

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
Medical Facility Inpatient and Observation Authorizations					
ArkBCBS UM	ALL INPATIENT FACILITY ADMISSIONS, INCLUDING BEHAVIORAL HEALTH (INCLUDES BH INPATIENT, PARTIAL HOSPITALIZATION, AND INTENSIVE OUTPATIENT TREATMENT)	Use Rev Codes appropriate for service	Please submit inpatient stays asap upon admission. Post discharge notification cannot be processed by the Pre-service team and would require post service medical necessity review.		
ArkBCBS UM	All Skilled Care Facility Admissions	Use appropriate facility code	SNF, Rehab, and LTAC		
ArkBCBS UM	All Observation Stays	G0378	Hospital observation service, per hour		
ArkBCBS UM	All Observation Stays	G0379	Direct admission of patient for hospital observation care		
ArkBCBS UM	Air Ambulance	A0430	Ambulance service, conventional air services, transport, one way (fixed wing) (requires post service retrospective record review)		
ArkBCBS UM	Air Ambulance	A0435	Fixed wing air mileage, per statute mile (requires post service retrospective record review)		
ArkBCBS UM	Air Ambulance	A0431	Ambulance service, conventional air services, transport, one way (rotary wing) (requires post service retrospective record review)		
ArkBCBS UM	Air Ambulance	A0436	Rotary wing air mileage, per statute mile (requires post service retrospective record review)		
The following procedures and services require prior authorization					
Miscellaneous Procedures					
ArkBCBS UM	Autologous Cultured Chondrocytes, Implant	J7330	Autologous cultured chondrocytes, implant		4/1/2026
ArkBCBS UM	Chelation Therapy	M0300	IV chelation therapy (chemical endarterectomy)		
Cosmetic/Reconstructive Procedures					
Abdominoplasty					

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
ArkBCBS UM	Abdominoplasty	15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy		
ArkBCBS UM	Abdominoplasty	15847	Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, abdominoplasty) (includes umbilical transposition and fascial plication) (List separately in addition to code for primary procedure)		
ArkBCBS UM	Abdominoplasty	15877	Suction assisted lipectomy; trunk		
Blepharoplasty					
ArkBCBS UM	Blepharoplasty	67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)		
ArkBCBS UM	Blepharoplasty	67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia)		
ArkBCBS UM	Blepharoplasty	67902	Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia)		
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		
ArkBCBS UM	Blepharoplasty	67906	Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)		
ArkBCBS UM	Blepharoplasty	67908	Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (eg, Fasanella-Servat type)		
ArkBCBS UM	Blepharoplasty	67909	Reduction of overcorrection of ptosis		
ArkBCBS UM	Blepharoplasty	67911	Correction of lid retraction		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
ArkBCBS UM	Blepharoplasty	67912	Correction of lagophthalmos, with implantation of upper eyelid lid load (eg, gold weight)		
ArkBCBS UM	Blepharoplasty	67914	Repair of ectropion; suture		
ArkBCBS UM	Blepharoplasty	67915	Repair of ectropion; thermocauterization		
ArkBCBS UM	Blepharoplasty	67916	Repair of ectropion; excision tarsal wedge		
ArkBCBS UM	Blepharoplasty	67917	Repair of ectropion; extensive (eg, tarsal strip operations)		
ArkBCBS UM	Blepharoplasty	67921	Repair of entropion; suture		
ArkBCBS UM	Blepharoplasty	67922	Repair of entropion; thermocauterization		
ArkBCBS UM	Blepharoplasty	67923	Repair of entropion; excision tarsal wedge		
ArkBCBS UM	Blepharoplasty	67924	Repair of entropion; extensive (eg, tarsal strip or capsulopalpebral fascia repairs operation)		
ArkBCBS UM	Blepharoplasty	67950	Canthoplasty (reconstruction of canthus)		
ArkBCBS UM	Blepharoplasty	67961	Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; up to one-fourth of lid margin		
ArkBCBS UM	Blepharoplasty	67966	Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; over one-fourth of lid margin		
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;		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
ArkBCBS UM	Blepharoplasty	15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid		
Breast Procedures					
ArkBCBS UM	Breast Procedures	11920	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less		
ArkBCBS UM	Breast Procedures	11921	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.1 to 20.0 sq cm		
ArkBCBS UM	Breast Procedures	11970	Replacement of tissue expander with permanent implant		
ArkBCBS UM	Breast Procedures	15271	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area		
ArkBCBS UM	Breast Procedures	15272	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)		
ArkBCBS UM	Breast Procedures	15771	Grafting of autologous fat, harvested via liposuction, to the trunk, breasts, scalp, arms, and/or legs, with 50 cc or less injectate.		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
ArkBCBS UM	Breast Procedures	15777	Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (ie, breast, trunk) (List separately in addition to code for primary procedure)		
ArkBCBS UM	Breast Procedures	19300	Mastectomy for gynecomastia		
ArkBCBS UM	Breast Procedures	19301	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy);		
ArkBCBS UM	Breast Procedures	19302	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy); with axillary lymphadenectomy		
ArkBCBS UM	Breast Procedures	19303	Mastectomy, simple, complete		
ArkBCBS UM	Breast Procedures	19316	Mastopexy		
ArkBCBS UM	Breast Procedures	19318	Breast reduction		
ArkBCBS UM	Breast Procedures	19324	Mammoplasty, augmentation; without prosthetic implant		
ArkBCBS UM	Breast Procedures	19325	Breast augmentation with implant		
ArkBCBS UM	Breast Procedures	19328	Removal of intact breast implant		
ArkBCBS UM	Breast Procedures	19330	Removal of ruptured breast implant, including implant contents (eg, saline, silicone gel)		
ArkBCBS UM	Breast Procedures	19340	Insertion of breast implant on same day of mastectomy (ie, immediate)		
ArkBCBS UM	Breast Procedures	19342	Insertion or replacement of breast implant on separate day from mastectomy		
ArkBCBS UM	Breast Procedures	19350	Nipple/areola reconstruction		
ArkBCBS UM	Breast Procedures	19357	Tissue expander placement in breast reconstruction, including subsequent expansion(s)		
ArkBCBS UM	Breast Procedures	19364	Breast reconstruction; with free flap (eg, fTRAM, DIEP, SIEA, GAP flap)		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
ArkBCBS UM	Breast Procedures	19366	Breast reconstruction with other technique		
ArkBCBS UM	Breast Procedures	19367	Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap		
ArkBCBS UM	Breast Procedures	19368	Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap, requiring separate microvascular anastomosis (supercharging)		
ArkBCBS UM	Breast Procedures	19369	Breast reconstruction; with bipedicled transverse rectus abdominis myocutaneous (TRAM) flap		
ArkBCBS UM	Breast Procedures	19370	Revision of peri-implant capsule, breast, including capsulotomy, capsulorrhaphy, and/or partial capsulectomy		
ArkBCBS UM	Breast Procedures	19371	Peri-implant capsulectomy, breast, complete, including removal of all intracapsular contents		
ArkBCBS UM	Breast Procedures	19380	Revision of reconstructed breast (eg, significant removal of tissue, re-advancement and/or re-inset of flaps in autologous reconstruction or significant capsular revision combined with soft tissue excision in implant-based reconstruction)		
ArkBCBS UM	Breast Procedures	19396	Preparation of moulage for custom breast implant		
ArkBCBS UM	Breast Procedures	L8600	Implantable breast prosthesis, silicone or equal		
ArkBCBS UM	Breast Procedures	S2066	Breast reconstruction with gluteal artery perforator (GAP) flap, including harvesting of the flap, microvascular transfer, closure of donor site and shaping the flap into a breast, unilateral		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
ArkBCBS UM	Breast Procedures	S2067	Breast reconstruction of a single breast with "stacked" deep inferior epigastric perforator (DIEP) flap(s) and/or gluteal artery perforator (GAP) flap(s), including harvesting of the flap(s), microvascular transfer, closure of donor site(s) and shaping the flap into a breast, unilateral		
ArkBCBS UM	Breast Procedures	S2068	Breast reconstruction with deep inferior epigastric perforator (DIEP) flap or superficial inferior epigastric artery (SIEA) flap, including harvesting of the flap, microvascular transfer, closure of donor site and shaping the flap into a breast, unilateral		
Rhinoplasty/Septoplasty					
ArkBCBS UM	Rhinoplasty/Septoplasty	20912	Cartilage graft; nasal septum		
ArkBCBS UM	Rhinoplasty/Septoplasty	21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)		
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, lateral and alar cartilages, and/or elevation of nasal tip		
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 osteotomies)		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
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/or palate, including columellar lengthening; tip only		
ArkBCBS UM	Rhinoplasty/Septoplasty	30462	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum, osteotomies		
ArkBCBS UM	Rhinoplasty/Septoplasty	30465	Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)		
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	Rhinoplasty/Septoplasty	30540	Repair choanal atresia; intranasal		
ArkBCBS UM	Rhinoplasty/Septoplasty	30545	Repair choanal atresia; transpalatine		
ArkBCBS UM	Rhinoplasty/Septoplasty	30560	Lysis intranasal synechia		
ArkBCBS UM	Rhinoplasty/Septoplasty	30620	Septal or other intranasal dermatoplasty (does not include obtaining graft)		
ArkBCBS UM	Nasal, Maxillary or Malar bone correction	21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)		
Bariatric Surgery					
ArkBCBS UM	Bariatric Surgery	43644	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
ArkBCBS UM	Bariatric Surgery	43645	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption		
ArkBCBS UM	Bariatric Surgery	43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components)		
ArkBCBS UM	Bariatric Surgery	43771	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components)		
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 (ie, sleeve gastrectomy)		
ArkBCBS UM	Bariatric Surgery	43842	Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
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 (biliopancreatic diversion with duodenal switch)		
ArkBCBS UM	Bariatric Surgery	43846	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy		
ArkBCBS UM	Bariatric Surgery	43847	Gastric restrictive procedure, with gastric bypass for morbid obesity; 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		
Facet Injections					
ArkBCBS UM	Facet injections	64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
ArkBCBS UM	Facet injections	64634	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint (List separately in addition to code for primary procedure)		
ArkBCBS UM	Facet injections	64635	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint		
ArkBCBS UM	Facet injections	64636	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List separately in addition to code for primary procedure)		
Gender Affirming Procedures					
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 testicular prosthesis, scrotal or inguinal approach		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
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	55175	Scrotoplasty; simple		
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	57106	Vaginectomy, partial removal of vaginal wall;		
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 approach		
Genetic Testing					
ArkBCBS UM	Genetic Testing	0005U	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, each additional level (List separately in addition to code for primary procedure)		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
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 or 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)		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
ArkBCBS UM	Genetic Testing	0037U	Targeted genomic sequence analysis, solid organ neoplasm, DNA analysis of 324 genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden		
ArkBCBS UM	Genetic Testing	0040U	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis, major breakpoint, quantitative		
ArkBCBS UM	Genetic Testing	0058U	Oncology (Merkel cell carcinoma), detection of antibodies to the Merkel cell polyoma virus oncoprotein (small T antigen), serum, quantitative		
ArkBCBS UM	Genetic Testing	0070U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, common and select rare variants (ie, *2, *3, *4, *4N, *5, *6, *7, *8, *9, *10, *11, *12, *13, *14A, *14B, *15, *17, *29, *35, *36, *41, *57, *61, *63, *68, *83, *xN)		
ArkBCBS UM	Genetic Testing	0071U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, full gene sequence (List separately in addition to code for primary procedure)		
ArkBCBS UM	Genetic Testing	0072U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, CYP2D6-2D7 hybrid gene) (List separately in addition to code for primary procedure)		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
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	Oncology (urothelial cancer), RNA, analysis by real-time RT-PCR of the 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) utilizing formalin-fixed paraffin-embedded urothelial cancer tumor tissue, reported as FGFR gene alteration status		
ArkBCBS UM	Genetic Testing	0155U	Oncology (breast cancer), DNA, 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), utilizing formalin-fixed paraffin-embedded breast tumor tissue, reported as PIK3CA gene mutation status		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
ArkBCBS UM	Genetic Testing	0156U	Copy number (eg, intellectual disability, dysmorphism), 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		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
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		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
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	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis (ie, detection of large gene rearrangements)		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
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		
ArkBCBS UM	Genetic Testing	81175	ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; full gene sequence		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
ArkBCBS UM	Genetic Testing	81176	ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; targeted sequence analysis (eg, exon 12)		
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		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
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 (B-Raf proto-oncogene, serine/threonine kinase) (eg, colon cancer, melanoma), gene analysis, V600 variant(s)		
ArkBCBS UM	Genetic Testing	81212	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; 185delAG, 5385insC, 6174delT variants		
ArkBCBS UM	Genetic Testing	81215	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant		
ArkBCBS UM	Genetic Testing	81216	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis		
