78451	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)
eviCore	High-Tech Radiology	78452	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection
eviCore	High-Tech Radiology	78453	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)
eviCore	High-Tech Radiology	78454	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection
eviCore	High-Tech Radiology	78456	Acute Venous Thrombosis Imaging, Peptide
eviCore	High-Tech Radiology	78457	Venous Thrombosis Imaging, Venogram; Unilateral
eviCore	High-Tech Radiology	78458	Venous Thrombosis Imaging, Venogram; Bilateral
eviCore	High-Tech Radiology	78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study;
eviCore	High-Tech Radiology	78466	Myocardial imaging, infarct avid, planar; qualitative or quantitative
eviCore	High-Tech Radiology	78468	Myocardial imaging, infarct avid, planar; with ejection fraction by first pass technique
eviCore	High-Tech Radiology	78469	Myocardial imaging, infarct avid, planar; tomographic SPECT with or without quantification

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Responsible Party	Category	CPT Code	Description
eviCore	High-Tech Radiology	78472	Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing
eviCore	High-Tech Radiology	78473	Cardiac blood pool imaging, gated equilibrium; multiple studies, wall motion study plus ejection fraction, at rest and stress (exercise and/or pharmacologic), with or without additional quantification
eviCore	High-Tech Radiology	78481	Cardiac blood pool imaging (planar), first pass technique; single study, at rest or with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification
eviCore	High-Tech Radiology	78483	Cardiac blood pool imaging (planar), first pass technique; multiple studies, at rest and with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification
eviCore	High-Tech Radiology	78491	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic)
eviCore	High-Tech Radiology	78492	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic)
eviCore	High-Tech Radiology	78494	Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction, with or without quantitative processing
eviCore	High-Tech Radiology	78579	Pulmonary Ventilation Imaging (Eg, Aerosol Or Gas)
eviCore	High-Tech Radiology	78580	Pulmonary Perfusion Imaging (Eg, Particulate)
eviCore	High-Tech Radiology	78582	Pulmonary Ventilation (Eg, Aerosol Or Gas) And Perfusion Imaging
eviCore	High-Tech Radiology	78597	Quantitative Differential Pulmonary Perfusion, Including Imaging When
eviCore	High-Tech Radiology	78598	Quantitative Differential Pulmonary Perfusion And Ventilation (Eg, Aer
eviCore	High-Tech Radiology	78600	Brain Imaging, Less Than 4 Static Views;
eviCore	High-Tech Radiology	78601	Brain Imaging, Less Than 4 Static Views; With Vascular Flow
eviCore	High-Tech Radiology	78605	Brain Imaging, Minimum 4 Static Views;
eviCore	High-Tech Radiology	78606	Brain Imaging, Minimum 4 Static Views; With Vascular Flow
eviCore	High-Tech Radiology	78608	Brain Imaging, Positron Emission Tomography (Pet); Metabolic Evaluatio
eviCore	High-Tech Radiology	78609	Brain Imaging, Positron Emission Tomography (Pet); Perfusion Evaluatio
eviCore	High-Tech Radiology	78725	Kidney Function Study, Non-Imaging Radioisotopic Study
eviCore	High-Tech Radiology	78730	Urinary Bladder Residual Study (List Separately In Addition To Code Fo
eviCore	High-Tech Radiology	78740	Ureteral Reflux Study (Radiopharmaceutical Voiding Cystogram)
eviCore	High-Tech Radiology	78761	Testicular Imaging With Vascular Flow
eviCore	High-Tech Radiology	78800	Radiopharmaceutical Localization Of Tumor Or Distribution Of Radiophar
eviCore	High-Tech Radiology	78801	Radiopharmaceutical Localization Of Tumor Or Distribution Of Radiophar
eviCore	High-Tech Radiology	78802	Radiopharmaceutical Localization Of Tumor Or Distribution Of Radiophar
eviCore	High-Tech Radiology	78803	Radiopharmaceutical Localization Of Tumor Or Distribution Of Radiophar
eviCore	High-Tech Radiology	78804	Radiopharmaceutical Localization Of Tumor Or Distribution Of Radiophar
eviCore	High-Tech Radiology	78811	Positron Emission Tomography (Pet) Imaging; Limited Area (Eg, Chest, H
eviCore	High-Tech Radiology	78812	Positron Emission Tomography (Pet) Imaging; Skull Base To Mid-Thigh
eviCore	High-Tech Radiology	78813	Positron Emission Tomography (Pet) Imaging; Whole Body
eviCore	High-Tech Radiology	78814	Positron Emission Tomography (Pet) With Concurrently Acquired Computed
eviCore	High-Tech Radiology	78815	Positron Emission Tomography (Pet) With Concurrently Acquired Computed
eviCore	High-Tech Radiology	78816	Positron Emission Tomography (Pet) With Concurrently Acquired Computed
eviCore	High-Tech Radiology	78830	Radiopharmaceutical Localization Of Tumor, Inflammatory Process Or Distribution Of Radiopharmaceutical Agent(S) (Includes Vascular Flow And Blood Pool Imaging, When Performed); Tomographic (Spect) With Concurrently Acquired Computed Tomography (Ct) Transmission Scan For Anatomical Review, Localization And Determination/Detection Of Pathology, Single Area (Eg, Head, Neck, Chest, Pelvis), Single Day Imaging
eviCore	High-Tech Radiology	78831	Radiopharmaceutical Localization Of Tumor, Inflammatory Process Or Distribution Of Radiopharmaceutical Agent(S) (Includes Vascular Flow And Blood Pool Imaging, When Performed); Tomographic (Spect), Minimum 2 Areas (Eg, Pelvis And Knees, Abdomen And Pelvis), Single Day Imaging, Or Single Area Imaging Over 2 Or More Days

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eviCore	High-Tech Radiology	78832	Radiopharmaceutical Localization Of Tumor, Inflammatory Process Or Distribution Of Radiopharmaceutical Agent(S) (Includes Vascular Flow And Blood Pool Imaging, When Performed); Tomographic (Spect) With Concurrently Acquired Computed Tomography (Ct) Transmission Scan For Anatomical Review, Localization And Determination/Detection Of Pathology, Minimum 2 Areas (Eg, Pelvis And Knees, Abdomen And Pelvis), Single Day Imaging, Or Single Area Imaging Over 2 Or More Days
eviCore	High-Tech Radiology	C8900	Magnetic Resonance Angiography With Contrast, Abdomen
eviCore	High-Tech Radiology	C8901	Magnetic Resonance Angiography Without Contrast, Abdomen
eviCore	High-Tech Radiology	C8902	Magnetic Resonance Angiography Without Contrast Followed By With Contr
eviCore	High-Tech Radiology	C8903	Magnetic Resonance Imaging With Contrast, Breast; Unilateral
eviCore	High-Tech Radiology	C8905	Magnetic Resonance Imaging Without Contrast Followed By With Contrast,
eviCore	High-Tech Radiology	C8906	Magnetic Resonance Imaging With Contrast, Breast; Bilateral
eviCore	High-Tech Radiology	C8908	Magnetic Resonance Imaging Without Contrast Followed By With Contrast,
eviCore	High-Tech Radiology	C8909	Magnetic Resonance Angiography With Contrast, Chest (Excluding Myocard
eviCore	High-Tech Radiology	C8910	Magnetic Resonance Angiography Without Contrast, Chest (Excluding Myoc
eviCore	High-Tech Radiology	C8911	Magnetic Resonance Angiography Without Contrast Followed By With Contr
eviCore	High-Tech Radiology	C8912	Magnetic Resonance Angiography With Contrast, Lower Extremity
eviCore	High-Tech Radiology	C8913	Magnetic Resonance Angiography Without Contrast, Lower Extremity
eviCore	High-Tech Radiology	C8914	Magnetic Resonance Angiography Without Contrast Followed By With Contr
eviCore	High-Tech Radiology	C8918	Magnetic Resonance Angiography With Contrast, Pelvis
eviCore	High-Tech Radiology	C8919	Magnetic Resonance Angiography Without Contrast, Pelvis
eviCore	High-Tech Radiology	C8920	Magnetic Resonance Angiography Without Contrast Followed By With Contr
eviCore	High-Tech Radiology	C8931	Magnetic Resonance Angiography With Contrast, Spinal Canal And Content
eviCore	High-Tech Radiology	C8932	Magnetic Resonance Angiography Without Contrast, Spinal Canal And Cont
eviCore	High-Tech Radiology	C8933	Magnetic Resonance Angiography Without Contrast Followed By With Contr
eviCore	High-Tech Radiology	C8934	Magnetic Resonance Angiography With Contrast, Upper Extremity
eviCore	High-Tech Radiology	C8935	Magnetic Resonance Angiography Without Contrast, Upper Extremity
eviCore	High-Tech Radiology	C8936	Magnetic Resonance Angiography Without Contrast Followed By With Contr
eviCore	High-Tech Radiology	G0219	Pet Imaging Whole Body; Melanoma For Noncovered Indications
eviCore	High-Tech Radiology	G0235	Pet Imaging, Any Site, Not Otherwise Specified
eviCore	Prosthetics/DME	A4238	Supply allowance for adjunctive continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 unit of service
eviCore	Prosthetics/DME	A4555	Electrode/transducer for use with electrical stimulation device used for cancer treatment, replacement only
eviCore	Prosthetics/DME	A4563	Rectal Control System For Vaginal Insertion, For Long Term Use, Includes Pump And All Supplies And Accessories, Any Type Each
eviCore	Prosthetics/DME	A4575	Topical Hyperbaric Oxygen Chamber, Disposable
eviCore	Prosthetics/DME	A4649	Surgical Supply; Miscellaneous
eviCore	Prosthetics/DME	A5500	For diabetics only, fitting (including follow-up), custom preparation and supply of off-the-shelf depth-inlay shoe manufactured to accommodate multidensity insert(s), per shoe
eviCore	Prosthetics/DME	A5501	For diabetics only, fitting (including follow-up), custom preparation and supply of shoe molded from cast(s) of patient's foot (custom molded shoe), per shoe
eviCore	Prosthetics/DME	A5503	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with roller or rigid rocker bottom, per shoe
eviCore	Prosthetics/DME	A5504	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with wedge(s), per shoe
eviCore	Prosthetics/DME	A5505	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with metatarsal bar, per shoe
eviCore	Prosthetics/DME	A5506	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with off-set heel(s), per shoe
eviCore	Prosthetics/DME	A5507	For diabetics only, not otherwise specified modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe, per shoe
eviCore	Prosthetics/DME	A5508	For diabetics only, deluxe feature of off-the-shelf depth-inlay shoe or custom molded shoe, per shoe
eviCore	Prosthetics/DME	A5510	For diabetics only, direct formed, compression molded to patient's foot without external heat source, multiple-density insert(s) prefabricated, per shoe