ArkBCBS UM	Genetic Testing	81217	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant		
ArkBCBS UM	Genetic Testing	81218	CEBPA (CCAAT/enhancer binding protein [C/EBP], alpha) (eg, acute myeloid leukemia), gene analysis, full gene sequence		
ArkBCBS UM	Genetic Testing	81219	CALR (calreticulin) (eg, myeloproliferative disorders), gene analysis, common variants in exon 9		
ArkBCBS UM	Genetic Testing	81220	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; common variants (eg, ACMG/ACOG guidelines)		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
ArkBCBS UM	Genetic Testing	81221	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; known familial variants		
ArkBCBS UM	Genetic Testing	81222	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; duplication/deletion variants		
ArkBCBS UM	Genetic Testing	81223	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; full gene sequence		
ArkBCBS UM	Genetic Testing	81225	CYP2C19 (cytochrome P450, family 2, subfamily C, polypeptide 19) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *8, *17)		
ArkBCBS UM	Genetic Testing	81226	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *9, *10, *17, *19, *29, *35, *41, *1XN, *2XN, *4XN)		
ArkBCBS UM	Genetic Testing	81227	CYP2C9 (cytochrome P450, family 2, subfamily C, polypeptide 9) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *5, *6)		
ArkBCBS UM	Genetic Testing	81228	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number variants, comparative genomic hybridization [CGH] microarray analysis		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
ArkBCBS UM	Genetic Testing	81229	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants, comparative genomic hybridization (CGH) microarray analysis		
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) gene analysis, common variants (eg, exon 19 LREA deletion, L858R, T790M, G719A, G719S, L861Q)		
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) (eg, hereditary hypercoagulability) gene analysis, 20210G>A variant		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
ArkBCBS UM	Genetic Testing	81241	F5 (coagulation factor V) (eg, hereditary hypercoagulability) gene analysis, Leiden variant		
ArkBCBS UM	Genetic Testing	81243	FMR1 (fragile X messenger ribonucleoprotein 1) (eg, fragile X syndrome, X-linked intellectual disability [XLID]) gene analysis; evaluation to detect abnormal (eg, expanded) alleles		
ArkBCBS UM	Genetic Testing	81244	FMR1 (fragile X messenger ribonucleoprotein 1) (eg, fragile X syndrome, X-linked intellectual disability [XLID]) gene analysis; characterization of alleles (eg, expanded size and promoter methylation status)		
ArkBCBS UM	Genetic Testing	81245	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; internal tandem duplication (ITD) variants (ie, exons 14, 15)		
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)		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
ArkBCBS UM	Genetic Testing	81263	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemia and lymphoma, B-cell), variable region somatic mutation analysis		
ArkBCBS UM	Genetic Testing	81264	IGK@ (Immunoglobulin kappa light chain locus) (eg, leukemia and lymphoma, B-cell), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)		
ArkBCBS UM	Genetic Testing	81270	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) gene analysis, p.Val617Phe (V617F) variant		
ArkBCBS UM	Genetic Testing	81272	KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, gastrointestinal stromal tumor [GIST], acute myeloid leukemia, melanoma), gene analysis, targeted sequence analysis (eg, exons 8, 11, 13, 17, 18)		
ArkBCBS UM	Genetic Testing	81275	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; variants in exon 2 (eg, codons 12 and 13)		
ArkBCBS UM	Genetic Testing	81276	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; additional variant(s) (eg, codon 61, codon 146)		
ArkBCBS UM	Genetic Testing	81277	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; additional variant(s) (eg, codon 61, codon 146)		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
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) (eg, glioblastoma multiforme) promoter methylation analysis		
ArkBCBS UM	Genetic Testing	81288	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; promoter methylation analysis		
ArkBCBS UM	Genetic Testing	81292	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis		
ArkBCBS UM	Genetic Testing	81293	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants		
ArkBCBS UM	Genetic Testing	81294	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
ArkBCBS UM	Genetic Testing	81295	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis		
ArkBCBS UM	Genetic Testing	81296	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants		
ArkBCBS UM	Genetic Testing	81297	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants		
ArkBCBS UM	Genetic Testing	81298	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis		
ArkBCBS UM	Genetic Testing	81299	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants		
ArkBCBS UM	Genetic Testing	81300	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
ArkBCBS UM	Genetic Testing	81301	Microsatellite instability analysis (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) of markers for mismatch repair deficiency (eg, BAT25, BAT26), includes comparison of neoplastic and normal tissue, if performed		
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 (neuroblastoma RAS viral [v-ras] oncogene homolog) (eg, colorectal carcinoma), gene analysis, variants in exon 2 (eg, codons 12 and 13) and exon 3 (eg, codon 61)		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
ArkBCBS UM	Genetic Testing	81313	PCA3/KLK3 (prostate cancer antigen 3 [non-protein coding]/kallikrein-related peptidase 3 [prostate specific antigen]) ratio (eg, prostate cancer)		
ArkBCBS UM	Genetic Testing	81314	PDGFRA (platelet-derived growth factor receptor, alpha polypeptide) (eg, gastrointestinal stromal tumor [GIST]), gene analysis, targeted sequence analysis (eg, exons 12, 18)		
ArkBCBS UM	Genetic Testing	81315	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; common breakpoints (eg, intron 3 and intron 6), qualitative or quantitative		
ArkBCBS UM	Genetic Testing	81316	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; single breakpoint (eg, intron 3, intron 6 or exon 6), qualitative or quantitative		
ArkBCBS UM	Genetic Testing	81317	PMS2 (postmeiotic segregation increased 2 [<i>S. cerevisiae</i>]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis		
ArkBCBS UM	Genetic Testing	81318	PMS2 (postmeiotic segregation increased 2 [<i>S. cerevisiae</i>]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
ArkBCBS UM	Genetic Testing	81319	PMS2 (postmeiotic segregation increased 2 [<i>S. cerevisiae</i>]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) 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) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; full sequence analysis		
ArkBCBS UM	Genetic Testing	81323	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) 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)		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
ArkBCBS UM	Genetic Testing	81339	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; sequence analysis, exon 10		
ArkBCBS UM	Genetic Testing	81340	TRB@ (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using amplification methodology (eg, polymerase chain reaction)		
ArkBCBS UM	Genetic Testing	81341	TRB@ (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using direct probe methodology (eg, Southern blot)		
ArkBCBS UM	Genetic Testing	81342	TRG@ (T cell antigen receptor, gamma) (eg, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)		
ArkBCBS UM	Genetic Testing	81345	TERT (telomerase reverse transcriptase) (eg, thyroid carcinoma, glioblastoma multiforme) gene analysis, targeted sequence analysis (eg, promoter region)		
ArkBCBS UM	Genetic Testing	81347	SF3B1 (splicing factor [3b] subunit B1) (eg, myelodysplastic syndrome/acute myeloid leukemia) gene analysis, common variants (eg, A672T, E622D, L833F, R625C, R625L)		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
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) (eg, drug metabolism, hereditary unconjugated hyperbilirubinemia [Gilbert syndrome]) gene analysis, common variants (eg, *28, *36, *37)		
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) (eg, warfarin metabolism), gene analysis, common variant(s) (eg, -1639G>A, c.173+1000C>T)		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
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 (eg, analysis of single exon by DNA sequence analysis, analysis of >10 amplicons using multiplex PCR in 2 or more independent reactions, mutation scanning or duplication/deletion variants of 2-5 exons)		
ArkBCBS UM	Genetic Testing	81404	Molecular pathology procedure, Level 5 (eg, analysis of 2-5 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 6-10 exons, or characterization of a dynamic mutation disorder/triplet repeat by Southern blot analysis)		
ArkBCBS UM	Genetic Testing	81405	Molecular pathology procedure, Level 6 (eg, analysis of 6-10 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 11-25 exons, regionally targeted cytogenomic array analysis)		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
ArkBCBS UM	Genetic Testing	81406	Molecular pathology procedure, Level 7 (eg, analysis of 11-25 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 26-50 exons)		
ArkBCBS UM	Genetic Testing	81407	Molecular pathology procedure, Level 8 (eg, analysis of 26-50 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of >50 exons, sequence analysis of multiple genes on one platform)		
ArkBCBS UM	Genetic Testing	81408	Molecular pathology procedure, Level 9 (eg, analysis of >50 exons in a single gene by DNA sequence analysis)		
ArkBCBS UM	Genetic Testing	81412	Ashkenazi Jewish associated disorders (eg, Bloom syndrome, Canavan disease, cystic fibrosis, familial dysautonomia, Fanconi anemia group C, Gaucher disease, Tay-Sachs disease), genomic sequence analysis panel, must include sequencing of at least 9 genes, including ASPA, BLM, CFTR, FANCC, GBA, HEXA, IKBKAP, MCOLN1, and SMPD1		
ArkBCBS UM	Genetic Testing	81413	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); genomic sequence analysis panel, must include sequencing of at least 10 genes, including ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, RYR2, and SCN5A		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
ArkBCBS UM	Genetic Testing	81414	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); duplication/deletion gene analysis panel, must include analysis of at least 2 genes, including KCNH2 and KCNQ1		
ArkBCBS UM	Genetic Testing	81415	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis		
ArkBCBS UM	Genetic Testing	81416	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator exome (eg, parents, siblings) (List separately in addition to code for primary procedure)		
ArkBCBS UM	Genetic Testing	81417	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator exome (eg, parents, siblings) (List separately in addition to code for primary procedure)		
ArkBCBS UM	Genetic Testing	81420	Fetal chromosomal aneuploidy (eg, trisomy 21, monosomy X) genomic sequence analysis panel, circulating cell-free fetal DNA in maternal blood, must include analysis of chromosomes 13, 18, and 21		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
ArkBCBS UM	Genetic Testing	81432	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer, hereditary pancreatic cancer, hereditary prostate cancer), genomic sequence analysis panel, 5 or more genes, interrogation for sequence variants and copy number variants		
ArkBCBS UM	Genetic Testing	81435	Hereditary colon cancer-related disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis), genomic sequence analysis panel, 5 or more genes, interrogation for sequence variants and copy number variants		
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	Hematolymphoid neoplasm or disorder, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; DNA analysis or combined DNA and RNA analysis		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
ArkBCBS UM	Genetic Testing	81479	Unlisted molecular pathology procedure		
ArkBCBS UM	Genetic Testing	81519	Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 21 genes, utilizing formalin-fixed paraffin embedded tissue		
ArkBCBS UM	Genetic Testing	81520	Oncology (breast), mRNA gene expression profiling by hybrid capture of 58 genes (50 content and 8 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a recurrence risk score		
ArkBCBS UM	Genetic Testing	81521	Oncology (breast), mRNA gene expression profiling by hybrid capture of 58 genes (50 content and 8 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a recurrence risk score		
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)		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
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		
Orthopedic Surgeries					
ArkBCBS UM	Orthopedic Surgeries	0200T	Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanical device, when used, 1 or more needles, includes imaging guidance and bone biopsy, when performed		
ArkBCBS UM	Orthopedic Surgeries	0201T	Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or mechanical device, when used, 2 or more needles, includes imaging guidance and bone biopsy, when performed		
ArkBCBS UM	Orthopedic Surgeries	22206	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); thoracic		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
ArkBCBS UM	Orthopedic Surgeries	22207	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); 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		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
ArkBCBS UM	Orthopedic Surgeries	22226	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure)		
ArkBCBS UM	Orthopedic Surgeries	27412	Autologous chondrocyte implantation, knee		
ArkBCBS UM	Orthopedic Surgeries	63001	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; cervical		
ArkBCBS UM	Orthopedic Surgeries	63005	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; lumbar, except for spondylolisthesis		
ArkBCBS UM	Orthopedic Surgeries	63012	Laminectomy with removal of abnormal facets and/or pars inter-articularis with decompression of cauda equina and nerve roots for spondylolisthesis, lumbar (Gill type procedure)		
ArkBCBS UM	Orthopedic Surgeries	63015	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; cervical		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
ArkBCBS UM	Orthopedic Surgeries	63017	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; lumbar		
ArkBCBS UM	Orthopedic Surgeries	63020	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical		
ArkBCBS UM	Orthopedic Surgeries	63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar		
ArkBCBS UM	Orthopedic Surgeries	63035	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar (List separately in addition to code for primary procedure)		
ArkBCBS UM	Orthopedic Surgeries	63040	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; cervical		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