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Responsible Party	Category	CPT Code	Description
eviCore	Prosthetics/DME	A5512	For diabetics only, multiple density insert, direct formed, molded to foot after external heat source of 230 degrees Fahrenheit or higher, total contact with patient's foot, including arch, base layer minimum of 1/4 inch material of Shore A 35 durometer or 3/16 inch material of Shore A 40 durometer (or higher), prefabricated, each
eviCore	Prosthetics/DME	A5513	For diabetics only, multiple density insert, custom molded from model of patient's foot, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of Shore A 35 durometer (or higher), includes arch filler and other shaping material, custom fabricated, each
eviCore	Prosthetics/DME	A5514	For Diabetics Only, Multiple Density Insert, Made By Direct Carving With Cam Technology From A Rectified Cad Model Created From A Digitized Scan Of The Patient, Total Contact With Patient'S Foot, Including Arch, Base Layer Minimum Of 3/16 Inch Material Of Shore A 35 Durometer (Or Higher), Includes Arch Filler And Other Shaping Material, Custom Fabricated, Each
eviCore	Prosthetics/DME	A7025	High frequency chest wall oscillation system vest, replacement for use with patient-owned equipment, each
eviCore	Prosthetics/DME	A9274	External ambulatory insulin delivery system, disposable, each, includes all supplies and accessories
eviCore	Prosthetics/DME	A9276	Sensor; invasive (e.g., subcutaneous), disposable, for use with non-durable medical equipment interstitial continuous glucose monitoring system, one unit = 1 day supply
eviCore	Prosthetics/DME	A9277	Transmitter; external, for use with non-durable medical equipment interstitial continuous glucose monitoring system
eviCore	Prosthetics/DME	A9278	Receiver (monitor); external, for use with non-durable medical equipment interstitial continuous glucose monitoring system
eviCore	Prosthetics/DME	E0170	Commode Chair With Integrated Seat Lift Mechanism, Electric, Any Type
eviCore	Prosthetics/DME	E0193	Powered Air Flotation Bed (Low Air Loss Therapy)
eviCore	Prosthetics/DME	E0194	Air Fluidized Bed
eviCore	Prosthetics/DME	E0260	Hospital Bed, Semi-Electric (Head And Foot Adjustment), With Any Type
eviCore	Prosthetics/DME	E0261	Hospital Bed, Semi-Electric (Head And Foot Adjustment), With Any Type
eviCore	Prosthetics/DME	E0265	Hospital Bed, Total Electric (Head, Foot, And Height Adjustments), Wit
eviCore	Prosthetics/DME	E0266	Hospital Bed, Total Electric (Head, Foot, And Height Adjustments), Wit
eviCore	Prosthetics/DME	E0277	Powered Pressure-Reducing Air Mattress
eviCore	Prosthetics/DME	E0294	Hospital Bed, Semi-Electric (Head And Foot Adjustment), Without Side R
eviCore	Prosthetics/DME	E0295	Hospital Bed, Semi-Electric (Head And Foot Adjustment), Without Side R
eviCore	Prosthetics/DME	E0296	Hospital Bed, Total Electric (Head, Foot, And Height Adjustments), Wit
eviCore	Prosthetics/DME	E0297	Hospital Bed, Total Electric (Head, Foot, And Height Adjustments), Wit
eviCore	Prosthetics/DME	E0300	Pediatric Crib, Hospital Grade, Fully Enclosed, With Or Without Top En
eviCore	Prosthetics/DME	E0301	Hospital Bed, Heavy-Duty, Extra Wide, With Weight Capacity Greater Tha
eviCore	Prosthetics/DME	E0302	Hospital Bed, Extra Heavy-Duty, Extra Wide, With Weight Capacity Great
eviCore	Prosthetics/DME	E0303	Hospital Bed, Heavy-Duty, Extra Wide, With Weight Capacity Greater Tha
eviCore	Prosthetics/DME	E0304	Hospital Bed, Extra Heavy-Duty, Extra Wide, With Weight Capacity Great
eviCore	Prosthetics/DME	E0329	Hospital Bed, Pediatric, Electric Or Semi-Electric, 360 Degree Side En
eviCore	Prosthetics/DME	E0371	Nonpowered Advanced Pressure Reducing Overlay For Mattress, Standard M
eviCore	Prosthetics/DME	E0372	Powered Air Overlay For Mattress, Standard Mattress Length And Width
eviCore	Prosthetics/DME	E0373	Nonpowered Advanced Pressure Reducing Mattress
eviCore	Prosthetics/DME	E0424	Stationary Compressed Gaseous Oxygen System, Rental; Includes Containe
eviCore	Prosthetics/DME	E0425	Stationary Compressed Gas System, Purchase; Includes Regulator, Flowme
eviCore	Prosthetics/DME	E0430	Portable Gaseous Oxygen System, Purchase; Includes Regulator, Flowmete
eviCore	Prosthetics/DME	E0431	Portable Gaseous Oxygen System, Rental; Includes Portable Container, R
eviCore	Prosthetics/DME	E0433	Portable Liquid Oxygen System, Rental; Home Liquefier Used To Fill Por
eviCore	Prosthetics/DME	E0434	Portable Liquid Oxygen System, Rental; Includes Portable Container, Su
eviCore	Prosthetics/DME	E0435	Portable Liquid Oxygen System, Purchase; Includes Portable Container,
eviCore	Prosthetics/DME	E0439	Stationary Liquid Oxygen System, Rental; Includes Container, Contents,
eviCore	Prosthetics/DME	E0440	Stationary Liquid Oxygen System, Purchase; Includes Use Of Reservoir,
eviCore	Prosthetics/DME	E0441	Stationary Oxygen Contents, Gaseous, 1 Month'S Supply = 1 Unit
eviCore	Prosthetics/DME	E0442	Stationary Oxygen Contents, Liquid, 1 Month'S Supply = 1 Unit
eviCore	Prosthetics/DME	E0443	Portable Oxygen Contents, Gaseous, 1 Month'S Supply = 1 Unit
eviCore	Prosthetics/DME	E0444	Portable Oxygen Contents, Liquid, 1 Month'S Supply = 1 Unit