ArkBCBS UM	Orthopedic Surgeries	63042	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar		
ArkBCBS UM	Orthopedic Surgeries	64510	Injection, anesthetic agent; stellate ganglion (cervical sympathetic)		
ArkBCBS UM	Orthopedic Surgeries	64520	Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)		
ArkBCBS UM	Orthopedic Surgeries	C9757	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and excision of herniated intervertebral disc, and repair of annular defect with implantation of bone anchored annular closure device, including annular defect measurement, alignment and sizing assessment, and image guidance; 1 interspace, lumbar		
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		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
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)		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
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; hamster penetration test		
ArkBCBS UM	Reproductive Medicine	89330	Sperm evaluation; cervical mucus penetration test, with or without spinnbarkeit test		
ArkBCBS UM	Reproductive Medicine	89331	Sperm evaluation, for retrograde ejaculation, urine (sperm concentration, motility, and morphology, as indicated)		
ArkBCBS UM	Reproductive Medicine	89335	Cryopreservation, reproductive tissue, testicular		
ArkBCBS UM	Reproductive Medicine	89337	Cryopreservation, mature oocyte(s)		
ArkBCBS UM	Reproductive Medicine	89342	Storage (per year); embryo(s)		
ArkBCBS UM	Reproductive Medicine	89343	Storage (per year); sperm/semen		
ArkBCBS UM	Reproductive Medicine	89344	Storage (per year); reproductive tissue, testicular/ovarian		
ArkBCBS UM	Reproductive Medicine	89346	Storage (per year); oocyte(s)		
ArkBCBS UM	Reproductive Medicine	89352	Thawing of cryopreserved; embryo(s)		
ArkBCBS UM	Reproductive Medicine	89353	Thawing of cryopreserved; sperm/semen, each aliquot		
ArkBCBS UM	Reproductive Medicine	89354	Thawing of cryopreserved; reproductive tissue, testicular/ovarian		
ArkBCBS UM	Reproductive Medicine	89356	Thawing of cryopreserved; oocytes, each aliquot		
ArkBCBS UM	Reproductive Medicine	89398	Unlisted reproductive medicine laboratory procedure		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
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)		
Spinal Fusion, Decompression					
ArkBCBS UM	Spinal Fusion, Decompression	0095T	Removal of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (List separately in addition to code for primary procedure)		
ArkBCBS UM	Spinal Fusion, Decompression	0098T	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (List separately in addition to code for primary procedure)		
ArkBCBS UM	Spinal Fusion, Decompression	22510	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
ArkBCBS UM	Spinal Fusion, Decompression	22511	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral		
ArkBCBS UM	Spinal Fusion, Decompression	22512	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cervicothoracic or lumbosacral vertebral body (List separately in addition to code for primary procedure)		
ArkBCBS UM	Spinal Fusion, Decompression	22513	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; thoracic		
ArkBCBS UM	Spinal Fusion, Decompression	22514	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; lumbar		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
ArkBCBS UM	Spinal Fusion, Decompression	22515	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)		
ArkBCBS UM	Spinal Fusion, Decompression	22533	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar		
ArkBCBS UM	Spinal Fusion, Decompression	22534	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic or lumbar, each additional vertebral segment (List separately in addition to code for primary procedure)		
ArkBCBS UM	Spinal Fusion, Decompression	22548	Arthrodesis, anterior transoral or extraoral technique, clivus-C1-C2 (atlas-axis), with or without excision of odontoid process		
ArkBCBS UM	Spinal Fusion, Decompression	22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophylectomy and decompression of spinal cord and/or nerve roots; cervical below C2		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
ArkBCBS UM	Spinal Fusion, Decompression	22552	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophylectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for separate procedure)		
ArkBCBS UM	Spinal Fusion, Decompression	22554	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2		
ArkBCBS UM	Spinal Fusion, Decompression	22558	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar		
ArkBCBS UM	Spinal Fusion, Decompression	22585	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)		
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 interspace; cervical below C2 segment		
ArkBCBS UM	Spinal Fusion, Decompression	22610	Arthrodesis, posterior or posterolateral technique, single interspace; thoracic (with lateral transverse technique, when performed)		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
ArkBCBS UM	Spinal Fusion, Decompression	22612	Arthrodesis, posterior or posterolateral technique, single interspace; lumbar (with lateral transverse technique, when performed)		
ArkBCBS UM	Spinal Fusion, Decompression	22614	Arthrodesis, posterior or posterolateral technique, single interspace; each additional interspace (List separately in addition to code for primary procedure)		
ArkBCBS UM	Spinal Fusion, Decompression	22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar;		
ArkBCBS UM	Spinal Fusion, Decompression	22632	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)		
ArkBCBS UM	Spinal Fusion, Decompression	22633	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar;		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
ArkBCBS UM	Spinal Fusion, Decompression	22634	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)		
ArkBCBS UM	Spinal Fusion, Decompression	22800	Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments		
ArkBCBS UM	Spinal Fusion, Decompression	22802	Arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12 vertebral segments		
ArkBCBS UM	Spinal Fusion, Decompression	22804	Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments		
ArkBCBS UM	Spinal Fusion, Decompression	22808	Arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3 vertebral segments		
ArkBCBS UM	Spinal Fusion, Decompression	22810	Arthrodesis, anterior, for spinal deformity, with or without cast; 4 to 7 vertebral segments		
ArkBCBS UM	Spinal Fusion, Decompression	22812	Arthrodesis, anterior, for spinal deformity, with or without cast; 8 or more vertebral segments		
ArkBCBS UM	Spinal Fusion, Decompression	22818	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); single or 2 segments		
ArkBCBS UM	Spinal Fusion, Decompression	22819	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); 3 or more segments		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
ArkBCBS UM	Spinal Fusion, Decompression	22830	Exploration of spinal fusion		
ArkBCBS UM	Spinal Fusion, Decompression	22840	Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation) (List separately in addition to code for primary procedure)		
ArkBCBS UM	Spinal Fusion, Decompression	22841	Internal spinal fixation by wiring of spinous processes (List separately in addition to code for primary procedure)		
ArkBCBS UM	Spinal Fusion, Decompression	22842	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments (List separately in addition to code for primary procedure)		
ArkBCBS UM	Spinal Fusion, Decompression	22843	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments (List separately in addition to code for primary procedure)		
ArkBCBS UM	Spinal Fusion, Decompression	22844	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 13 or more vertebral segments (List separately in addition to code for primary procedure)		
ArkBCBS UM	Spinal Fusion, Decompression	22845	Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
ArkBCBS UM	Spinal Fusion, Decompression	22846	Anterior instrumentation; 4 to 7 vertebral segments (List separately in addition to code for primary procedure)		
ArkBCBS UM	Spinal Fusion, Decompression	22847	Anterior instrumentation; 8 or more vertebral segments (List separately in addition to code for primary procedure)		
ArkBCBS UM	Spinal Fusion, Decompression	22848	Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum (List separately in addition to code for primary procedure)		
ArkBCBS UM	Spinal Fusion, Decompression	22849	Reinsertion of spinal fixation device		
ArkBCBS UM	Spinal Fusion, Decompression	22853	Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to intervertebral disc space in conjunction with interbody arthrodesis, each interspace (List separately in addition to code for primary procedure)		
ArkBCBS UM	Spinal Fusion, Decompression	22854	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to vertebral corpectomy(ies) (vertebral body resection, partial or complete) defect, in conjunction with interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
ArkBCBS UM	Spinal Fusion, Decompression	22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophylectomy for nerve root or spinal cord decompression and microdissection); single interspace, cervical		
ArkBCBS UM	Spinal Fusion, Decompression	22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); single interspace, lumbar		
ArkBCBS UM	Spinal Fusion, Decompression	22858	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophylectomy for nerve root or spinal cord decompression and microdissection); second level, cervical (List separately in addition to code for primary procedure)		
ArkBCBS UM	Spinal Fusion, Decompression	22859	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh, methylmethacrylate) to intervertebral disc space or vertebral body defect without interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)		
ArkBCBS UM	Spinal Fusion, Decompression	22862	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar		
ArkBCBS UM	Spinal Fusion, Decompression	22864	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
ArkBCBS UM	Spinal Fusion, Decompression	22865	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar		
ArkBCBS UM	Spinal Fusion, Decompression	27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixation device		
ArkBCBS UM	Spinal Fusion, Decompression	63043	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional cervical interspace (List separately in addition to code for primary procedure)		
ArkBCBS UM	Spinal Fusion, Decompression	63044	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional lumbar interspace (List separately in addition to code for primary procedure)		
ArkBCBS UM	Spinal Fusion, Decompression	63045	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; cervical		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
ArkBCBS UM	Spinal Fusion, Decompression	63047	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar		
ArkBCBS UM	Spinal Fusion, Decompression	63048	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)		
ArkBCBS UM	Spinal Fusion, Decompression	63050	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments;		
ArkBCBS UM	Spinal Fusion, Decompression	63051	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments; with reconstruction of the posterior bony elements (including the application of bridging bone graft and non-segmental fixation devices [eg, wire, suture, mini-plates], when performed)		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
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 vertebral 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/or nerve root(s) (eg, herniated intervertebral disc), single segment; lumbar (including transfacet, or lateral extraforaminal approach) (eg, far lateral herniated intervertebral disc)		
ArkBCBS UM	Spinal Fusion, Decompression	63057	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; each additional segment, thoracic or lumbar (List separately in addition to code for primary procedure)		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
ArkBCBS UM	Spinal Fusion, Decompression	63075	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; cervical, single interspace		
ArkBCBS UM	Spinal Fusion, Decompression	63076	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; cervical, each additional interspace (List separately in addition to code for primary procedure)		
ArkBCBS UM	Spinal Fusion, Decompression	63081	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment		
ArkBCBS UM	Spinal Fusion, Decompression	63082	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, each additional segment (List separately in addition to code for primary procedure)		
ArkBCBS UM	Spinal Fusion, Decompression	63085	Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, single segment		
ArkBCBS UM	Spinal Fusion, Decompression	63086	Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, each additional segment (List separately in addition to code for primary procedure)		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
ArkBCBS UM	Spinal Fusion, Decompression	63087	Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; single segment		
ArkBCBS UM	Spinal Fusion, Decompression	63088	Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; each additional segment (List separately in addition to code for primary procedure)		
ArkBCBS UM	Spinal Fusion, Decompression	63090	Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; single segment		
ArkBCBS UM	Spinal Fusion, Decompression	63091	Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; each additional segment (List separately in addition to code for primary procedure)		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
ArkBCBS UM	Spinal Fusion, Decompression	63101	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); thoracic, single segment		
ArkBCBS UM	Spinal Fusion, Decompression	63102	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); lumbar, single segment		
ArkBCBS UM	Spinal Fusion, Decompression	63103	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); thoracic or lumbar, each additional segment (List separately in addition to code for primary procedure)		
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		
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 spinal cord; thoracolumbar		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
ArkBCBS UM	Spinal Fusion, Decompression	63267	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; lumbar		
ArkBCBS UM	Spinal Fusion, Decompression	63272	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; lumbar		
ArkBCBS UM	Spinal Fusion, Decompression	63277	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, lumbar		
ArkBCBS UM	Spinal Fusion, Decompression	63282	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, lumbar		
ArkBCBS UM	Spinal Fusion, Decompression	63287	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracolumbar		
ArkBCBS UM	Spinal Fusion, Decompression	63290	Laminectomy for biopsy/excision of intraspinal neoplasm; combined extradural-intradural lesion, any level		
ArkBCBS UM	Spinal Fusion, Decompression	63301	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by transthoracic approach		
ArkBCBS UM	Spinal Fusion, Decompression	63302	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by thoracolumbar approach		
ArkBCBS UM	Spinal Fusion, Decompression	63303	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, lumbar or sacral by transperitoneal or retroperitoneal approach		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
ArkBCBS UM	Spinal Fusion, Decompression	63305	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by transthoracic approach		
ArkBCBS UM	Spinal Fusion, Decompression	63306	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by thoracolumbar approach		
ArkBCBS UM	Spinal Fusion, Decompression	63307	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, lumbar or sacral by transperitoneal or retroperitoneal approach		
ArkBCBS UM	Spinal Fusion, Decompression	63308	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; each additional segment (List separately in addition to codes for single segment)		
Transplant Surgeries					
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		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
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 cardiopulmonary bypass		
ArkBCBS UM	Transplant Surgeries	32854	Lung transplant, double (bilateral sequential or en bloc); with cardiopulmonary bypass		
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		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
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		
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 transseptal 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		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
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 previously frozen harvest, without washing, per donor		
ArkBCBS UM	Transplant Surgeries	38209	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, with washing, per donor		
ArkBCBS UM	Transplant Surgeries	38210	Transplant preparation of hematopoietic progenitor cells; specific cell depletion within harvest, T-cell depletion		
ArkBCBS UM	Transplant Surgeries	38212	Transplant preparation of hematopoietic progenitor cells; red blood cell removal		
ArkBCBS UM	Transplant Surgeries	38213	Transplant preparation of hematopoietic progenitor cells; platelet depletion		
ArkBCBS UM	Transplant Surgeries	38214	Transplant preparation of hematopoietic progenitor cells; plasma (volume) depletion		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
ArkBCBS UM	Transplant Surgeries	38215	Transplant preparation of hematopoietic progenitor cells; cell concentration in plasma, mononuclear, or buffy coat layer		
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 or living donor, any age		
ArkBCBS UM	Transplant Surgeries	48160	Pancreatectomy, total or subtotal, with autologous transplantation of pancreas or pancreatic islet cells		
ArkBCBS UM	Transplant Surgeries	50360	Renal allotransplantation, implantation of graft; without recipient nephrectomy		
ArkBCBS UM	Transplant Surgeries	50365	Renal allotransplantation, implantation of graft; with recipient nephrectomy		
ArkBCBS UM	Transplant Surgeries	81595	Cardiology (heart transplant), mRNA, gene expression profiling by real-time quantitative PCR of 20 genes (11 content and 9 housekeeping), utilizing subfraction of peripheral blood, algorithm reported as a rejection risk score		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
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)(drug)		
ArkBCBS UM	Transplant Surgeries	Q2042	Kymriah (tisagenlecleucel)(drug)		
Varicose Vein Treatment					
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 saphenous vein)		
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), same leg		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
ArkBCBS UM	Varicose Vein Treatment	36468	Injection(s) of sclerosant for spider veins (telangiectasia), limb or trunk		
ArkBCBS UM	Varicose Vein Treatment	36470	Injection of sclerosant; single incompetent vein (other than telangiectasia)		
ArkBCBS UM	Varicose Vein Treatment	36471	Injection of sclerosant; multiple incompetent veins (other than telangiectasia), same leg		
ArkBCBS UM	Varicose Vein Treatment	36473	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated		
ArkBCBS UM	Varicose Vein Treatment	36474	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)		
ArkBCBS UM	Varicose Vein Treatment	36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated		
ArkBCBS UM	Varicose Vein Treatment	36476	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
ArkBCBS UM	Varicose Vein Treatment	36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated		
ArkBCBS UM	Varicose Vein Treatment	36479	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)		
ArkBCBS UM	Varicose Vein Treatment	36482	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated		
ArkBCBS UM	Varicose Vein Treatment	36483	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)		
ArkBCBS UM	Varicose Vein Treatment	37500	Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (SEPS)		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
ArkBCBS UM	Varicose Vein Treatment	37700	Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions		
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 saphenofemoral junction to knee or below		
ArkBCBS UM	Varicose Vein Treatment	37735	Ligation and division and complete stripping of long or short saphenous veins with radical excision of ulcer and skin graft and/or interruption of communicating veins of lower leg, with excision of deep fascia		
ArkBCBS UM	Varicose Vein Treatment	37760	Ligation of perforator veins, subfascial, radical (Linton type), including skin graft, when performed, open, 1 leg		
ArkBCBS UM	Varicose Vein Treatment	37761	Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg		
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 incisions		
ArkBCBS UM	Varicose Vein Treatment	37780	Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)		
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 Services

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
ArkBCBS UM	PAD Rehabilitation	93668	Peripheral arterial disease (PAD) rehabilitation, per session		
Sleep Services					
ArkBCBS UM	Sleeping Disorder Testing and Treatment	42145	Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty)		
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	J0174	LEQEMBI		
Ark Pharmacy UM	Part B Drugs	J0175	KINSULA		
Ark Pharmacy UM	Part B Drugs	J0177	EYLEA HD		
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	J0225	AMVUTTRA		
Ark Pharmacy UM	Part B Drugs	J0256	ARALAST		
Ark Pharmacy UM	Part B Drugs	J0256	PROLASTIN-C		
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	J0561	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		10/1/2026

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
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	J0870	RYTELO		
Ark Pharmacy UM	Part B Drugs	J0881	ARANESP ALBUMIN FREE		
Ark Pharmacy UM	Part B Drugs	J0882	DARBEPOETIN ALFA		
Ark Pharmacy UM	Part B Drugs	J0885	EPOGEN		
Ark Pharmacy UM	Part B Drugs	J0887	MIRCERA, EPOETIN BETA		
Ark Pharmacy UM	Part B Drugs	J0888	MIRCERA, EPOETIN BETA non-ESRD		
Ark Pharmacy UM	Part B Drugs	J0894	DACOGEN (decitabine)		
Ark Pharmacy UM	Part B Drugs	J0895	DESFERAL (deferoxamine mesylate)		
Ark Pharmacy UM	Part B Drugs	J0896	REBLOZYL		
Ark Pharmacy UM	Part B Drugs	J0897	PROLIA		
Ark Pharmacy UM	Part B Drugs	J1071	DEPO-TESTOSTERONE		
Ark Pharmacy UM	Part B Drugs	J1072	AZMIRO		
Ark Pharmacy UM	Part B Drugs	J1290	KALBITOR		
Ark Pharmacy UM	Part B Drugs	J1299	SOLIRIS		
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	J1551	CUTAQUIG		
Ark Pharmacy UM	Part B Drugs	J1552	ALYGLO		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
Ark Pharmacy UM	Part B Drugs	J1554	ASCENIV		
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	GAMMAKED		
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	J1576	PANZYGA		
Ark Pharmacy UM	Part B Drugs	J1602	SIMPONI ARIA		
Ark Pharmacy UM	Part B Drugs	J1627	SUSTOL		
Ark Pharmacy UM	Part B Drugs	J1628	TREMFYA		
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	J1750	INFED		
Ark Pharmacy UM	Part B Drugs	J1756	VENOFER		
Ark Pharmacy UM	Part B Drugs	J1786	CEREZYME		
Ark Pharmacy UM	Part B Drugs	J1823	UPLIZNA		
Ark Pharmacy UM	Part B Drugs	J1930	SOMATULINE DEPOT		
Ark Pharmacy UM	Part B Drugs	J1931	ALDURAZYME		
Ark Pharmacy UM	Part B Drugs	J2182	NUCALA		
Ark Pharmacy UM	Part B Drugs	J2315	VIVITROL		
Ark Pharmacy UM	Part B Drugs	J2323	TYSABRI		
Ark Pharmacy UM	Part B Drugs	J2326	SPINRAZA		
Ark Pharmacy UM	Part B Drugs	J2327	SKYRIZI		
Ark Pharmacy UM	Part B Drugs	J2350	OCREVUS		
Ark Pharmacy UM	Part B Drugs	J2351	OCREVUS ZUNOVO		
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	J2356	TEZSPIRE		
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		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
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	J2782	IZERVAY		
Ark Pharmacy UM	Part B Drugs	J2786	CINQAIR		
Ark Pharmacy UM	Part B Drugs	J2802	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	J3391	LENMELDY		
Ark Pharmacy UM	Part B Drugs	J3392	CASGEVY		
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		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
Ark Pharmacy UM	Part B Drugs	J7190	KOATE		
Ark Pharmacy UM	Part B Drugs	J7192	ADVATE		
Ark Pharmacy UM	Part B Drugs	J7192	KOGENATE		
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	J7213	IXINITY		
Ark Pharmacy UM	Part B Drugs	J7214	ALTUVIIO		
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	VISCO-3		
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	J8560	Etoposide - oral, Toposar		
Ark Pharmacy UM	Part B Drugs	J8700	Temozolomide - oral, Temodar		
Ark Pharmacy UM	Part B Drugs	J8999	Leukeran (chlorambucil)		
Ark Pharmacy UM	Part B Drugs	J9210	GAMIFANT (emapalumab-lzsg)		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
Ark Pharmacy UM	Part B Drugs	J9281	Mitomycin, Jelmyto		
Ark Pharmacy UM	Part B Drugs	J9332	VYVGART		
Ark Pharmacy UM	Part B Drugs	J9334	VYVGART HYTRULO		
Ark Pharmacy UM	Part B Drugs	Q0138	FERAHEME non-ESRD		
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		
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	Q5128	CIMERLI		
Ark Pharmacy UM	Part B Drugs	Q5134	TYRUKO		
Ark Pharmacy UM	Part B Drugs	Q5136	JUBBONTI		
Ark Pharmacy UM	Part B Drugs	Q5136	WYOST		
Ark Pharmacy UM	Part B Drugs	Q5146	HERCESSI		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
Ark Pharmacy UM	Part B Drugs	Q5147	PAVBLU		
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					
EviCore	High-Tech Radiology	0042T	Cerebral perfusion analysis using computed tomography with contrast administration, including post-processing of parametric maps with determination of cerebral blood flow, cerebral blood volume, and mean transit time		5/1/2026
EviCore	High-Tech Radiology	0609T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); acquisition of single voxel data, per disc, on biomarkers (ie, lactic acid, carbohydrate, alanine, laal, propionic acid, proteoglycan, and collagen) in at least 3 discs		
EviCore	High-Tech Radiology	0610T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); transmission of biomarker data for software analysis		
EviCore	High-Tech Radiology	0611T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); postprocessing for algorithmic analysis of biomarker data for determination of relative chemical differences between discs		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
EviCore	High-Tech Radiology	0612T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); interpretation and report		
EviCore	High-Tech Radiology	0633T	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast material		
EviCore	High-Tech Radiology	0634T	Computed tomography, breast, including 3D rendering, when performed, unilateral; with contrast material(s)		
EviCore	High-Tech Radiology	0635T	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast, followed by contrast material(s)		
EviCore	High-Tech Radiology	0636T	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast material(s)		
EviCore	High-Tech Radiology	0637T	Computed tomography, breast, including 3D rendering, when performed, bilateral; with contrast material(s)		
EviCore	High-Tech Radiology	0638T	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast, followed by contrast material(s)		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
EviCore	High-Tech Radiology	0648T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session; single organ		
EviCore	High-Tech Radiology	0649T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure); single organ (List separately in addition to code for primary procedure)		
EviCore	High-Tech Radiology	0697T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session; multiple organs		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
EviCore	High-Tech Radiology	0698T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure); multiple organs (List separately in addition to code for primary procedure)		
Evicore	High-Tech Radiology	0742T	Absolute quantitation of myocardial blood flow (AQMBF), single-photon emission computed tomography (SPECT), with exercise or pharmacologic stress, and at rest, when performed (List separately in addition to code for primary procedure)		
EviCore	High-Tech Radiology	0865T	Quantitative magnetic resonance image (MRI) analysis of the brain with comparison to prior magnetic resonance (MR) study(ies), including lesion identification, characterization, and quantification, with brain volume(s) quantification and/or severity score, when performed, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the brain during the same session		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
EviCore	High-Tech Radiology	0866T	Quantitative magnetic resonance image (MRI) analysis of the brain with comparison to prior magnetic resonance (MR) study(ies), including lesion detection, characterization, and quantification, with brain volume(s) quantification and/or severity score, when performed, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the brain (List separately in addition to code for primary procedure)		
EviCore	High-Tech Radiology	70336	Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)		
EviCore	High-Tech Radiology	70450	Computed tomography, head or brain; without contrast material		
EviCore	High-Tech Radiology	70460	Computed tomography, head or brain; with contrast material(s)		
EviCore	High-Tech Radiology	70470	Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections		
EviCore	High-Tech Radiology	70471	Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing	9/1/2026	
EviCore	High-Tech Radiology	70472	Computed tomographic (CT) cerebral perfusion analysis with contrast material(s), including image postprocessing performed with concurrent CT or CT angiography of the same anatomy (List separately in addition to code for primary procedure)	9/1/2026	
EviCore	High-Tech Radiology	70480	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
EviCore	High-Tech Radiology	70481	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s)		
EviCore	High-Tech Radiology	70482	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material, followed by contrast material(s) and further sections		