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eviCore	Prosthetics/DME	E0447	Portable Oxygen Contents, Liquid, 1 Month'S Supply = 1 Unit, Prescribed Amount At Rest Or Nighttime Exceeds 4 Liters Per Minute (Lpm)
eviCore	Prosthetics/DME	E0466	Home Vent., Any Type, Used W/Non-Invasive Interface,(E.G., Mask, Chest
eviCore	Prosthetics/DME	E0467	Home Ventilator, Multi Function Respiratory Device, Also Performs Any Or All Of The Additional Functions Of Oxygen Concentration, Drug Nebulization, Aspiration, And Cough Stimulation, Includes All Accessories, Components And Supplies For All Functions
eviCore	Prosthetics/DME	E0470	Respiratory Assist Device, Bi-Level Pressure Capability, Without Backu
eviCore	Prosthetics/DME	E0471	Respiratory Assist Device, Bi-Level Pressure Capability, With Back-Up
eviCore	Prosthetics/DME	E0483	High Frequency Chest Wall Oscillation Air-Pulse Generator System, (Inc
eviCore	Prosthetics/DME	E0485	Oral Device/Appliance Used To Reduce Upper Airway Collapsibility, Adju
eviCore	Prosthetics/DME	E0486	Oral Device/Appliance Used To Reduce Upper Airway Collapsibility, Adju
eviCore	Prosthetics/DME	E0601	Continuous Positive Airway Pressure (Cpap) Device
eviCore	Prosthetics/DME	E0636	Multipositional Patient Support System, With Integrated Lift, Patient
eviCore	Prosthetics/DME	E0651	Pneumatic Compressor, Segmental Home Model Without Calibrated Gradient
eviCore	Prosthetics/DME	E0652	Pneumatic Compressor, Segmental Home Model With Calibrated Gradient Pr
eviCore	Prosthetics/DME	E0675	Pneumatic Compression Device, High Pressure, Rapid Inflation/Deflation
eviCore	Prosthetics/DME	E0676	Intermittent Limb Compression Device (Includes All Accessories), Not O
eviCore	Prosthetics/DME	E0747	Osteogenesis Stimulator, Electrical, Noninvasive, Other Than Spinal Ap
eviCore	Prosthetics/DME	E0748	Osteogenesis Stimulator, Electrical, Noninvasive, Spinal Applications
eviCore	Prosthetics/DME	E0760	Osteogenesis Stimulator, Low Intensity Ultrasound, Noninvasive
eviCore	Prosthetics/DME	E0764	Functional Neuromuscular Stimulation, Transcutaneous Stimulation Of Se
eviCore	Prosthetics/DME	E0766	Electrical Stimulation Device Used For Cancer Treatment, Includes All
eviCore	Prosthetics/DME	E0770	Functional Electrical Stimulator, Transcutaneous Stimulation Of Nerve
eviCore	Prosthetics/DME	E0779	Ambulatory Infusion Pump, Mechanical, Reusable, For Infusion 8 Hours O
eviCore	Prosthetics/DME	E0780	Ambulatory Infusion Pump, Mechanical, Reusable, For Infusion Less Than
eviCore	Prosthetics/DME	E0781	Ambulatory Infusion Pump, Single Or Multiple Channels, Electric Or Bat
eviCore	Prosthetics/DME	E0782	Infusion pump, implantable, nonprogrammable (includes all components, e.g., pump, catheter, connectors, etc.)
eviCore	Prosthetics/DME	E0783	Infusion pump system, implantable, programmable (includes all components, e.g., pump, catheter, connectors, etc.)
eviCore	Prosthetics/DME	E0784	External Ambulatory Infusion Pump, Insulin
eviCore	Prosthetics/DME	E0785	Implantable intraspinal (epidural/intrathecal) catheter used with implantable infusion pump, replacement
eviCore	Prosthetics/DME	E0786	Implantable programmable infusion pump, replacement (excludes implantable intraspinal catheter)
eviCore	Prosthetics/DME	E0791	Parenteral Infusion Pump, Stationary, Single, Or Multichannel
eviCore	Prosthetics/DME	E0935	Continuous Passive Motion Exercise Device For Use On Knee Only
eviCore	Prosthetics/DME	E0936	Continuous Passive Motion Exercise Device For Use Other Than Knee
eviCore	Prosthetics/DME	E0983	Manual Wheelchair Accessory, Power Add-On To Convert Manual Wheelchair
eviCore	Prosthetics/DME	E0984	Manual Wheelchair Accessory, Power Add-On To Convert Manual Wheelchair
eviCore	Prosthetics/DME	E0986	Manual Wheelchair Accessory, Push-Rim Activated Power Assist System
eviCore	Prosthetics/DME	E1035	Multi-Positional Patient Transfer System, With Integrated Seat, Operat
eviCore	Prosthetics/DME	E1036	Multi-Positional Patient Transfer System, Extra-Wide, With Integrated
eviCore	Prosthetics/DME	E1037	Transport chair, pediatric size
eviCore	Prosthetics/DME	E1161	Manual Adult Size Wheelchair, Includes Tilt In Space
eviCore	Prosthetics/DME	E1229	Wheelchair, Pediatric Size, Not Otherwise Specified
eviCore	Prosthetics/DME	E1232	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system
eviCore	Prosthetics/DME	E1233	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system
eviCore	Prosthetics/DME	E1234	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system
eviCore	Prosthetics/DME	E1235	Wheelchair, pediatric size, rigid, adjustable, with seating system
eviCore	Prosthetics/DME	E1236	Wheelchair, pediatric size, folding, adjustable, with seating system
eviCore	Prosthetics/DME	E1237	Wheelchair, pediatric size, rigid, adjustable, without seating system
eviCore	Prosthetics/DME	E1238	Wheelchair, pediatric size, folding, adjustable, without seating system

Arkansas Medicare Advantage Prior Authorization list

Responsible Party	Category	CPT Code	Description
eviCore	Prosthetics/DME	E1390	Oxygen Concentrator, Single Delivery Port, Capable Of Delivering 85 Pe
eviCore	Prosthetics/DME	E1391	Oxygen Concentrator, Dual Delivery Port, Capable Of Delivering 85 Perc
eviCore	Prosthetics/DME	E1392	Portable Oxygen Concentrator, Rental
eviCore	Prosthetics/DME	E2102	Adjunctive continuous glucose monitor or receiver
eviCore	Prosthetics/DME	E2300	Wheelchair accessory, power seat elevation system
eviCore	Prosthetics/DME	E2402	Negative Pressure Wound Therapy Electrical Pump, Stationary Or Portabl
eviCore	Prosthetics/DME	E2502	Speech Generating Device, Digitized Speech, Using Prerecorded Messages
eviCore	Prosthetics/DME	E2504	Speech Generating Device, Digitized Speech, Using Prerecorded Messages
eviCore	Prosthetics/DME	E2506	Speech Generating Device, Digitized Speech, Using Prerecorded Messages
eviCore	Prosthetics/DME	E2508	Speech Generating Device, Synthesized Speech, Requiring Message Formul
eviCore	Prosthetics/DME	E2510	Speech Generating Device, Synthesized Speech, Permitting Multiple Meth
eviCore	Prosthetics/DME	E8000	Gait trainer, pediatric size, posterior support, includes all accessories and components
eviCore	Prosthetics/DME	E8001	Gait trainer, pediatric size, upright support, includes all accessories and components
eviCore	Prosthetics/DME	E8002	Gait trainer, pediatric size, anterior support, includes all accessories and components
eviCore	Prosthetics/DME	K0005	Ultralightweight Wheelchair
eviCore	Prosthetics/DME	K0007	Extra Heavy-Duty Wheelchair
eviCore	Prosthetics/DME	K0008	Custom Manual Wheelchair/Base
eviCore	Prosthetics/DME	K0009	Other Manual Wheelchair/Base
eviCore	Prosthetics/DME	K0010	Standard-Weight Frame Motorized/Power Wheelchair
eviCore	Prosthetics/DME	K0011	Standard-Weight Frame Motorized/Power Wheelchair With Programmable Con
eviCore	Prosthetics/DME	K0012	Lightweight Portable Motorized/Power Wheelchair
eviCore	Prosthetics/DME	K0013	Custom Motorized/Power Wheelchair Base
eviCore	Prosthetics/DME	K0014	Other Motorized/Power Wheelchair Base
eviCore	Prosthetics/DME	K0455	Infusion Pump Used For Uninterrupted Parenteral Administration Of Medi
eviCore	Prosthetics/DME	K0606	Automatic External Defibrillator, With Integrated Electrocardiogram An
eviCore	Prosthetics/DME	K0608	Replacement Garment For Use With Automated External Defibrillator, Eac
eviCore	Prosthetics/DME	K0609	Replacement Electrodes For Use With Automated External Defibrillator,
eviCore	Prosthetics/DME	K0738	Portable Gaseous Oxygen System, Rental; Home Compressor Used To Fill P
eviCore	Prosthetics/DME	K0800	Power Operated Vehicle, Group 1 Standard, Patient Weight Capacity Up T
eviCore	Prosthetics/DME	K0801	Power Operated Vehicle, Group 1 Heavy-Duty, Patient Weight Capacity 30
eviCore	Prosthetics/DME	K0802	Power Operated Vehicle, Group 1 Very Heavy-Duty, Patient Weight Capaci
eviCore	Prosthetics/DME	K0806	Power Operated Vehicle, Group 2 Standard, Patient Weight Capacity Up T
eviCore	Prosthetics/DME	K0807	Power Operated Vehicle, Group 2 Heavy-Duty, Patient Weight Capacity 30
eviCore	Prosthetics/DME	K0808	Power Operated Vehicle, Group 2 Very Heavy-Duty, Patient Weight Capaci
eviCore	Prosthetics/DME	K0812	Power Operated Vehicle, Not Otherwise Classified
eviCore	Prosthetics/DME	K0813	Power Wheelchair, Group 1 Standard, Portable, Sling/Solid Seat And Bac
eviCore	Prosthetics/DME	K0814	Power Wheelchair, Group 1 Standard, Portable, Captain'S Chair, Patient
eviCore	Prosthetics/DME	K0815	Power Wheelchair, Group 1 Standard, Sling/Solid Seat And Back, Patient
eviCore	Prosthetics/DME	K0816	Power Wheelchair, Group 1 Standard, Captain'S Chair, Patient Weight Ca
eviCore	Prosthetics/DME	K0820	Power Wheelchair, Group 2 Standard, Portable, Sling/Solid Seat/Back, P
eviCore	Prosthetics/DME	K0821	Power Wheelchair, Group 2 Standard, Portable, Captain'S Chair, Patient
eviCore	Prosthetics/DME	K0822	Power Wheelchair, Group 2 Standard, Sling/Solid Seat/Back, Patient Wei
eviCore	Prosthetics/DME	K0823	Power Wheelchair, Group 2 Standard, Captain'S Chair, Patient Weight Ca
eviCore	Prosthetics/DME	K0824	Power Wheelchair, Group 2 Heavy-Duty, Sling/Solid Seat/Back, Patient W
eviCore	Prosthetics/DME	K0825	Power Wheelchair, Group 2 Heavy-Duty, Captain'S Chair, Patient Weight
eviCore	Prosthetics/DME	K0826	Power Wheelchair, Group 2 Very Heavy-Duty, Sling/Solid Seat/Back, Pati
eviCore	Prosthetics/DME	K0827	Power Wheelchair, Group 2 Very Heavy-Duty, Captain'S Chair, Patient We
eviCore	Prosthetics/DME	K0828	Power Wheelchair, Group 2 Extra Heavy-Duty, Sling/Solid Seat/Back, Pat