EviCore	High-Tech Radiology	70486	Computed tomography, maxillofacial area; without contrast material		
EviCore	High-Tech Radiology	70487	Computed tomography, maxillofacial area; with contrast material(s)		
EviCore	High-Tech Radiology	70488	Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections		
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 followed by contrast material(s) and further sections		
EviCore	High-Tech Radiology	70496	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
EviCore	High-Tech Radiology	70498	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		
EviCore	High-Tech Radiology	70540	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		
EviCore	High-Tech Radiology	70542	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)		
EviCore	High-Tech Radiology	70543	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences		
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), followed by contrast material(s) and further sequences		
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), followed by contrast material(s) and further sequences		
EviCore	High-Tech Radiology	70551	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		
EviCore	High-Tech Radiology	70552	Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
EviCore	High-Tech Radiology	70553	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences		
EviCore	High-Tech Radiology	70554	Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration		
EviCore	High-Tech Radiology	70555	Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing		
EviCore	High-Tech Radiology	71250	Computed tomography, thorax, diagnostic; without contrast material		
EviCore	High-Tech Radiology	71260	Computed tomography, thorax, diagnostic; with contrast material(s)		
EviCore	High-Tech Radiology	71270	Computed tomography, thorax, diagnostic; without contrast material, followed by contrast material(s) and further sections		
Evicore	High-Tech Radiology	71271	CT Thorax, Low Dose For Lung Cancer Screening, Without Contrast Material(S)		
EviCore	High-Tech Radiology	71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		
EviCore	High-Tech Radiology	71550	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
EviCore	High-Tech Radiology	71551	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s)		
EviCore	High-Tech Radiology	71552	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences		
EviCore	High-Tech Radiology	71555	Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)		
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, followed by contrast material(s) and further sections		
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, followed by contrast material(s) and further sections		
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 by contrast material(s) and further sections		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
EviCore	High-Tech Radiology	72141	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		
EviCore	High-Tech Radiology	72142	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)		
EviCore	High-Tech Radiology	72146	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		
EviCore	High-Tech Radiology	72147	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)		
EviCore	High-Tech Radiology	72148	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		
EviCore	High-Tech Radiology	72149	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)		
EviCore	High-Tech Radiology	72156	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical		
EviCore	High-Tech Radiology	72157	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
EviCore	High-Tech Radiology	72158	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar		
EviCore	High-Tech Radiology	72159	Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s)		
EviCore	High-Tech Radiology	72191	Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		
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 contrast material(s) and further sections		
EviCore	High-Tech Radiology	72195	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)		
EviCore	High-Tech Radiology	72196	Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		
EviCore	High-Tech Radiology	72197	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences		
EviCore	High-Tech Radiology	72198	Magnetic resonance angiography, pelvis, with or without contrast material(s)		
EviCore	High-Tech Radiology	73200	Computed tomography, upper extremity; without contrast material		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
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, followed by contrast material(s) and further sections		
EviCore	High-Tech Radiology	73206	Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing		
EviCore	High-Tech Radiology	73218	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)		
EviCore	High-Tech Radiology	73219	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; with contrast material(s)		
EviCore	High-Tech Radiology	73220	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		
EviCore	High-Tech Radiology	73221	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		
EviCore	High-Tech Radiology	73222	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; with contrast material(s)		
EviCore	High-Tech Radiology	73223	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s), followed by contrast material(s) and further sequences		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
EviCore	High-Tech Radiology	73225	Magnetic resonance angiography, upper extremity, with or without contrast material(s)		
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, followed by contrast material(s) and further sections		
EviCore	High-Tech Radiology	73706	Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing		
EviCore	High-Tech Radiology	73718	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)		
EviCore	High-Tech Radiology	73719	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s)		
EviCore	High-Tech Radiology	73720	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		
EviCore	High-Tech Radiology	73721	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		
EviCore	High-Tech Radiology	73722	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; with contrast material(s)		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
EviCore	High-Tech Radiology	73723	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences		
EviCore	High-Tech Radiology	73725	Magnetic resonance angiography, lower extremity, with or without contrast material(s)		
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 contrast material(s) and further sections		
EviCore	High-Tech Radiology	74174	Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		
EviCore	High-Tech Radiology	74175	Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing		
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 one or both body regions, followed by contrast material(s) and further sections in one or both body regions		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
EviCore	High-Tech Radiology	74181	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		
EviCore	High-Tech Radiology	74182	Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)		
EviCore	High-Tech Radiology	74183	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences		
EviCore	High-Tech Radiology	74185	Magnetic resonance angiography, abdomen, with or without contrast material(s)		
EviCore	High-Tech Radiology	74261	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material		
EviCore	High-Tech Radiology	74262	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed		
EviCore	High-Tech Radiology	74263	Computed tomographic (CT) colonography, screening, including image postprocessing		
EviCore	High-Tech Radiology	74712	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first 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 Blue Medicare Prior Authorization List

				Effective Date	End PA Date
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)		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
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 iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		
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		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
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	77078	Computed Tomography, bone mineral density study, 1 or more sites; axial skeleton		
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 Imaging		
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		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
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		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
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		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
EviCore	High-Tech Radiology	78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study;		
EviCore	High-Tech Radiology	78466	Myocardial imaging, infarct avid, planar; qualitative or quantitative		
EviCore	High-Tech Radiology	78468	Myocardial imaging, infarct avid, planar; with ejection fraction by first pass technique		
EviCore	High-Tech Radiology	78469	Myocardial imaging, infarct avid, planar; tomographic SPECT with or without quantification		
EviCore	High-Tech Radiology	78472	Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing		
EviCore	High-Tech Radiology	78473	Cardiac blood pool imaging, gated equilibrium; multiple studies, wall motion study plus ejection fraction, at rest and stress (exercise and/or pharmacologic), with or without additional quantification		
EviCore	High-Tech Radiology	78481	Cardiac blood pool imaging (planar), first pass technique; single study, at rest or with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
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	78608	Brain imaging, positron emission tomography (PET); metabolic evaluation		
EviCore	High-Tech Radiology	78609	Brain imaging, positron emission tomography (PET); perfusion evaluation		
EviCore	High-Tech Radiology	78811	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)		
EviCore	High-Tech Radiology	78812	Positron emission tomography (PET) imaging; skull base to mid-thigh		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
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 tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)		
EviCore	High-Tech Radiology	78815	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh		
EviCore	High-Tech Radiology	78816	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		
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) or acquisition, single day imaging		
EviCore	High-Tech Radiology	C8900	Magnetic resonance angiography with contrast, abdomen		
EviCore	High-Tech Radiology	C8901	Magnetic resonance angiography without contrast, abdomen		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
EviCore	High-Tech Radiology	C8902	Magnetic resonance angiography without contrast followed by with contrast, abdomen		
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, breast; unilateral		
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, breast; bilateral		
EviCore	High-Tech Radiology	C8909	Magnetic resonance angiography with contrast, chest (excluding myocardium)		
EviCore	High-Tech Radiology	C8910	Magnetic resonance angiography without contrast, chest (excluding myocardium)		
EviCore	High-Tech Radiology	C8911	Magnetic resonance angiography without contrast followed by with contrast, chest (excluding myocardium)		
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 contrast, lower extremity		
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 contrast, pelvis		
EviCore	High-Tech Radiology	C8931	Magnetic resonance angiography with contrast, spinal canal and contents		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
EviCore	High-Tech Radiology	C8932	Magnetic resonance angiography without contrast, spinal canal and contents		
EviCore	High-Tech Radiology	C8933	Magnetic resonance angiography without contrast followed by with contrast, spinal canal and contents		
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 contrast, upper extremity		
EviCore	High-Tech Radiology	C9791	Magnetic resonance imaging with inhaled hyperpolarized xenon-129 contrast agent, chest, including preparation and administration of agent		
EviCore	High-Tech Radiology	G0219	PET imaging whole body; melanoma for noncovered indications		
EviCore	High-Tech Radiology	G0235	PET imaging, any site, not otherwise specified		
Prosthetics/DME					
EviCore	Prosthetics/DME	A7025	High frequency chest wall oscillation system vest, replacement for use with patient-owned equipment, each		
EviCore	Prosthetics/DME	E0152	Walker, battery powered, wheeled, folding, adjustable or fixed height		
EviCore	Prosthetics/DME	E0186	Air pressure mattress		
EviCore	Prosthetics/DME	E0187	Water pressure mattress		
EviCore	Prosthetics/DME	E0190	Positioning cushion/pillow/wedge, any shape or size, includes all components and accessories		
EviCore	Prosthetics/DME	E0193	Powered air flotation bed (low air loss therapy)		
EviCore	Prosthetics/DME	E0194	Air fluidized bed		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
EviCore	Prosthetics/DME	E0260	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress		
EviCore	Prosthetics/DME	E0261	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress		
EviCore	Prosthetics/DME	E0265	Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, with mattress		
EviCore	Prosthetics/DME	E0266	Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, without mattress		
EviCore	Prosthetics/DME	E0270	Hospital bed, institutional type includes: oscillating, circulating and stryker frame, with mattress		
EviCore	Prosthetics/DME	E0277	Powered pressure-reducing air mattress		
EviCore	Prosthetics/DME	E0294	Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress		
EviCore	Prosthetics/DME	E0295	Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress		
EviCore	Prosthetics/DME	E0296	Hospital bed, total electric (head, foot, and height adjustments), without side rails, with mattress		
EviCore	Prosthetics/DME	E0297	Hospital bed, total electric (head, foot, and height adjustments), without side rails, without mattress		
EviCore	Prosthetics/DME	E0301	Hospital bed, heavy-duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, without mattress		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
EviCore	Prosthetics/DME	E0302	Hospital bed, extra heavy-duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress		
EviCore	Prosthetics/DME	E0303	Hospital bed, heavy-duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress		
EviCore	Prosthetics/DME	E0304	Hospital bed, extra heavy-duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress		
EviCore	Prosthetics/DME	E0424	Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing		
EviCore	Prosthetics/DME	E0425	Stationary compressed gas system, purchase; includes regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing		
EviCore	Prosthetics/DME	E0430	Portable gaseous oxygen system, purchase; includes regulator, flowmeter, humidifier, cannula or mask, and tubing		
EviCore	Prosthetics/DME	E0431	Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing		
EviCore	Prosthetics/DME	E0433	Portable liquid oxygen system, rental; home liquefier used to fill portable liquid oxygen containers, includes portable containers, regulator, flowmeter, humidifier, cannula or mask and tubing, with or without supply reservoir and contents gauge		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
EviCore	Prosthetics/DME	E0434	Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adaptor, contents gauge, cannula or mask, and tubing		
EviCore	Prosthetics/DME	E0435	Portable liquid oxygen system, purchase; includes portable container, supply reservoir, flowmeter, humidifier, contents gauge, cannula or mask, tubing and refill adaptor		
EviCore	Prosthetics/DME	E0439	Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, & tubing		
EviCore	Prosthetics/DME	E0440	Stationary liquid oxygen system, purchase; includes use of reservoir, contents indicator, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing		
EviCore	Prosthetics/DME	E0441	Stationary oxygen contents, gaseous, 1 month's supply = 1 unit		
EviCore	Prosthetics/DME	E0442	Stationary oxygen contents, liquid, 1 month's supply = 1 unit		
EviCore	Prosthetics/DME	E0443	Portable oxygen contents, gaseous, 1 month's supply = 1 unit		
EviCore	Prosthetics/DME	E0444	Portable oxygen contents, liquid, 1 month's supply = 1 unit		
EviCore	Prosthetics/DME	E0447	Portable oxygen contents, liquid, 1 month's supply = 1 unit, prescribed amount at rest or nighttime exceeds 4 liters per minute (LPM)		
EviCore	Prosthetics/DME	E0465	Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
EviCore	Prosthetics/DME	E0466	Home ventilator, any type, used with noninvasive interface, (e.g., mask, chest shell)		
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	E0468	Home ventilator, dual-function respiratory device, also performs additional function of cough stimulation, includes all accessories, components and supplies for all functions		
EviCore	Prosthetics/DME	E0470	Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)		
EviCore	Prosthetics/DME	E0471	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)		
EviCore	Prosthetics/DME	E0472	Respiratory assist device, bi-level pressure capability, with backup rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device)		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
EviCore	Prosthetics/DME	E0483	High frequency chest wall oscillation system, with full anterior and/or posterior thoracic region receiving simultaneous external oscillation, includes all accessories and supplies, each		
EviCore	Prosthetics/DME	E0484	Oscillatory positive expiratory pressure device, nonelectric, any type, each		
EviCore	Prosthetics/DME	E0485	Oral device/appliance used to reduce upper airway collapsibility, adjustable or nonadjustable, prefabricated, includes fitting and adjustment		
EviCore	Prosthetics/DME	E0486	Oral device/appliance used to reduce upper airway collapsibility, adjustable or nonadjustable, custom fabricated, includes fitting and adjustment		
EviCore	Prosthetics/DME	E0492	Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, controlled by phone application		
EviCore	Prosthetics/DME	E0493	Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in conjunction with the power source and control electronics unit, controlled by phone application, 90-day supply		
EviCore	Prosthetics/DME	E0500	Ippb machine, all types, with built-in nebulization; manual or automatic valves; internal or external power source		
EviCore	Prosthetics/DME	E0530	Electronic positional obstructive sleep apnea treatment, with sensor, includes all components and accessories, any type		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
EviCore	Prosthetics/DME	E0550	Humidifier, durable for extensive supplemental humidification during ippb treatments or oxygen delivery		
EviCore	Prosthetics/DME	E0555	Humidifier, durable, glass or autoclavable plastic bottle type, for use with regulator or flowmeter		
EviCore	Prosthetics/DME	E0560	Humidifier, durable for supplemental humidification during ippb treatment or oxygen delivery		
EviCore	Prosthetics/DME	E0601	Continuous positive airway pressure (CPAP) device		
EviCore	Prosthetics/DME	E0610	Pacemaker monitor, self-contained, (checks battery depletion, includes audible and visible check systems)		
EviCore	Prosthetics/DME	E0615	Pacemaker monitor, self contained, checks battery depletion and other pacemaker components, includes digital/visible check systems		
EviCore	Prosthetics/DME	E0617	External defibrillator with integrated electrocardiogram analysis		
EviCore	Prosthetics/DME	E0618	Apnea monitor, without recording feature		
EviCore	Prosthetics/DME	E0619	Apnea monitor, with recording feature		
EviCore	Prosthetics/DME	E0625	Patient lift, bathroom or toilet, not otherwise classified		
EviCore	Prosthetics/DME	E0627	Seat lift mechanism, electric, any type		
EviCore	Prosthetics/DME	E0629	Seat lift mechanism, non-electric, any type		
EviCore	Prosthetics/DME	E0630	Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s) or pad(s)		
EviCore	Prosthetics/DME	E0635	Patient lift, electric with seat or sling		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
EviCore	Prosthetics/DME	E0636	Multipositional patient support system, with integrated lift, patient accessible controls		
EviCore	Prosthetics/DME	E0637	Lumbar-sacral orthosis (LSO), sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise - Add PA eff. 10/15/24		
EviCore	Prosthetics/DME	E0638			

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
EviCore	Prosthetics/DME	E0639	Lumbar-sacral orthosis (LSO), sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise - Add PA eff 10/15/24		
EviCore	Prosthetics/DME	E0640	Patient lift, fixed system, includes all components/accessories		
EviCore	Prosthetics/DME	E0641	Standing frame/table system, multi-position (e.g., three-way stander), any size including pediatric, with or without wheels		
EviCore	Prosthetics/DME	E0642	Standing frame/table system, mobile (dynamic stander), any size including pediatric		
EviCore	Prosthetics/DME	E0650	Pneumatic compressor, non-segmental home model		
EviCore	Prosthetics/DME	E0651	Pneumatic compressor, segmental home model without calibrated gradient pressure		
EviCore	Prosthetics/DME	E0652	Pneumatic compressor, segmental home model with calibrated gradient pressure		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
EviCore	Prosthetics/DME	E0675	Pneumatic compression device, high pressure, rapid inflation/deflation cycle, for arterial insufficiency (unilateral or bilateral system)		
EviCore	Prosthetics/DME	E0676	Intermittent limb compression device (includes all accessories), not otherwise specified		
EviCore	Prosthetics/DME	E0736	Transcutaneous tibial nerve stimulator		
EviCore	Prosthetics/DME	E0738	Upper extremity rehabilitation system providing active assistance to facilitate muscle re-education, include microprocessor, all components and accessories		
EviCore	Prosthetics/DME	E0739	Rehabilitation system with interactive interface providing active assistance in rehabilitation therapy, includes all components and accessories, motors, microprocessors, sensors		
EviCore	Prosthetics/DME	E0747	Osteogenesis stimulator, electrical, noninvasive, other than spinal applications		
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 sequential muscle groups of ambulation with computer control, used for walking by spinal cord injured, entire system, after completion of training program		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
EviCore	Prosthetics/DME	E0766	Electrical stimulation device used for cancer treatment, includes all accessories, any type		
EviCore	Prosthetics/DME	E0770	Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified		
EviCore	Prosthetics/DME	E0779	Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater		
EviCore	Prosthetics/DME	E0780	Ambulatory infusion pump, mechanical, reusable, for infusion less than 8 hours		
EviCore	Prosthetics/DME	E0781	Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient		
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 to motorized wheelchair, joystick control		
EviCore	Prosthetics/DME	E0984	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, tiller control		
EviCore	Prosthetics/DME	E0986	Manual wheelchair accessory, push-rim activated power assist system		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
EviCore	Prosthetics/DME	E1035	Multi-positional patient transfer system, with integrated seat, operated by care giver, patient weight capacity up to and including 300 lbs		
EviCore	Prosthetics/DME	E1036	Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capacity greater than 300 lbs		
EviCore	Prosthetics/DME	E1229	Wheelchair, pediatric size, not otherwise specified		
EviCore	Prosthetics/DME	E1390	Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate		
EviCore	Prosthetics/DME	E1391	Oxygen concentrator, dual delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate, each		
EviCore	Prosthetics/DME	E1392	Portable oxygen concentrator, rental		
EviCore	Prosthetics/DME	E2298	Complex rehabilitative power wheelchair accessory, power seat elevation system, any type		
EviCore	Prosthetics/DME	E2402	Negative pressure wound therapy electrical pump, stationary or portable		
EviCore	Prosthetics/DME	E2502	Speech generating device, digitized speech, using prerecorded messages, greater than eight minutes but less than or equal to 20 minutes recording time		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
EviCore	Prosthetics/DME	E2504	Speech generating device, digitized speech, using prerecorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time		
EviCore	Prosthetics/DME	E2506	Speech generating device, digitized speech, using prerecorded messages, greater than 40 minutes recording time		
EviCore	Prosthetics/DME	E2508	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device		
EviCore	Prosthetics/DME	E2510	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access		
EviCore	Prosthetics/DME	E8000	Gait trainer, pediatric size, posterior 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 control parameters for speed adjustment, tremor dampening, acceleration control and braking		
EviCore	Prosthetics/DME	K0012	Lightweight portable motorized/power wheelchair		
EviCore	Prosthetics/DME	K0013	Custom motorized/power wheelchair base		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
EviCore	Prosthetics/DME	K0014	Other motorized/power wheelchair base		
EviCore	Prosthetics/DME	K0606	Automatic external defibrillator, with integrated electrocardiogram analysis, garment type		
EviCore	Prosthetics/DME	K0608	Replacement garment for use with automated external defibrillator, each		
EviCore	Prosthetics/DME	K0609	Replacement electrodes for use with automated external defibrillator, garment type only, each		
EviCore	Prosthetics/DME	K0738	Portable gaseous oxygen system, rental; home compressor used to fill portable oxygen cylinders; includes portable containers, regulator, flowmeter, humidifier, cannula or mask, and tubing		
EviCore	Prosthetics/DME	K0800	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds		
EviCore	Prosthetics/DME	K0801	Power operated vehicle, group 1 heavy-duty, patient weight capacity 301 to 450 pounds		
EviCore	Prosthetics/DME	K0802	Power operated vehicle, group 1 very heavy-duty, patient weight capacity 451 to 600 pounds		
EviCore	Prosthetics/DME	K0806	Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds		
EviCore	Prosthetics/DME	K0807	Power operated vehicle, group 2 heavy-duty, patient weight capacity 301 to 450 pounds		
EviCore	Prosthetics/DME	K0808	Power operated vehicle, group 2 very heavy-duty, patient weight capacity 451 to 600 pounds		
EviCore	Prosthetics/DME	K0812	Power operated vehicle, not otherwise classified		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
EviCore	Prosthetics/DME	K0813	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds		
EviCore	Prosthetics/DME	K0814	Power wheelchair, group 1 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds		
EviCore	Prosthetics/DME	K0815	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds		
EviCore	Prosthetics/DME	K0816	Power wheelchair, group 1 standard, captain's chair, patient weight capacity up to and including 300 pounds		
EviCore	Prosthetics/DME	K0820	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds		
EviCore	Prosthetics/DME	K0821	Power wheelchair, group 2 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds		
EviCore	Prosthetics/DME	K0822	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds		
EviCore	Prosthetics/DME	K0823	Power wheelchair, group 2 standard, captain's chair, patient weight capacity up to and including 300 pounds		
EviCore	Prosthetics/DME	K0824	Power wheelchair, group 2 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
EviCore	Prosthetics/DME	K0825	Power wheelchair, group 2 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds		
EviCore	Prosthetics/DME	K0826	Power wheelchair, group 2 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds		
EviCore	Prosthetics/DME	K0827	Power wheelchair, group 2 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds		
EviCore	Prosthetics/DME	K0828	Power wheelchair, group 2 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more		
EviCore	Prosthetics/DME	K0829	Power wheelchair, group 2 extra heavy-duty, captain's chair, patient weight 601 pounds or more		
EviCore	Prosthetics/DME	K0830	Power wheelchair, group 2 standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds		
EviCore	Prosthetics/DME	K0831	Power wheelchair, group 2 standard, seat elevator, captain's chair, patient weight capacity up to and including 300 pounds		
EviCore	Prosthetics/DME	K0835	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds		
EviCore	Prosthetics/DME	K0836	Power wheelchair, group 2 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
EviCore	Prosthetics/DME	K0837	Power wheelchair, group 2 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds		
EviCore	Prosthetics/DME	K0838	Power wheelchair, group 2 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds		
EviCore	Prosthetics/DME	K0839	Power wheelchair, group 2 very heavy-duty, single power option sling/solid seat/back, patient weight capacity 451 to 600 pounds		
EviCore	Prosthetics/DME	K0840	Power wheelchair, group 2 extra heavy-duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more		
EviCore	Prosthetics/DME	K0841	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds		
EviCore	Prosthetics/DME	K0842	Power wheelchair, group 2 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds		
EviCore	Prosthetics/DME	K0843	Power wheelchair, group 2 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds		
EviCore	Prosthetics/DME	K0848	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds		
EviCore	Prosthetics/DME	K0849	Power wheelchair, group 3 standard, captain's chair, patient weight capacity up to and including 300 pounds		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
EviCore	Prosthetics/DME	K0850	Power wheelchair, group 3 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds		
EviCore	Prosthetics/DME	K0851	Power wheelchair, group 3 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds		
EviCore	Prosthetics/DME	K0852	Power wheelchair, group 3 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds		