Arkansas Medicare Advantage Prior Authorization list

Responsible Party	Category	CPT Code	Description
eviCore	Prosthetics/DME	K0829	Power Wheelchair, Group 2 Extra Heavy-Duty, Captain'S Chair, Patient W
eviCore	Prosthetics/DME	K0830	Power Wheelchair, Group 2 Standard, Seat Elevator, Sling/Solid Seat/Ba
eviCore	Prosthetics/DME	K0831	Power Wheelchair, Group 2 Standard, Seat Elevator, Captain'S Chair, Pa
eviCore	Prosthetics/DME	K0835	Power Wheelchair, Group 2 Standard, Single Power Option, Sling/Solid S
eviCore	Prosthetics/DME	K0836	Power Wheelchair, Group 2 Standard, Single Power Option, Captain'S Cha
eviCore	Prosthetics/DME	K0837	Power Wheelchair, Group 2 Heavy-Duty, Single Power Option, Sling/Solid
eviCore	Prosthetics/DME	K0838	Power Wheelchair, Group 2 Heavy-Duty, Single Power Option, Captain'S C
eviCore	Prosthetics/DME	K0839	Power Wheelchair, Group 2 Very Heavy-Duty, Single Power Option Sling/S
eviCore	Prosthetics/DME	K0840	Power Wheelchair, Group 2 Extra Heavy-Duty, Single Power Option, Sling
eviCore	Prosthetics/DME	K0841	Power Wheelchair, Group 2 Standard, Multiple Power Option, Sling/Solid
eviCore	Prosthetics/DME	K0842	Power Wheelchair, Group 2 Standard, Multiple Power Option, Captain'S C
eviCore	Prosthetics/DME	K0843	Power Wheelchair, Group 2 Heavy-Duty, Multiple Power Option, Sling/Sol
eviCore	Prosthetics/DME	K0848	Power Wheelchair, Group 3 Standard, Sling/Solid Seat/Back, Patient Wei
eviCore	Prosthetics/DME	K0849	Power Wheelchair, Group 3 Standard, Captain'S Chair, Patient Weight Ca
eviCore	Prosthetics/DME	K0850	Power Wheelchair, Group 3 Heavy-Duty, Sling/Solid Seat/Back, Patient W
eviCore	Prosthetics/DME	K0851	Power Wheelchair, Group 3 Heavy-Duty, Captain'S Chair, Patient Weight
eviCore	Prosthetics/DME	K0852	Power Wheelchair, Group 3 Very Heavy-Duty, Sling/Solid Seat/Back, Pati
eviCore	Prosthetics/DME	K0853	Power Wheelchair, Group 3 Very Heavy-Duty, Captain'S Chair, Patient We
eviCore	Prosthetics/DME	K0854	Power Wheelchair, Group 3 Extra Heavy-Duty, Sling/Solid Seat/Back, Pat
eviCore	Prosthetics/DME	K0855	Power Wheelchair, Group 3 Extra Heavy-Duty, Captain'S Chair, Patient W
eviCore	Prosthetics/DME	K0856	Power Wheelchair, Group 3 Standard, Single Power Option, Sling/Solid S
eviCore	Prosthetics/DME	K0857	Power Wheelchair, Group 3 Standard, Single Power Option, Captain'S Cha
eviCore	Prosthetics/DME	K0858	Power Wheelchair, Group 3 Heavy-Duty, Single Power Option, Sling/Solid
eviCore	Prosthetics/DME	K0859	Power Wheelchair, Group 3 Heavy-Duty, Single Power Option, Captain'S C
eviCore	Prosthetics/DME	K0860	Power Wheelchair, Group 3 Very Heavy-Duty, Single Power Option, Sling/
eviCore	Prosthetics/DME	K0861	Power Wheelchair, Group 3 Standard, Multiple Power Option, Sling/Solid
eviCore	Prosthetics/DME	K0862	Power Wheelchair, Group 3 Heavy-Duty, Multiple Power Option, Sling/Sol
eviCore	Prosthetics/DME	K0863	Power Wheelchair, Group 3 Very Heavy-Duty, Multiple Power Option, Slin
eviCore	Prosthetics/DME	K0864	Power Wheelchair, Group 3 Extra Heavy-Duty, Multiple Power Option, Sli
eviCore	Prosthetics/DME	K0868	Power Wheelchair, Group 4 Standard, Sling/Solid Seat/Back, Patient Wei
eviCore	Prosthetics/DME	K0869	Power Wheelchair, Group 4 Standard, Captain'S Chair, Patient Weight Ca
eviCore	Prosthetics/DME	K0870	Power Wheelchair, Group 4 Heavy-Duty, Sling/Solid Seat/Back, Patient W
eviCore	Prosthetics/DME	K0871	Power Wheelchair, Group 4 Very Heavy-Duty, Sling/Solid Seat/Back, Pati
eviCore	Prosthetics/DME	K0877	Power Wheelchair, Group 4 Standard, Single Power Option, Sling/Solid S
eviCore	Prosthetics/DME	K0878	Power Wheelchair, Group 4 Standard, Single Power Option, Captain'S Cha
eviCore	Prosthetics/DME	K0879	Power Wheelchair, Group 4 Heavy-Duty, Single Power Option, Sling/Solid
eviCore	Prosthetics/DME	K0880	Power Wheelchair, Group 4 Very Heavy-Duty, Single Power Option, Sling/
eviCore	Prosthetics/DME	K0884	Power Wheelchair, Group 4 Standard, Multiple Power Option, Sling/Solid
eviCore	Prosthetics/DME	K0885	Power Wheelchair, Group 4 Standard, Multiple Power Option, Captain'S C
eviCore	Prosthetics/DME	K0886	Power Wheelchair, Group 4 Heavy-Duty, Multiple Power Option, Sling/Sol
eviCore	Prosthetics/DME	K0890	Power Wheelchair, Group 5 Pediatric, Single Power Option, Sling/Solid
eviCore	Prosthetics/DME	K0891	Power Wheelchair, Group 5 Pediatric, Multiple Power Option, Sling/Soli
eviCore	Prosthetics/DME	K0898	Power Wheelchair, Not Otherwise Classified
eviCore	Prosthetics/DME	K1014	Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control
eviCore	Prosthetics/DME	K1015	Foot, adductus positioning device, adjustable
eviCore	Prosthetics/DME	K1020	Noninvasive vagus nerve stimulator
eviCore	Prosthetics/DME	L2006	Knee Ankle Foot Device, Single Or Double Upright, Swing/Stance Phase Microprocessor, Custom
eviCore	Prosthetics/DME	L5610	Addition To Lower Extremity, Endoskeletal System, Above Knee, Hydracad

Arkansas Medicare Advantage Prior Authorization list

Responsible Party	Category	CPT Code	Description
eviCore	Prosthetics/DME	L5613	Addition To Lower Extremity, Endoskeletal System, Above Knee, Knee Dis
eviCore	Prosthetics/DME	L5614	Addition To Lower Extremity, Exoskeletal System, Above Knee-Knee Disar
eviCore	Prosthetics/DME	L5616	Addition To Lower Extremity, Endoskeletal System, Above Knee, Universa
eviCore	Prosthetics/DME	L5626	Addition To Lower Extremity, Test Socket, Hip Disarticulation
eviCore	Prosthetics/DME	L5628	Addition To Lower Extremity, Test Socket, Hemipelvectomy
eviCore	Prosthetics/DME	L5780	Addition, Exoskeletal Knee-Shin System, Single Axis, Pneumatic/Hydra P
eviCore	Prosthetics/DME	L5826	Addition, Endoskeletal Knee-Shin System, Single Axis, Hydraulic Swing
eviCore	Prosthetics/DME	L5830	Addition, Endoskeletal Knee-Shin System, Single Axis, Pneumatic/Swing
eviCore	Prosthetics/DME	L5840	Addition, Endoskeletal Knee-Shin System, 4-Bar Linkage Or Multiaxial,
eviCore	Prosthetics/DME	L5848	Addition To Endoskeletal Knee-Shin System, Fluid Stance Extension, Dam
eviCore	Prosthetics/DME	L5856	Addition To Lower Extremity Prosthesis, Endoskeletal Knee-Shin System,
eviCore	Prosthetics/DME	L5857	Addition To Lower Extremity Prosthesis, Endoskeletal Knee-Shin System,
eviCore	Prosthetics/DME	L5858	Addition To Lower Extremity Prosthesis, Endoskeletal Knee Shin System,
eviCore	Prosthetics/DME	L5859	Addition To Lower Extremity Prosthesis, Endoskeletal Knee-Shin System,
eviCore	Prosthetics/DME	L5930	Addition, Endoskeletal System, High Activity Knee Control Frame
eviCore	Prosthetics/DME	L5961	Addition, Endoskeletal System, Polycentric Hip Joint, Pneumatic Or Hyd
eviCore	Prosthetics/DME	L5968	Addition To Lower Limb Prosthesis, Multiaxial Ankle With Swing Phase A
eviCore	Prosthetics/DME	L5969	Addition, Endoskeletal Ankle-Foot Or Ankle System, Power Assist, Inclu
eviCore	Prosthetics/DME	L5973	Endoskeletal Ankle Foot System, Microprocessor Controlled Feature, Dor
eviCore	Prosthetics/DME	L5976	All Lower Extremity Prostheses, Energy Storing Foot (Seattle Carbon Co
eviCore	Prosthetics/DME	L5979	All Lower Extremity Prostheses, Multiaxial Ankle, Dynamic Response Foo
eviCore	Prosthetics/DME	L5980	All Lower Extremity Prostheses, Flex-Foot System
eviCore	Prosthetics/DME	L5981	All Lower Extremity Prostheses, Flex-Walk System Or Equal
eviCore	Prosthetics/DME	L5987	All Lower Extremity Prostheses, Shank Foot System With Vertical Loadin
eviCore	Prosthetics/DME	L5999	Lower Extremity Prosthesis, Not Otherwise Specified
eviCore	Prosthetics/DME	L6026	Transcarpal/metacarpal or partial hand disarticulation prosthesis, external power, self-suspended, inner socket with removable forearm section, electrodes and cables, two batteries, charger, myoelectric control of terminal device, excludes terminal device(s)
eviCore	Prosthetics/DME	L6715	Terminal device, multiple articulating digit, includes motor(s), initial issue or replacement
eviCore	Prosthetics/DME	L6880	Electric Hand, Switch Or Myoelectric Controlled, Independently Artic
eviCore	Prosthetics/DME	L6882	Microprocessor Control Feature, Addition To Upper Limb Prosthetic Term
eviCore	Prosthetics/DME	L6925	Wrist Disarticulation, External Power, Self-Suspended Inner Socket, Re
eviCore	Prosthetics/DME	L6935	Below Elbow, External Power, Self-Suspended Inner Socket, Removable Fo
eviCore	Prosthetics/DME	L6945	Elbow Disarticulation, External Power, Molded Inner Socket, Removable
eviCore	Prosthetics/DME	L6955	Above Elbow, External Power, Molded Inner Socket, Removable Humeral Sh
eviCore	Prosthetics/DME	L6965	Shoulder Disarticulation, External Power, Molded Inner Socket, Removab
eviCore	Prosthetics/DME	L6975	Interscapular-Thoracic, External Power, Molded Inner Socket, Removable
eviCore	Prosthetics/DME	L7007	Electric Hand, Switch Or Myoelectric Controlled, Adult
eviCore	Prosthetics/DME	L7008	Electric Hand, Switch Or Myoelectric, Controlled, Pediatric
eviCore	Prosthetics/DME	L7009	Electric Hook, Switch Or Myoelectric Controlled, Adult
eviCore	Prosthetics/DME	L7045	Electric Hook, Switch Or Myoelectric Controlled, Pediatric
eviCore	Prosthetics/DME	L7180	Electronic Elbow, Microprocessor Sequential Control Of Elbow And Termi
eviCore	Prosthetics/DME	L7181	Electronic Elbow, Microprocessor Simultaneous Control Of Elbow And Ter
eviCore	Prosthetics/DME	L7185	Electronic Elbow, Adolescent, Variety Village Or Equal, Switch Control
eviCore	Prosthetics/DME	L7186	Electronic Elbow, Child, Variety Village Or Equal, Switch Controlled
eviCore	Prosthetics/DME	L7190	Electronic Elbow, Adolescent, Variety Village Or Equal, Myoelectronica
eviCore	Prosthetics/DME	L7191	Electronic Elbow, Child, Variety Village Or Equal, Myoelectronically C
eviCore	Prosthetics/DME	L8701	Powered Upper Extremity Range Of Motion Assist Device, Elbow, Wrist, Hand With Single Or Double Upright(S), Includes Microprocessor, Sensors, All Components And Accessories, Custom Fabricated

Arkansas Medicare Advantage Prior Authorization list

Responsible Party	Category	CPT Code	Description
eviCore	Prosthetics/DME	L8702	Powered Upper Extremity Range Of Motion Assist Device, Elbow, Wrist, Hand, Finger, Single Or Double Upright(S), Includes Microprocessor, Sensors, All Components And Accessories, Custom Fabricated
eviCore	Radiation Therapy	0394T	High Dose Rate Electronic Brachytherapy, Skin Surface Application, Per Fraction, Includes Basic Dosimetry, When Performed
eviCore	Radiation Therapy	0395T	High Dose Rate Electronic Brachytherapy, Interstitial Or Intracavitary Treatment, Per Fraction, Includes Basic Dosimetry, When Performed
eviCore	Radiation Therapy	0747T	Cardiac focal ablation utilizing radiation therapy for arrhythmia; delivery of radiation therapy, arrhythmia
eviCore	Radiation Therapy	77014	Computed Tomography Guidance For Placement Of Radiation Therapy Fields
eviCore	Radiation Therapy	77371	Radiation Treatment Delivery, Stereotactic Radiosurgery (Srs), Complet
eviCore	Radiation Therapy	77372	Radiation Treatment Delivery, Stereotactic Radiosurgery (Srs), Complet
eviCore	Radiation Therapy	77373	Stereotactic Body Radiation Therapy, Treatment Delivery, Per Fraction
eviCore	Radiation Therapy	77385	Intensity Modulated Radiation Treatment Delivery (Imrt), Includes Guid
eviCore	Radiation Therapy	77386	Intensity Modulated Radiation Treatment Delivery (Imrt), Includes Guid
eviCore	Radiation Therapy	77387	Guidance For Localization Of Target Volume For Delivery Of Radiation T
eviCore	Radiation Therapy	77401	Radiation Treatment Delivery, Superficial And/Or Ortho Voltage, Per Da
eviCore	Radiation Therapy	77402	Radiation Treatment Delivery, =>1 Mev; Simple
eviCore	Radiation Therapy	77407	Radiation Treatment Delivery, =>1 Mev; Intermediate
eviCore	Radiation Therapy	77412	Radiation Treatment Delivery, =>1 Mev; Complex
eviCore	Radiation Therapy	77423	High Energy Neutron Radiation Treatment Delivery; 1 Or More Isocenter(
eviCore	Radiation Therapy	77424	Intraoperative Radiation Treatment Delivery, X-Ray, Single Treatment S
eviCore	Radiation Therapy	77425	Intraoperative Radiation Treatment Delivery, Electrons, Single Treatme
eviCore	Radiation Therapy	77520	Proton Treatment Delivery; Simple, Without Compensation
eviCore	Radiation Therapy	77522	Proton Treatment Delivery; Simple, With Compensation
eviCore	Radiation Therapy	77523	Proton Treatment Delivery; Intermediate
eviCore	Radiation Therapy	77525	Proton Treatment Delivery; Complex
eviCore	Radiation Therapy	77600	Hyperthermia, Externally Generated; Superficial (Ie, Heating To A Dept
eviCore	Radiation Therapy	77605	Hyperthermia, Externally Generated; Deep (Ie, Heating To Depths Greate
eviCore	Radiation Therapy	77610	Hyperthermia Generated By Interstitial Probe(S); 5 Or Fewer Interstiti
eviCore	Radiation Therapy	77615	Hyperthermia Generated By Interstitial Probe(S); More Than 5 Interstit
eviCore	Radiation Therapy	77620	Hyperthermia Generated By Intracavitary Probe(S)
eviCore	Radiation Therapy	77750	Infusion Or Instillation Of Radioelement Solution (Includes 3-Month Fo
eviCore	Radiation Therapy	77761	Intracavitary Radiation Source Application; Simple
eviCore	Radiation Therapy	77762	Intracavitary Radiation Source Application; Intermediate
eviCore	Radiation Therapy	77763	Intracavitary Radiation Source Application; Complex
eviCore	Radiation Therapy	77767	Hdr RdncI Skn Surf Brachytx
eviCore	Radiation Therapy	77768	Hdr RdncI Skn Surf Brachytx
eviCore	Radiation Therapy	77770	Hdr Radionuclide Interstitial Or Intracavitary Brachytx, 1 Channel
eviCore	Radiation Therapy	77771	Hdr Radionuclide Interstitial Or Intracavitary Brachytx, 2-12 Channels
eviCore	Radiation Therapy	77772	Hdr RdncI Ntrstl/Icav Brchtx
eviCore	Radiation Therapy	77789	Surface application of low dose rate radionuclide source
eviCore	Radiation Therapy	79005	Radiopharmaceutical Therapy, By Oral Administration
eviCore	Radiation Therapy	79101	Radiopharmaceutical Therapy, By Intravenous Administration
eviCore	Radiation Therapy	79403	Radiopharmaceutical Therapy, Radiolabeled Monoclonal Antibody By Intra
eviCore	Radiation Therapy	A9513	Supply Of Radiopharmaceutical Diagnostic Imaging Agent, Technetium Tc-
eviCore	Radiation Therapy	A9543	Yttrium Y-90 Ibritumomab Tiuxetan, Therapeutic, Per Treatment Dose, Up
eviCore	Radiation Therapy	A9590	Iodine I 131, Iobenguane, 1 Millicurie
eviCore	Radiation Therapy	A9606	Radium Ra-223 Dichloride, Therapeutic, Per Microcurie
eviCore	Radiation Therapy	A9607	Lutetium Lu 177 vipivotide tetraxetan, therapeutic, 1 millicurie
eviCore	Radiation Therapy	A9699	Radiopharmaceutical, therapeutic, not otherwise classified
eviCore	Radiation Therapy	C2616	Brachytherapy source, nonstranded, yttrium-90, per source