EviCore	Prosthetics/DME	K0853	Power wheelchair, group 3 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds		
EviCore	Prosthetics/DME	K0854	Power wheelchair, group 3 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more		
EviCore	Prosthetics/DME	K0855	Power wheelchair, group 3 extra heavy-duty, captain's chair, patient weight capacity 601 pounds or more		
EviCore	Prosthetics/DME	K0856	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds		
EviCore	Prosthetics/DME	K0857	Power wheelchair, group 3 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds		
EviCore	Prosthetics/DME	K0858	Power wheelchair, group 3 heavy-duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
EviCore	Prosthetics/DME	K0859	Power wheelchair, group 3 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds		
EviCore	Prosthetics/DME	K0860	Power wheelchair, group 3 very heavy-duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds		
EviCore	Prosthetics/DME	K0861	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds		
EviCore	Prosthetics/DME	K0862	Power wheelchair, group 3 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds		
EviCore	Prosthetics/DME	K0863	Power wheelchair, group 3 very heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds		
EviCore	Prosthetics/DME	K0864	Power wheelchair, group 3 extra heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more		
EviCore	Prosthetics/DME	K0868	Power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds		
EviCore	Prosthetics/DME	K0869	Power wheelchair, group 4 standard, captain's chair, patient weight capacity up to and including 300 pounds		
EviCore	Prosthetics/DME	K0870	Power wheelchair, group 4 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
EviCore	Prosthetics/DME	K0871	Power wheelchair, group 4 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds		
EviCore	Prosthetics/DME	K0877	Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds		
EviCore	Prosthetics/DME	K0878	Power wheelchair, group 4 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds		
EviCore	Prosthetics/DME	K0879	Power wheelchair, group 4 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds		
EviCore	Prosthetics/DME	K0880	Power wheelchair, group 4 very heavy-duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds		
EviCore	Prosthetics/DME	K0884	Power wheelchair, group 4 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds		
EviCore	Prosthetics/DME	K0885	Power wheelchair, group 4 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds		
EviCore	Prosthetics/DME	K0886	Power wheelchair, group 4 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
EviCore	Prosthetics/DME	K0890	Power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds		
EviCore	Prosthetics/DME	K0891	Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds		
EviCore	Prosthetics/DME	K0898	Power wheelchair, not otherwise classified		
EviCore	Prosthetics/DME	L2006	Knee Ankle Foot Device, Single Or Double Upright, Swing/Stance Phase Microprocessor, Custom		
EviCore	Prosthetics/DME	L5610	Addition To Lower Extremity, Endoskeletal System, Above Knee, Hydracad		
EviCore	Prosthetics/DME	L5613	Addition To Lower Extremity, Endoskeletal System, Above Knee, Knee Dis		
EviCore	Prosthetics/DME	L5614	Addition To Lower Extremity, Exoskeletal System, Above Knee-Knee Disar		
EviCore	Prosthetics/DME	L5615	Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control		
EviCore	Prosthetics/DME	L5616	Addition To Lower Extremity, Endoskeletal System, Above Knee, Universa		
EviCore	Prosthetics/DME	L5628	Addition To Lower Extremity, Test Socket, Hemipelvectomy		
EviCore	Prosthetics/DME	L5780	Addition, exoskeletal knee-shin system, single axis, pneumatic/hydra pneumatic swing phase control		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
EviCore	Prosthetics/DME	L5826	Addition, endoskeletal knee-shin system, single axis, hydraulic swing phase control, with miniature high activity frame		
EviCore	Prosthetics/DME	L5830	Addition, endoskeletal knee-shin system, single axis, pneumatic/swing phase control		
EviCore	Prosthetics/DME	L5840	Addition, endoskeletal knee-shin system, four-bar linkage or multiaxial, pneumatic swing phase control		
EviCore	Prosthetics/DME	L5841	Addition, endoskeletal knee-shin system, polycentric, pneumatic swing, and stance phase control		
EviCore	Prosthetics/DME	L5848	Addition to endoskeletal knee-shin system, fluid stance extension, dampening feature, with or without adjustability		
EviCore	Prosthetics/DME	L5856	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing and stance phase, includes electronic sensor(s), any type		
EviCore	Prosthetics/DME	L5857	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronic sensor(s), any type		
EviCore	Prosthetics/DME	L5858	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, stance phase only, includes electronic sensor(s), any type		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
EviCore	Prosthetics/DME	L5859	Addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, includes any type motor(s)		
EviCore	Prosthetics/DME	L5930	Addition, endoskeletal system, high activity knee control frame		
EviCore	Prosthetics/DME	L5961	Addition, endoskeletal system, polycentric hip joint, pneumatic or hydraulic control, rotation control, with or without flexion and/or extension control		
EviCore	Prosthetics/DME	L5968	Addition to lower limb prosthesis, multiaxial ankle with swing phase active dorsiflexion feature		
EviCore	Prosthetics/DME	L5969	Addition, endoskeletal ankle-foot or ankle system, power assist, includes any type motor(s)		
EviCore	Prosthetics/DME	L5973	Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control, includes power source		
EviCore	Prosthetics/DME	L5976	All lower extremity prostheses, energy storing foot (Seattle Carbon Copy II or equal)		
EviCore	Prosthetics/DME	L5979	All lower extremity prostheses, multiaxial ankle, dynamic response foot, one-piece system		
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 loading pylon		
EviCore	Prosthetics/DME	L5999	Lower extremity prosthesis, not otherwise specified		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
EviCore	Prosthetics/DME	L6880	Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s)		
EviCore	Prosthetics/DME	L6882	Microprocessor control feature, addition to upper limb prosthetic terminal device		
EviCore	Prosthetics/DME	L6925	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device		
EviCore	Prosthetics/DME	L6935	Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device		
EviCore	Prosthetics/DME	L6945	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device		
EviCore	Prosthetics/DME	L6955	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
EviCore	Prosthetics/DME	L6965	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device		
EviCore	Prosthetics/DME	L6975	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device		
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	L7170	Electronic elbow, hosmer or equal, switch controlled		
EviCore	Prosthetics/DME	L7180	Electronic elbow, microprocessor sequential control of elbow and terminal device		
EviCore	Prosthetics/DME	L7181	Electronic elbow, microprocessor simultaneous control of elbow and terminal device		
EviCore	Prosthetics/DME	L7185	Electronic elbow, adolescent, Variety Village or equal, switch controlled		
EviCore	Prosthetics/DME	L7186	Electronic elbow, child, Variety Village or equal, switch controlled		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
EviCore	Prosthetics/DME	L7190	Electronic elbow, adolescent, Variety Village or equal, myoelectronically controlled		
EviCore	Prosthetics/DME	L7191	Electronic elbow, child, Variety Village or equal, myoelectronically controlled		
EviCore	Prosthetics/DME	L8701	Powered upper extremity range of motion assist device, elbow, wrist, hand with single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated		
EviCore	Prosthetics/DME	L8702	Powered upper extremity range of motion assist device, elbow, wrist, hand, finger, single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated		
Radiation Therapy					
Evicore	Radiation Therapy	0394T	HDR electronic brachytherapy, skin surface application, per fraction		12/31/2025
Evicore	Radiation Therapy	0395T	HDR electronic brachytherapy, skin surface application, per fraction		
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		12/31/2025
Evicore	Radiation Therapy	77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
EviCore	Radiation Therapy	77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based		
EviCore	Radiation Therapy	77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions		
EviCore	Radiation Therapy	77385	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple		12/31/2025
EviCore	Radiation Therapy	77386	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex		12/31/2025
EviCore	Radiation Therapy	77387	Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed		
EviCore	Radiation Therapy	77401	Radiation treatment delivery, superficial and/or ortho voltage, per day		12/31/2025
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(s) with coplanar or non-coplanar geometry with blocking and/or wedge, and/or compensator(s)		
EviCore	Radiation Therapy	77424	Intraoperative radiation treatment delivery, x-ray, single treatment session		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
EviCore	Radiation Therapy	77425	Intraoperative radiation treatment delivery, electrons, single treatment session		
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 depth of 4 cm or less)		
EviCore	Radiation Therapy	77605	Hyperthermia, externally generated; deep (ie, heating to depths greater than 4 cm)		
EviCore	Radiation Therapy	77610	Hyperthermia generated by interstitial probe(s); 5 or fewer interstitial applicators		
EviCore	Radiation Therapy	77615	Hyperthermia generated by interstitial probe(s); more than 5 interstitial applicators		
EviCore	Radiation Therapy	77620	Hyperthermia generated by intracavitary probe(s)		
EviCore	Radiation Therapy	77750	Infusion or instillation of radioelement solution (includes 3-month follow-up care)		12/31/2025
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	Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
EviCore	Radiation Therapy	77768	Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions		
EviCore	Radiation Therapy	77770	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel		
EviCore	Radiation Therapy	77771	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels		
EviCore	Radiation Therapy	77772	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels		
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 intravenous infusion		12/31/2025
EviCore	Radiation Therapy	A9513	Lutetium Lu 177, dotatate, therapeutic, 1 mCi		
EviCore	Radiation Therapy	A9543	Yttrium Y-90 ibritumomab tiuxetan, therapeutic, per treatment dose, up to 40 mCi		12/31/2025
EviCore	Radiation Therapy	A9590	Iodine I-131, iobenguane, 1 mCi		12/31/2025
EviCore	Radiation Therapy	A9606	Radium RA-223 dichloride, therapeutic, per UCI		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
EviCore	Radiation Therapy	A9609	Fludeoxyglucose F18, up to 15 mCi		
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		
EviCore	Radiation Therapy	G0563	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance and real-time positron emissions-based delivery adjustments to 1 or more lesions, entire course not to exceed 5 fractions		
EviCore	Radiation Therapy	G0339	Image guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session or first session of fractionated treatment		
EviCore	Radiation Therapy	G0340	Image guided robotic linear accelerator-based stereotactic radiosurgery, delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session, second through fifth sessions, maximum five sessions per course of treatment		
EviCore	Radiation Therapy	G0458	Low dose rate (LDR) prostate brachytherapy services, composite rate		
EviCore	Radiation Therapy	G6001	Ultrasonic guidance for placement of radiation therapy fields		12/31/2025

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
EviCore	Radiation Therapy	G6002	Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy		12/31/2025
EviCore	Radiation Therapy	G6003	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: up to 5 mev		12/31/2025
EviCore	Radiation Therapy	G6004	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 6-10 mev		12/31/2025
EviCore	Radiation Therapy	G6005	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 11-19 mev		12/31/2025
EviCore	Radiation Therapy	G6006	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 20 mev or greater		12/31/2025
EviCore	Radiation Therapy	G6007	Radiation treatment delivery, two separate treatment areas, three or more ports on a single treatment area, use of multiple blocks: up to 5 mev		12/31/2025
EviCore	Radiation Therapy	G6008	Radiation treatment delivery, two separate treatment areas, three or more ports on a single treatment area, use of multiple blocks: 6-10 mev		12/31/2025
EviCore	Radiation Therapy	G6009	Radiation treatment delivery, two separate treatment areas, three or more ports on a single treatment area, use of multiple blocks: 11-19 mev		12/31/2025
EviCore	Radiation Therapy	G6010	Radiation treatment delivery, two separate treatment areas, three or more ports on a single treatment area, use of multiple blocks: 20 mev or greater		12/31/2025

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
EviCore	Radiation Therapy	G6011	Radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5 mev		12/31/2025
EviCore	Radiation Therapy	G6012	Radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10 mev		12/31/2025
EviCore	Radiation Therapy	G6013	Radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19 mev		12/31/2025
EviCore	Radiation Therapy	G6014	Radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 mev or greater		12/31/2025
EviCore	Radiation Therapy	G6015	Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session		12/31/2025
EviCore	Radiation Therapy	G6016	Compensator-based beam modulation treatment delivery of inverse planned treatment using three or more high resolution (milled or cast) compensator, convergent beam modulated fields, per treatment session		12/31/2025

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
EviCore	Radiation Therapy	G6017	Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (e.g., 3D positional tracking, gating, 3D surface tracking), each fraction of treatment		12/31/2025
Medical Oncology - These codes are authorized by EviCore only when connected to oncology treatment					
EviCore RX	Medical Oncology	J0897	Prolia, Xgeva (denosumab) Primary chemo pathway for the use of Xgeva to treat Giant Cell Tumor.		
EviCore RX	Medical Oncology	J1449	Rolvedon (Eflapegrastim-xnst) new code		
EviCore RX	Medical Oncology	J3055	Talvey (talquetamab-tgvs)		
EviCore RX	Medical Oncology	C9399	Stimufend (pegfilgrastim-fpgk)		
EviCore RX	Medical Oncology	C9399	Fynetra (pegfilgrastim-pbb)		
EviCore RX	Medical Oncology	C9400	Besremi (ropeginterferon alfa-2b-njft)		
EviCore RX	Medical Oncology	C9399	Besremi (ropeginterferon alfa-2b-njft)		
EviCore RX	Medical Oncology	J3263	Loqtorz (oripalimab-tpzi)		