Arkansas Medicare Advantage Prior Authorization list

Responsible Party	Category	CPT Code	Description
eviCore	Radiation Therapy	G0339	Image Guided Robotic Linear Accelerator-Based Stereotactic Radiosurger
eviCore	Radiation Therapy	G0340	Image Guided Robotic Linear Accelerator-Based Stereotactic Radiosurger
eviCore	Radiation Therapy	G0458	Ultrasonic Guidance For Placement Of Radiation Therapy Fields
eviCore	Radiation Therapy	G6001	Ultrasonic Guidance For Placement Of Radiation Therapy Fields
eviCore	Radiation Therapy	G6002	Stereoscopic X-Ray Guidance For Localization Of Target Volume For The
eviCore	Radiation Therapy	G6003	Radiation Treatment Delivery, Single Treatment Area, Single Port Or Pa
eviCore	Radiation Therapy	G6004	Radiation Treatment Delivery, Single Treatment Area, Single Port Or Pa
eviCore	Radiation Therapy	G6005	Radiation Treatment Delivery, Single Treatment Area, Single Port Or Pa
eviCore	Radiation Therapy	G6006	Radiation Treatment Delivery, Single Treatment Area, Single Port Or Pa
eviCore	Radiation Therapy	G6007	Radiation Treatment Delivery, 2 Separate Treatment Areas, 3 Or More Po
eviCore	Radiation Therapy	G6008	Radiation Treatment Delivery, 2 Separate Treatment Areas, 3 Or More Po
eviCore	Radiation Therapy	G6009	Radiation Treatment Delivery, 2 Separate Treatment Areas, 3 Or More Po
eviCore	Radiation Therapy	G6010	Radiation Treatment Delivery, 2 Separate Treatment Areas, 3 Or More Po
eviCore	Radiation Therapy	G6011	Radiation Treatment Delivery, 3 Or More Separate Treatment Areas, Cust
eviCore	Radiation Therapy	G6012	Radiation Treatment Delivery, 3 Or More Separate Treatment Areas, Cust
eviCore	Radiation Therapy	G6013	Radiation Treatment Delivery, 3 Or More Separate Treatment Areas, Cust
eviCore	Radiation Therapy	G6014	Radiation Treatment Delivery, 3 Or More Separate Treatment Areas, Cust
eviCore	Radiation Therapy	G6015	Intensity Modulated Treatment Delivery, Single Or Multiple Fields/Arcs
eviCore	Radiation Therapy	G6016	Compensator-Based Beam Modulation Treatment Delivery Of Inverse Planne
eviCore	Radiation Therapy	G6017	Intra-Fraction Localization And Tracking Of Target Or Patient Motion D
Medical Oncology - These codes are authorized by eviCore only when connected to oncology treatment			
eviCore RX	Medical Oncology	C9399	Bevacizumab-adcd, Vegzelma
eviCore RX	Medical Oncology	C9399	Eflapegrastim-xnst, Rolvedon
eviCore RX	Medical Oncology	C9399	Mirvetuximab Soravtansine-gynx, Elahere
eviCore RX	Medical Oncology	C9399	Mosunetuzumab-axgb, Lunsumio
eviCore RX	Medical Oncology	C9399	Nadofaragen Firadenovec-vncg, Adstiladrin
eviCore RX	Medical Oncology	C9399	Pegfilgrastim-fpgk, Stimufend
eviCore RX	Medical Oncology	C9399	Pegfilgrastim-pbbk, Fylnetra
eviCore RX	Medical Oncology	C9399	Ropeginterferon alfa-2b-njft, Besremi
eviCore RX	Medical Oncology	C9399	Sodium Thiosulfate Injection, Pedmark
eviCore RX	Medical Oncology	C9399	Teclistamab-cqyv, Tecvayli
eviCore RX	Medical Oncology	C9399	Tremelimumab-actl, Imjudo
eviCore RX	Medical Oncology	C9399	Epkinly (epcoritamab-bysp)
eviCore RX	Medical Oncology	C9399	Zynz (retifanlimab-dlwr)
eviCore RX	Medical Oncology	J0185	Aprepitant, Cinvanti
eviCore RX	Medical Oncology	J0208	Pedmark (sodium thiosulfate injection)
eviCore RX	Medical Oncology	J0584	Burosumab-twza, Crysvisa
eviCore RX	Medical Oncology	J0640	Leucovorin - inj, Leucovorin
eviCore RX	Medical Oncology	J0641	Levoleucovorin, Fusilev
eviCore RX	Medical Oncology	J0642	Levoleucovorin, Khapzory
eviCore RX	Medical Oncology	J0881	Darbepoetin alfa, Aranesp
eviCore RX	Medical Oncology	J0885	Epoetin alfa, Epogen, Procrit
eviCore RX	Medical Oncology	J0893	Decitabine (sun pharma)
eviCore RX	Medical Oncology	J0894	Decitabine, Dacogen
eviCore RX	Medical Oncology	J0896	Luspatercept-aamt, Reblozyl
eviCore RX	Medical Oncology	J0897	Denosumab, Xgeva, Prolia
eviCore RX	Medical Oncology	J1442	Filgrastim, Neupogen
eviCore RX	Medical Oncology	J1447	Tbo-filgrastim, Granix

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Responsible Party	Category	CPT Code	Description
eviCore RX	Medical Oncology	J1448	Trilaciclib, Cosela
eviCore RX	Medical Oncology	J1449	Rolvedon (eflapregrastim-xnst)
eviCore RX	Medical Oncology	J1453	Fosaprepitant, Emend
eviCore RX	Medical Oncology	J1454	Fosnetupitant/Palonosetron, Akynzeo
eviCore RX	Medical Oncology	J1456	Fosaprepitant (teva), Fosaprepitant (teva)
eviCore RX	Medical Oncology	J1627	Granisetron, Sustol
eviCore RX	Medical Oncology	J1930	Lanreotide, Somatuline Depot
eviCore RX	Medical Oncology	J1932	Lanreotide (Cipla), Lanreotide (Cipla)
eviCore RX	Medical Oncology	J1950	Leuprolide Acetate 3.75mg, Eligard, Luprod Depor, Lupron, Leuprolide Acetate)
eviCore RX	Medical Oncology	J1952	Leuprolide Mesylate, Camcevi
eviCore RX	Medical Oncology	J1954	Leuprolide Acetate (Lutrate)
eviCore RX	Medical Oncology	J2353	Octreotide depot, Sandostatin
eviCore RX	Medical Oncology	J2354	Octreotide non-depot, Sandostatin
eviCore RX	Medical Oncology	J2430	Pamidronate Disodium, Aredia
eviCore RX	Medical Oncology	J2469	Palonosetron, Aloxi
eviCore RX	Medical Oncology	J2506	Pegfilgrastim, Neulasta
eviCore RX	Medical Oncology	J2820	Sargramostim, Leukine
eviCore RX	Medical Oncology	J2860	Siltuximab, Sylvant
eviCore RX	Medical Oncology	J3262	Tocilizumab, Actemra
eviCore RX	Medical Oncology	J3315	Triptorelin Pamoate, Trelstar
eviCore RX	Medical Oncology	J3489	Zoledronic Acid, Zoledronic Acid
eviCore RX	Medical Oncology	J3490	Sodium Thiosulfate Injection
eviCore RX	Medical Oncology	J3490	Epkinly (epcoritamab-bysp)
eviCore RX	Medical Oncology	J3590	Peginterferon, alfa-2a, Pegasys
eviCore RX	Medical Oncology	J3590	Peginterferon, alfa-2b, PegIntron
eviCore RX	Medical Oncology	J3590	Eflapegrastim-xnst, Rolvedon
eviCore RX	Medical Oncology	J3590	Pegfilgrastim-fpgk, Stimufend
eviCore RX	Medical Oncology	J3590	Pegfilgrastim-pbbk, Fylnetra
eviCore RX	Medical Oncology	J3590	Epkinly (epcoritamab-bysp)
eviCore RX	Medical Oncology	J9000	Doxorubicin HCL, Adriamycin
eviCore RX	Medical Oncology	J9015	Aldesleukin, Proleukin, Interleukin-2
eviCore RX	Medical Oncology	J9017	Arsenic Trioxide, Trisenox
eviCore RX	Medical Oncology	J9019	Asparaginase, Erwinaze
eviCore RX	Medical Oncology	J9021	Asparaginase erwinia chrysanthemi (recombinant)-rywn, Rylaze
eviCore RX	Medical Oncology	J9022	Atezolizumab, Tecentriq
eviCore RX	Medical Oncology	J9023	Avelumab, Bavencio
eviCore RX	Medical Oncology	J9025	Azacitidine, Vidaza
eviCore RX	Medical Oncology	J9027	Clofarabine, Clolar
eviCore RX	Medical Oncology	J9029	Adstiladrin (nadofaragen firadenovec-vncg)
eviCore RX	Medical Oncology	J9030	BCG, TheraCys, Tice
eviCore RX	Medical Oncology	J9032	Belinostat, Beleodaq
eviCore RX	Medical Oncology	J9033	Bendamustine hcl, Treanda
eviCore RX	Medical Oncology	J9034	Bendamustine HCL, Bendeka
eviCore RX	Medical Oncology	J9035	Bevacizumab, Avastin
eviCore RX	Medical Oncology	J9036	Bendamustine HCL, Belrapzo
eviCore RX	Medical Oncology	J9037	Belantamab Mafodotin-blmf, Blenrep
eviCore RX	Medical Oncology	J9039	Blinatumomab, Blincyto
eviCore RX	Medical Oncology	J9040	Bleomycin, Blenoxane

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Responsible Party	Category	CPT Code	Description
eviCore RX	Medical Oncology	J9041	Bortezomib, Velcade
eviCore RX	Medical Oncology	J9042	Brentuximab Vedotin, Adcetris
eviCore RX	Medical Oncology	J9043	Cabazitaxel, Jevtana
eviCore RX	Medical Oncology	J9045	Carboplatin, Paraplatin
eviCore RX	Medical Oncology	J9046	Bortezomib (Dr. Reddy's)
eviCore RX	Medical Oncology	J9047	Carfilzomib, Kyprolis
eviCore RX	Medical Oncology	J9048	Bortezomib (Fresenius Kabi)
eviCore RX	Medical Oncology	J9049	Bortezomib (Hospira)
eviCore RX	Medical Oncology	J9050	Carmustine, BiCNU, BCNU
eviCore RX	Medical Oncology	J9055	Cetuximab, Erbitux
eviCore RX	Medical Oncology	J9056	Vivimusta (bendamustine HCL)
eviCore RX	Medical Oncology	J9057	Copanlisib, Aliqopa
eviCore RX	Medical Oncology	J9058	Bendamustine HCL (Apotex)
eviCore RX	Medical Oncology	J9059	Bendamustine HCL (Baxter)
eviCore RX	Medical Oncology	J9060	Cisplatin, Platinol
eviCore RX	Medical Oncology	J9061	Amivantamab-vmjw, Rybrevant
eviCore RX	Medical Oncology	J9063	Elahere (mirvetuximab soravtansine-gynx)
eviCore RX	Medical Oncology	J9065	Cladribine, Leustatin
eviCore RX	Medical Oncology	J9070	Cyclophosphamide - inj, Cytoxan, Endoxan-Asta
eviCore RX	Medical Oncology	J9071	Cyclophosphamide - inj (auromedics)
eviCore RX	Medical Oncology	J9098	Cytarabine-Liposome, DepoCyt
eviCore RX	Medical Oncology	J9100	Cytarabine, Ara-C
eviCore RX	Medical Oncology	J9118	Calaspargase pegol-mknl, Asparlas
eviCore RX	Medical Oncology	J9119	Cemiplimab-rwlc, Libtayo
eviCore RX	Medical Oncology	J9120	Dactinomycin, Cosmegen, Actinomycin
eviCore RX	Medical Oncology	J9130	Dacarbazine, DTIC-Dome
eviCore RX	Medical Oncology	J9144	Daratumumab and hyaluronidase-fihj, Darzalex Faspro
eviCore RX	Medical Oncology	J9145	Daratumumab, Darzalex
eviCore RX	Medical Oncology	J9150	Daunorubicin, Cerubidine
eviCore RX	Medical Oncology	J9153	Liposome-encapsulated combination of Daunorubicin and Cytarabine, Vyxeos
eviCore RX	Medical Oncology	J9155	Degarelix, Firmagon
eviCore RX	Medical Oncology	J9171	Docetaxel, Taxotere
eviCore RX	Medical Oncology	J9173	Durvalumab, Imfinzi
eviCore RX	Medical Oncology	J9176	Elotuzumab, Empliciti
eviCore RX	Medical Oncology	J9177	Enfortumb vedotin-ejfv, Padcev
eviCore RX	Medical Oncology	J9178	Epirubicin, Ellence
eviCore RX	Medical Oncology	J9179	Eribulin mesylate, Halaven
eviCore RX	Medical Oncology	J9181	Etoposide - inj, Toposar, VePesid, Etopophos
eviCore RX	Medical Oncology	J9185	Fludarabine Phosphate, Fludara, Oforta
eviCore RX	Medical Oncology	J9190	5-Fluorouracil - injection, 5FU, Adrucil
eviCore RX	Medical Oncology	J9196	Gemcitabine HCl (Accord)
eviCore RX	Medical Oncology	J9198	Gemcitabine HCL in NaCl, Infugem
eviCore RX	Medical Oncology	J9200	Floxuridine, FUDR
eviCore RX	Medical Oncology	J9201	Gemcitabine, Gemzar
eviCore RX	Medical Oncology	J9202	Goserelin acetate implant, Zoladex
eviCore RX	Medical Oncology	J9203	Gemtuzumab Ozogamicin, Mylotarg
eviCore RX	Medical Oncology	J9204	Mogamulizumab-kpkc, Poteligeo
eviCore RX	Medical Oncology	J9205	Irinotecan Liposome, Onivyde

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Responsible Party	Category	CPT Code	Description
eviCore RX	Medical Oncology	J9206	Irinotecan, Camptosar
eviCore RX	Medical Oncology	J9207	Ixabepilone, Ixempra
eviCore RX	Medical Oncology	J9208	Ifosfamide, Ifex, Mitoxana
eviCore RX	Medical Oncology	J9209	Mesna, Mesnex
eviCore RX	Medical Oncology	J9211	Idarubicin HCL - inj, Idamycin
eviCore RX	Medical Oncology	J9214	Interferon, alfa-2b, recombinant, Intron A
eviCore RX	Medical Oncology	J9216	Interferon, gamma-1b, Actimmune
eviCore RX	Medical Oncology	J9217	Leuprolide Acetate (J9217: 7.5mg), Eligard, Lupron Depot, Lupron, Leuprolide Acetate
eviCore RX	Medical Oncology	J9218	Leuprolide Acetate (J9218: 1mg), Eligard, Lupron Depot, Lupron, Leuprolide Acetate
eviCore RX	Medical Oncology	J9223	Lurbinectedin, Zepzelca
eviCore RX	Medical Oncology	J9225	Histrelin Implant, Vantas
eviCore RX	Medical Oncology	J9227	Sarclisa (isatuximab-irfc)
eviCore RX	Medical Oncology	J9228	Ipilimumab, Yervoy
eviCore RX	Medical Oncology	J9229	Inotuzumab Ozogamicin, Besponsa
eviCore RX	Medical Oncology	J9245	Melphalan HCL - NOS inj, Alkeran
eviCore RX	Medical Oncology	J9246	Melphalan HCL - inj, Evomela
eviCore RX	Medical Oncology	J9250	Methotrexate Sodium (J9250: 5mg), Folex, Methotrexate
eviCore RX	Medical Oncology	J9259	Taxol, Abraxane [paclitaxel protein-bound particles (American Regent)]
eviCore RX	Medical Oncology	J9260	Methotrexate Sodium (J9260: 50mg), Folex, Methotrexate
eviCore RX	Medical Oncology	J9261	Nelarabine, Arranon
eviCore RX	Medical Oncology	J9262	Omacetaxine, Synribo
eviCore RX	Medical Oncology	J9263	Oxaliplatin, Eloxatin
eviCore RX	Medical Oncology	J9264	Paclitaxel (albumin-bound), Abraxane
eviCore RX	Medical Oncology	J9266	Pegaspargase, Oncaspar
eviCore RX	Medical Oncology	J9267	Paclitaxel, Nov-Onxol, Taxol
eviCore RX	Medical Oncology	J9268	Pentostatin, Nipent
eviCore RX	Medical Oncology	J9269	Tagraxofusp-erzs, Elzonris
eviCore RX	Medical Oncology	J9271	Pembrolizumab, Keytruda
eviCore RX	Medical Oncology	J9272	Dostarlimab-gxly, Jemperli
eviCore RX	Medical Oncology	J9273	Tisotumab vedotin-tftv, Tivdak
eviCore RX	Medical Oncology	J9274	Tebentafusp-tebn, Kimmtrak
eviCore RX	Medical Oncology	J9280	Mitomycin, Mutamycin
eviCore RX	Medical Oncology	J9293	Mitoxantrone HCL, Novantrone
eviCore RX	Medical Oncology	J9294	Hospira (pemetrexed)
eviCore RX	Medical Oncology	J9295	Necitumumab, Portrazza
eviCore RX	Medical Oncology	J9296	Pemetrexed (accord)
eviCore RX	Medical Oncology	J9297	Pemetrexed (sandoz)
eviCore RX	Medical Oncology	J9298	Nivolumab and Relatlimab-rmbw, Opdualag
eviCore RX	Medical Oncology	J9299	Nivolumab, Opdivo
eviCore RX	Medical Oncology	J9301	Obinutuzumab, Gazyva
eviCore RX	Medical Oncology	J9302	Ofatumumab, Arzerra
eviCore RX	Medical Oncology	J9303	Panitumumab, Vectibix
eviCore RX	Medical Oncology	J9304	Pemetrexed, Pemfexy
eviCore RX	Medical Oncology	J9305	Pemetrexed, Alimta
eviCore RX	Medical Oncology	J9306	Pertuzumab, Perjeta
eviCore RX	Medical Oncology	J9307	Pralatrexate, Folutyn
eviCore RX	Medical Oncology	J9308	Ramucirumab, Cyramza
eviCore RX	Medical Oncology	J9309	Polatuzumab vedotin-piiq, Polivy