EviCore RX	Medical Oncology	J0185	Cinvanti (aprepitant)		
EviCore RX	Medical Oncology	J0208	Sodium Thiosulfate (Pedmark)		
EviCore RX	Medical Oncology	J0209	Sodium Thiosulfate (Hope)		
EviCore RX	Medical Oncology	J0584	Crysvita (burosumab-twza)		
EviCore RX	Medical Oncology	J0640	Wellcovorin (calcium leucovorin)		
EviCore RX	Medical Oncology	J0641	Fusilev (levoleucovorin)		
EviCore RX	Medical Oncology	J0642	Khazory (levoleucovorin)		
EviCore RX	Medical Oncology	J0881	Aranesp (darbepoetin alfa)		
EviCore RX	Medical Oncology	J0885	Epogen, Procrit, or Retacrit (epoetin alfa)		
EviCore RX	Medical Oncology	J0893	Decitabine [decitabine (sun pharma)]		
EviCore RX	Medical Oncology	J0894	Dacogen (decitabine)		
EviCore RX	Medical Oncology	J1323	Elrexio (elranatamab-bcmm) new code		
EviCore RX	Medical Oncology	J0896	Reblozyl (uspatercept-aamt)		
EviCore RX	Medical Oncology	J1442	Neupogen, Zarxio (filgrastim)		
EviCore RX	Medical Oncology	J1447	Granix (tbo-filgrastim)		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
EviCore RX	Medical Oncology	J1448	Cosela (trilaciclib)		
EviCore RX	Medical Oncology	J1453	Emend (fosaprepitant)		
EviCore RX	Medical Oncology	J1454	Akynzeo (fosnetupitant/palonosetron)		
EviCore RX	Medical Oncology	J1456	Fosaprepitant [Teva] (fosaprepitant dimeglumine)]		
EviCore RX	Medical Oncology	J1627	Granisol or Sustol (granisetron, extended-release)		
EviCore RX	Medical Oncology	J1930	Somatuline Depot (lanreotide)		
EviCore RX	Medical Oncology	J1932	Lanreotide Acetate [lanreotide (Cipla)]		
EviCore RX	Medical Oncology	J1950	Eligard, Luprod Depot, Viadur, Lupron, (leuprolide acetate)		
EviCore RX	Medical Oncology	J1952	Camcevi (leuprolide mesylate)		
EviCore RX	Medical Oncology	J1954	Lutrate Depot (leuprolide acetate)		
EviCore RX	Medical Oncology	J2353	Sandostatin LAR (octreotide depot)		
EviCore RX	Medical Oncology	J2354	Sandostatin (octreotide)		
EviCore RX	Medical Oncology	J2430	Aredia (pamidronate disodium)		
EviCore RX	Medical Oncology	J2469	Aloxi (palonosetron)		
EviCore RX	Medical Oncology	J2506	Neulasta (pegfilgrastim)		
EviCore RX	Medical Oncology	J2820	Leukine (sargramostim)		
EviCore RX	Medical Oncology	J2860	Sylvant (siltuximab)		
EviCore RX	Medical Oncology	J3262	Actemra (tocilizumab)		
EviCore RX	Medical Oncology	J3315	Trelstar (triptorelin pamoate)		
EviCore RX	Medical Oncology	J3489	Reclast or Zometa (zoledronic acid)		
EviCore RX	Medical Oncology	J3590	Pegasys (peginterferon, alfa-2a)		
EviCore RX	Medical Oncology	J3590	PegIntron Peginterferon, alfa-2b,		
EviCore RX	Medical Oncology	J9074	Cyclophosphamide (Sandoz)		
EviCore RX	Medical Oncology	J3590	Stimufend (pegfilgrastim-fpgk)		
EviCore RX	Medical Oncology	J9075	Cyclophosphamide (not otherwise specified)		
EviCore RX	Medical Oncology	J3590	Fynetra (pegfilgrastim-pbbk)		
EviCore RX	Medical Oncology	J3590	AVZIV		
EviCore RX	Medical Oncology	J7172	BEIZRAY		
EviCore RX	Medical Oncology	J9172	Docetaxel (docivyx)		
EviCore RX	Medical Oncology	J9000	Adriamycin (doxorubicin)		
EviCore RX	Medical Oncology	J9015	Proleukin (aldesleukin)		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
EviCore RX	Medical Oncology	J9017	Trisenox (arsenic trioxide)		
EviCore RX	Medical Oncology	J9019	Erwinaze (asparaginase)		
EviCore RX	Medical Oncology	J9021	Rylaze [asparaginase erwinia chrysanthemi (recombinant)-rywn]		
EviCore RX	Medical Oncology	J9022	Tecentriq (atezolizumab)		
EviCore RX	Medical Oncology	J9023	Bavencio (avelumab)		
EviCore RX	Medical Oncology	J9025	Azacitidine, Vidaza		
EviCore RX	Medical Oncology	J9027	Clolar (clofarabine)		
EviCore RX	Medical Oncology	J9029	Adstiladrin (nadofaragen firadenovec-vncg)		
EviCore RX	Medical Oncology	J9030	Tice BCG Live (BCG intravesical)		
EviCore RX	Medical Oncology	J9032	Beleodaq (belinostat)		
EviCore RX	Medical Oncology	J9033	Treanda (bendamustine)		
EviCore RX	Medical Oncology	J9034	Bendeka (bendamustine)		
EviCore RX	Medical Oncology	J9035	Avastin (bevacizumab)		
EviCore RX	Medical Oncology	J9036	Belrapzo (bendamustine)		
EviCore RX	Medical Oncology	J9037	Blenrep (belantamab mafodotin-blmf)		
EviCore RX	Medical Oncology	J9039	Blinicyto (blinatumomab)		
EviCore RX	Medical Oncology	J9040	Blenoxane (bleomycin)		
EviCore RX	Medical Oncology	J9041	Velcade (bortezomib)		
EviCore RX	Medical Oncology	J9042	Adcetris (brentuximab vedotin)		
EviCore RX	Medical Oncology	J9043	Jevtana (cabazitaxel)		
EviCore RX	Medical Oncology	J9045	Paraplatin (carboplatin)		
EviCore RX	Medical Oncology	J9046	Bortezomib (Dr. Reddy's)		
EviCore RX	Medical Oncology	J9047	Kyprolis (carfilzomib)		
EviCore RX	Medical Oncology	J9048	Fresenius Kabi (bortezomib)		
EviCore RX	Medical Oncology	J9049	Bortezomib (Hospira)		
EviCore RX	Medical Oncology	J9050	BiCNU (carmustine)		
EviCore RX	Medical Oncology	J9255	Methotrexate (Accord)		
EviCore RX	Medical Oncology	J9055	Erbitux (cetuximab)		
EviCore RX	Medical Oncology	J9056	Vivimusta (bendamustine)		
EviCore RX	Medical Oncology	J9057	Copanlisib, Aliqopa		
EviCore RX	Medical Oncology	J9060	Platinol (cisplatin)		
EviCore RX	Medical Oncology	J9061	Rybrevent (amivantamab-vmjw)		
EviCore RX	Medical Oncology	J9063	Elahere (mirvetuximab soravtansine-gynx)		
EviCore RX	Medical Oncology	J9065	Cladribine		
EviCore RX	Medical Oncology	J9071	Cyclophosphamide (Auromedics)		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
EviCore RX	Medical Oncology	J9286	Columvi (glofitamab-gxbm)		
EviCore RX	Medical Oncology	J9321	Epkinly (epcoritamab-bysp)		
EviCore RX	Medical Oncology	J9324	Pemrydi-rtu (pemetrexed)		
EviCore RX	Medical Oncology	J9098	Cytarabine-Liposome (cytarabine)		
EviCore RX	Medical Oncology	J9100	Tarabine (cytarabine)		
EviCore RX	Medical Oncology	J9118	Asparlas (calaspargase pegol-mknl)		
EviCore RX	Medical Oncology	J9119	Libtayo (lempiimab-rwlc)		
EviCore RX	Medical Oncology	J9120	Cosmegen (dactinomycin)		
EviCore RX	Medical Oncology	J9130	Dacarbazine		
EviCore RX	Medical Oncology	J9144	Darzalex Faspro (daratumumab and hyaluronidase-fihj)		
EviCore RX	Medical Oncology	J9145	Darzalex (daratumumab)		
EviCore RX	Medical Oncology	J9150	Cerubidine (daunorubicin)		
EviCore RX	Medical Oncology	J9153	Vyxeos liposomal (daunorubicin and cytarabine)		
EviCore RX	Medical Oncology	J9155	Firmagon (degarelix)		
EviCore RX	Medical Oncology	J9171	Taxotere (docetaxel)		
EviCore RX	Medical Oncology	J9173	Imfinzi (durvalumab)		
EviCore RX	Medical Oncology	J9176	Empliciti (elotuzumab)		
EviCore RX	Medical Oncology	J9177	Padcev (enfortumb vedotin-ejfv)		
EviCore RX	Medical Oncology	J9178	Epirubicin		
EviCore RX	Medical Oncology	J9179	Halaven (eribulin mesylate)		
EviCore RX	Medical Oncology	J9181	Toposar, Etopophos (etoposide)		10/1/2026
EviCore RX	Medical Oncology	J9185	Fludara (fludarabine)		
EviCore RX	Medical Oncology	J9190	Adrucil (fluorouracil)		
EviCore RX	Medical Oncology	J9196	Gemcitabine (Accord)		
EviCore RX	Medical Oncology	J9198	Infugem (gemcitabine)		
EviCore RX	Medical Oncology	J9200	Floxuridine		
EviCore RX	Medical Oncology	J9201	Gemzar (gemcitabine)		
EviCore RX	Medical Oncology	J9202	Zoladex (goserelin acetate)		4/1/2026
EviCore RX	Medical Oncology	J9203	Mylotarg (gemtuzumab ozogamicin)		
EviCore RX	Medical Oncology	J9204	Poteligeo (mogamulizumab-kpkc)		
EviCore RX	Medical Oncology	J9205	Onivyde (irinotecan liposome)		
EviCore RX	Medical Oncology	J9206	Camptosar (irinotecan)		
EviCore RX	Medical Oncology	J9207	Ixempra (ixabepilone)		
EviCore RX	Medical Oncology	J9208	Ifex (ifosfamide)		
EviCore RX	Medical Oncology	J9209	Mesnex (mesna)		
EviCore RX	Medical Oncology	J9211	Idamycin (idarubicin)		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
EviCore RX	Medical Oncology	J9214	Intron A (interferon, alfa-2b)		
EviCore RX	Medical Oncology	J9216	Actimmune (interferon, gamma-1b)		
EviCore RX	Medical Oncology	J9217	Eligard, Lupron Depot, Lupron (leuprolide acetate)		
EviCore RX	Medical Oncology	J9218	Eligard, Lupron Depot, Lupron (leuprolide acetate)		
EviCore RX	Medical Oncology	J9223	Zepzelca (lurbinectedin)		
EviCore RX	Medical Oncology	J9225	Vantas (histrelin)		
EviCore RX	Medical Oncology	J9227	Sarclisa (isatuximab-irfc)		
EviCore RX	Medical Oncology	J9228	Yervoy (ipilimumab)		
EviCore RX	Medical Oncology	J9229	Besponsa (Inotuzumab ozogamicin)		
EviCore RX	Medical Oncology	J9245	Alkeran (melphalan)		
EviCore RX	Medical Oncology	J9246	Evomela (melphalan)		
EviCore RX	Medical Oncology	J9260	Trexall (methotrexate)		
EviCore RX	Medical Oncology	J9261	Arranon (nelarabine)		
EviCore RX	Medical Oncology	J9262	Synribo Omacetaxine,		
EviCore RX	Medical Oncology	J9263	Eloxatin (oxaliplatin)		
EviCore RX	Medical Oncology	J9264	Abraxane (paclitaxel)		
EviCore RX	Medical Oncology	J9266	Oncaspar (pegaspargase)		
EviCore RX	Medical Oncology	J9267	Taxol (paclitaxel)		
EviCore RX	Medical Oncology	J9268	Pentostatin, Nipent		
EviCore RX	Medical Oncology	J9269	Elzonris (tagraxofusp-erzs)		
EviCore RX	Medical Oncology	J9271	Keytruda (pembrolizumab)		
EviCore RX	Medical Oncology	J9272	Jemperli (dostarlimab-gxly)		
EviCore RX	Medical Oncology	J9273	Tivdak (tisotumab vedotin-tftv)		
EviCore RX	Medical Oncology	J9274	Kimmtrak (tebentafusp-tebn)		
EviCore RX	Medical Oncology	J9280	Mitosol (mitomycin)		
EviCore RX	Medical Oncology	J9293	Novantrone (mitoxantrone HCL)		
EviCore RX	Medical Oncology	J9294	Hospira (pemetrexed)		
EviCore RX	Medical Oncology	J9295	Portrazza (necitumumab)		
EviCore RX	Medical Oncology	J9296	Pemetrexed (accord)		
EviCore RX	Medical Oncology	J9297	Pemetrexed (sandoz)		
EviCore RX	Medical Oncology	J9298	Opdualag (nivolumab and relatlimab-rmbw)		
EviCore RX	Medical Oncology	J9299	Opdivo (nivolumab)		
EviCore RX	Medical Oncology	J9301	Gazyva (obinutuzumab)		
EviCore RX	Medical Oncology	J9302	Arzerra (ofatumumab)		
EviCore RX	Medical Oncology	J9303	Vectibix (panitumumab)		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
EviCore RX	Medical Oncology	J9304	Pemfexy 9pemetrexed)		
EviCore RX	Medical Oncology	J9305	Alimta (pemetrexed)		
EviCore RX	Medical Oncology	J9306	Perjeta (pertuzumab)		
EviCore RX	Medical Oncology	J9307	Folotyn (pralatrexate)		
EviCore RX	Medical Oncology	J9308	Ramucirumab, Cyramza		
EviCore RX	Medical Oncology	J9309	Polivy (polatuzumab vedotin-piiq)		
EviCore RX	Medical Oncology	J9311	Rituxan Hycela (rituximab and hyaluronidase)		
EviCore RX	Medical Oncology	J9312	Rituxan (rituximab)		
EviCore RX	Medical Oncology	J9313	Lumoxiti (moxetumomab pasudotox-tdfk)		
EviCore RX	Medical Oncology	J9314	Pemetrexed (Teva)		
EviCore RX	Medical Oncology	J9316	Phesgo (pertuzumab / trastuzumab /hyaluronidase-zzxf)		
EviCore RX	Medical Oncology	J9317	Trodelvy (sacituzumab govitecan-hziy)		
EviCore RX	Medical Oncology	J9318	Romidepsin (non-lyophilized)		
EviCore RX	Medical Oncology	J9319	Istodax (romidepsin, lyophilized)		
EviCore RX	Medical Oncology	J9320	Zanosar (streptozocin)		
EviCore RX	Medical Oncology	J9322	Pemetrexed (Bluepoint)		
EviCore RX	Medical Oncology	J9323	Pemetrexed (pemetrexed ditromethamine)		
EviCore RX	Medical Oncology	J9325	Imlygic (talimogene laherparepvec)		
EviCore RX	Medical Oncology	J9328	Temodar (temozolomide)		
EviCore RX	Medical Oncology	J9330	Torisel (temsirolimus)		
EviCore RX	Medical Oncology	J9331	Fyarro (sirolimus protein-bound particles)		
EviCore RX	Medical Oncology	J9340	Tepadina (thiotepa)		
EviCore RX	Medical Oncology	J9345	Zynyz (retifanlimab-dlwr)		
EviCore RX	Medical Oncology	J9347	Imjudo (tremelimumab-actl)		
EviCore RX	Medical Oncology	J9348	Danyelza (naxitamab-gqgk)		
EviCore RX	Medical Oncology	J9349	Monjuvi (tafasitamab-cxix)		
EviCore RX	Medical Oncology	J9350	Lunsumio (mosunetuzumab-axgb)		
EviCore RX	Medical Oncology	J9351	Hycamtin (topotecan)		
EviCore RX	Medical Oncology	J9352	Yondelis (trabectedin)		
EviCore RX	Medical Oncology	J9353	Margenza (margetuximab-cmkb)		
EviCore RX	Medical Oncology	J9354	Kadcyla (ado-trastuzumab emtansine)		
EviCore RX	Medical Oncology	J9355	Herceptin (trastuzumab)		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
EviCore RX	Medical Oncology	J9356	Herceptin Hylecta (trastuzumab and hyaluronidase-oysk)		
EviCore RX	Medical Oncology	J9357	Valstar (valrubicin)		
EviCore RX	Medical Oncology	J9358	Enhertu (fam-trastuzumab deruxtecan-nxki)		
EviCore RX	Medical Oncology	J9359	Zynlonta (loncastuximab tesirine-lpyl)		
EviCore RX	Medical Oncology	J9360	Velban (vinblastine)		
EviCore RX	Medical Oncology	J9361	Ryzneuta (efbemalenograstim alfa-vuxw)		
EviCore RX	Medical Oncology	J9370	Oncovin or Vincasar PFS (vincristine)		
EviCore RX	Medical Oncology	J9380	Tecvayli (teclistamab-cqyv)		
EviCore RX	Medical Oncology	J9390	Navelbine (vinorelbine)		
EviCore RX	Medical Oncology	J9393	Fulvestrant (Teva)		
EviCore RX	Medical Oncology	J9394	Fulvestrant (Fresenius Kabi)		
EviCore RX	Medical Oncology	J9395	Faslodex (fulvestrant)		
EviCore RX	Medical Oncology	J9400	Zaltrap (ziv-afercept)		
EviCore RX	Medical Oncology	J9600	Photofrin (porfimer)		4/1/2026
EviCore RX	Medical Oncology	J9999	Dinutuximab, Unituxin		
EviCore RX	Medical Oncology	J9999	Besremi (ropeginterferon alfa-2b-njft)		
EviCore RX	Medical Oncology	Q2017	Vumon (teniposide)		
EviCore RX	Medical Oncology	Q2043	Provenge (sipuleucel-T)		
EviCore RX	Medical Oncology	Q2050	Doxil (doxorubicin)		
EviCore RX	Medical Oncology	Q5101	Zarxio, (filgrastim-sndz, biosimilar)		
EviCore RX	Medical Oncology	Q5106	Retacrit (epoetin alfa-epbx)		
EviCore RX	Medical Oncology	Q5107	Mvasi (bevacizumab-awwb)		
EviCore RX	Medical Oncology	Q5108	Fulphila (pegfilgrastim-jmdb)		
EviCore RX	Medical Oncology	Q5110	Nivestym (filgrastim-aafi)		
EviCore RX	Medical Oncology	Q5111	Udenyca (pegfilgrastim-cbqv)		
EviCore RX	Medical Oncology	Q5112	Ontruzant (trastuzumab-dttb)		
EviCore RX	Medical Oncology	Q5113	Herzuma (trastuzumab-pkrb)		
EviCore RX	Medical Oncology	Q5114	Ogivri (trastuzumab-dkst)		
EviCore RX	Medical Oncology	Q5115	Truxima (rituximab-abbs)		
EviCore RX	Medical Oncology	Q5116	Trazimera (trastuzumab-qyyp)		
EviCore RX	Medical Oncology	Q5117	Kanjinti (trastuzumab-anns)		
EviCore RX	Medical Oncology	Q5118	Zirabev (bevacizumab-bvzr)		
EviCore RX	Medical Oncology	Q5119	Ruxience (rituximab-pvvr)		

Arkansas Blue Medicare Prior Authorization List

				Effective Date	End PA Date
EviCore RX	Medical Oncology	Q5120	Ziextenzo (pegfilgrastim-bmez)		
EviCore RX	Medical Oncology	Q5122	Nyvepria (pegfilgrastim-apgf)		
EviCore RX	Medical Oncology	Q5123	Riabni (rituximab-arrx)		
EviCore RX	Medical Oncology	Q5125	Releuko (filgrastim-ayow)		
EviCore RX	Medical Oncology	Q5126	Alymsys (bevacizumab-maly)		
EviCore RX	Medical Oncology	Q5127	Stimufend (pegfilgrastim-fpgk)		
EviCore RX	Medical Oncology	Q5129	Vegzelma (bevacizumab-adcd)		
EviCore RX	Medical Oncology	Q5130	Flyneta (pegfilgrastim-pbbk)		
EviCore RX	Medical Oncology	J3490	Unclassified drugs		
EviCore RX	Medical Oncology	J9999	Not otherwise classified, antineoplastic drugs		
Lucet	Repetitive transcranial Magnetic Stimulation (rTMS)	90867	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management		
Lucet	Repetitive transcranial Magnetic Stimulation (rTMS)	90868	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session		
Lucet	Repetitive transcranial Magnetic Stimulation (rTMS)	90869	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management		