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eviCore RX	Medical Oncology	J9311	Rituximab and Hyaluronidase Human, Rituxan Hycela
eviCore RX	Medical Oncology	J9312	Rituximab, Rituxan
eviCore RX	Medical Oncology	J9313	Moxetumomab pasudotox-tdfk, Lumoxiti
eviCore RX	Medical Oncology	J9314	Pemetrexed (Teva)
eviCore RX	Medical Oncology	J9316	Pertuzumab / trastuzumab /hyaluronidase-zzxf, Pemetrexed (Teva)
eviCore RX	Medical Oncology	J9317	Trodelvy (sacituzumab govitecan-hziy)
eviCore RX	Medical Oncology	J9318	Romidepsin (non-lyophilized)
eviCore RX	Medical Oncology	J9319	Romidepsin (lyophilized), Istodax
eviCore RX	Medical Oncology	J9320	Streptozocin, Zanosar
eviCore RX	Medical Oncology	J9322	Pemetrexed (bluepoint)
eviCore RX	Medical Oncology	J9323	Pemetrexed (pemetrexed ditromethamine)
eviCore RX	Medical Oncology	J9325	Talimogene Laherparepvec, Imlygic
eviCore RX	Medical Oncology	J9328	Temozolomide - inj, Temodar
eviCore RX	Medical Oncology	J9330	Temsirolimus, Torisel
eviCore RX	Medical Oncology	J9331	Sirolimus protein-bound particles for injectable suspension, Fyarro
eviCore RX	Medical Oncology	J9340	Thiotepa, Thioplex
eviCore RX	Medical Oncology	J9347	Imjudo (tremelimumab-actl)
eviCore RX	Medical Oncology	J9348	Naxitamab-gqgk, Danyelza
eviCore RX	Medical Oncology	J9349	Tafasitamab-cxix, Monjuvi
eviCore RX	Medical Oncology	J9350	Lunsumio (mosunetuzumab-axgb)
eviCore RX	Medical Oncology	J9351	Topotecan - inj, Hycamtin
eviCore RX	Medical Oncology	J9352	Trabectedin, Yondelis
eviCore RX	Medical Oncology	J9353	Margetuximab-cmkb, Margenza
eviCore RX	Medical Oncology	J9354	Ado-Trastuzumab Emtansine, Kadcyca
eviCore RX	Medical Oncology	J9355	Trastuzumab, Herceptin
eviCore RX	Medical Oncology	J9356	Trastuzumab and hyaluronidase-oysk, Herceptin Hylecta
eviCore RX	Medical Oncology	J9357	Valrubicin, Valstar
eviCore RX	Medical Oncology	J9358	fam-trastuzumab deruxtecan-nxki, Enhertu
eviCore RX	Medical Oncology	J9359	Loncastuximab tesirine-lpyl, Zynlonta
eviCore RX	Medical Oncology	J9360	Vinblastine Sulfate, Velban
eviCore RX	Medical Oncology	J9370	Vincristine Sulfate, Oncovin, Vincasar PFS
eviCore RX	Medical Oncology	J9371	Vincristine Sulfate Liposome, Marqibo
eviCore RX	Medical Oncology	J9380	Tecvayli (teclistamab-cqyv)
eviCore RX	Medical Oncology	J9390	Vinorelbine Tartrate, Navelbine
eviCore RX	Medical Oncology	J9393	Fulvestrant (Teva)
eviCore RX	Medical Oncology	J9394	Fulvestrant (Fresenius Kabi)
eviCore RX	Medical Oncology	J9395	Fulvestrant, Faslodex
eviCore RX	Medical Oncology	J9400	Zivafibercept, Zaltrap
eviCore RX	Medical Oncology	J9600	Porfimer Sodium, Photofrin
eviCore RX	Medical Oncology	J9999	Bevacizumab-adcd, Vegzelma
eviCore RX	Medical Oncology	J9999	Dinutuximab, Unituxin
eviCore RX	Medical Oncology	J9999	Mirvetuximab Soravtansine-gynx, Elahere
eviCore RX	Medical Oncology	J9999	Mosunetuzumab-axgb, Lunsumio
eviCore RX	Medical Oncology	J9999	Nadofaragen Firadenovec-vncg, Adstiladrin
eviCore RX	Medical Oncology	J9999	Ropeginterferon alfa-2b-njft, Besremi
eviCore RX	Medical Oncology	J9999	Teclistamab-cqyv, Tecvayli
eviCore RX	Medical Oncology	J9999	Tremelimumab-actl, Imjudo
eviCore RX	Medical Oncology	J9999	Epkinly (epcoritamab-bysp)

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Responsible Party	Category	CPT Code	Description
eviCore RX	Medical Oncology	J9999	Zynyz (retifanlimab-dlwr)
eviCore RX	Medical Oncology	Q2017	Teniposide, Vumon
eviCore RX	Medical Oncology	Q2043	Sipuleucel-T, Provenge
eviCore RX	Medical Oncology	Q2050	Doxorubicin HCL (liposomal), Doxil, Doxorubicin HCL (Liposomal) not otherwise specified
eviCore RX	Medical Oncology	Q5101	Zarxio, (filgrastim-sndz, biosimilar)
eviCore RX	Medical Oncology	Q5106	Epoetin alfa-epbx, Retacrit
eviCore RX	Medical Oncology	Q5107	Bevacizumab-awwb, Mvasi
eviCore RX	Medical Oncology	Q5108	Pegfilgrastim-jmdb, Fulphila
eviCore RX	Medical Oncology	Q5110	Filgrastim-aafi, Nivestym
eviCore RX	Medical Oncology	Q5111	Pegfilgrastim-cbqv, Udenyca
eviCore RX	Medical Oncology	Q5112	Trastuzumab-dttb, Ontruzant
eviCore RX	Medical Oncology	Q5113	Trastuzumab-pkrb, Herzuma
eviCore RX	Medical Oncology	Q5114	Trastuzumab-dkst, Ogivri
eviCore RX	Medical Oncology	Q5115	Rituximab-abbs, Truxima
eviCore RX	Medical Oncology	Q5116	Trastuzumab-qyyp, Trazimera
eviCore RX	Medical Oncology	Q5117	Trastuzumab-anns, Kanjinti
eviCore RX	Medical Oncology	Q5118	Bevacizumab-bvzr, Zirabev
eviCore RX	Medical Oncology	Q5119	Rituximab-pvvr, Ruxience
eviCore RX	Medical Oncology	Q5120	Pegfilgrastim-bmez, Ziextenzo
eviCore RX	Medical Oncology	Q5122	Pegfilgrastim-apgf, Nyvepria
eviCore RX	Medical Oncology	Q5123	Rituximab-arrx, Riabni
eviCore RX	Medical Oncology	Q5125	Filgrastim-ayow, Releuko
eviCore RX	Medical Oncology	Q5126	Bevacizumab-maly, Alymsys
eviCore RX	Medical Oncology	Q5127	Stimufend (pegfilgrastim-fpgk)
eviCore RX	Medical Oncology	Q5129	Vegzelma (bevacizumab-adcd)
eviCore RX	Medical Oncology	Q5130	Fylnetra (pegfilgrastim-pbbk)