

# Medical Prior Authorization | Arkansas

January 1, 2026

## Blue Cross and Blue Shield, BlueAdvantage Administrators of Arkansas, Health Advantage, and Octave Blue Cross and Blue Shield Fully Insured

The following services require prior authorization and will apply to members that have the following plans: **Arkansas Blue Cross Blue Shield and Health Advantage Fully Insured plans, Exchange, AR Home, Health advantage Exchange and Octave groups and Farm Bureau plans.**

- Breast Reconstruction

The following services require prior authorization and will apply to Arkansas Blue Cross Blue Shield members that have the following plans (PA required for CPT codes if billed with the listed ICD-10 codes):

**ACA Individual Exchange, both On and Off Exchange Plans and Standalone Off Exchange Plans for Arkansas Blue Cross Blue Shield, Health Advantage, and Octave Members.**

- Bariatric Surgery and Weight Loss Services
- Craniofacial-related surgeries/services
- Inpatient Neuro-Rehabilitation Facility (Acquired Brain Injury)
- Outpatient Cognitive Rehabilitation (Acquired Brain Injury)
- PANS-PANDAS Coverage
- Reproductive services specific to RESTORE Act– Arkansas Blue Cross Blue Shield Exchange only

**Arkansas Blue Cross Blue Shield Small Group Metallic Plan and Arkansas Blue Cross Blue Shield Individual Plans, Complete and Complete Plus Only: DOES NOT INCLUDE Comp Blue I or III, Blue Cares PPO, Short-term Blue, Farm Bureau, Blue Solution, or Blue Choice**

- Bariatric Surgery and Weight Loss Services
- Inpatient Neuro-Rehabilitation Facility (Acquired Brain Injury)
- Outpatient Cognitive Rehabilitation (Acquired Brain Injury)

### Breast Reconstruction

CPT Code	Description	Effective Date	End Prior Approval Date
11920	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less	1/1/2026	



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CPT Code	Description	Effective Date	End Prior Approval Date
11921	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.1 to 20.0 sq cm	1/1/2026	
11970	Replacement of tissue expander with permanent implant	1/1/2026	
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	1/1/2026	
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)	1/1/2026	
15771	Grafting of autologous fat, harvested via liposuction, to the trunk, breasts, scalp, arms, and/or legs, with 50 cc or less injectate.	1/1/2026	
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)	1/1/2026	
19316	Mastopexy	1/1/2026	
19318	Breast Reduction	1/1/2026	
19325	Breast augmentation with implant	1/1/2026	
19340	Insertion of breast implant on same day of mastectomy (ie, immediate)	1/1/2026	
19342	Insertion or replacement of breast implant on separate day from mastectomy	1/1/2026	
19350	Nipple/areola reconstruction	1/1/2026	
19357	Tissue expander placement in breast reconstruction, including subsequent expansion(s)	1/1/2026	
19361	Breast reconstruction; with latissimus dorsi flap	1/1/2026	
19364	Breast reconstruction; with free flap (eg, fTRAM, DIEP, SIEA, GAP flap)	1/1/2026	
19367	Breast reconstruction; with single-pediced transverse rectus abdominis myocutaneous (TRAM) flap	1/1/2026	
19368	Breast reconstruction; with single-pediced transverse rectus abdominis myocutaneous (TRAM) flap, requiring separate microvascular anastomosis (supercharging)	1/1/2026	
19369	Breast reconstruction; with bipedicle transverse rectus abdominis myocutaneous (TRAM) flap	1/1/2026	
19370	Revision of the peri-implant capsule of the breast, including capsulotomy, capsulorrhaphy, and/or partial capsulectomy	1/1/2026	



CPT Code	Description	Effective Date	End Prior Approval Date
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)	1/1/2026	
19396	Preparation of moulage for custom breast implant	1/1/2026	
L8600	Implantable breast prosthesis, silicone or equal	1/1/2026	
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	1/1/2026	
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	1/1/2026	
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	1/1/2026	

## Acquired Brain Injury

PA required for the following CPT codes if billed with the listed ICD-10 codes.

ICD10NoDecimal	ICD10	Description
<b>C711</b>	C71.1	Malignant neoplasm of frontal lobe
<b>C719</b>	C71.9	Malignant neoplasm of brain, unspecified
<b>D33</b>	D33	Benign neoplasm of brain and oth prt central nervous system
<b>D330</b>	D33.0	Benign neoplasm of brain, supratentorial
<b>D331</b>	D33.1	Benign neoplasm of brain, infratentorial
<b>D332</b>	D33.2	Benign neoplasm of brain, unspecified
<b>D333</b>	D33.3	Benign neoplasm of cranial nerves
<b>D334</b>	D33.4	Benign neoplasm of spinal cord
<b>D337</b>	D33.7	Benign neoplasm of oth parts of central nervous system
<b>D339</b>	D33.9	Benign neoplasm of central nervous system, unspecified
<b>D496</b>	D49.6	Neoplasm of unspecified behavior of brain
<b>G04</b>	G04	Encephalitis, myelitis and encephalomyelitis
<b>G931</b>	G93.1	Anoxic brain damage, not elsewhere classified
<b>G9341</b>	G93.41	Metabolic Encephalopathy
<b>G935</b>	G93.5	Compression of brain
<b>G939</b>	G93.9	Disorder of brain, unspecified



ICD10NoDecimal	ICD10	Description
I46	I46	Cardiac arrest
I462	I46.2	Cardiac arrest due to underlying cardiac condition
I468	I46.8	Cardiac arrest due to other underlying condition
I469	I46.9	Cardiac arrest, cause unspecified
I60	I60	Nontraumatic subarachnoid hemorrhage
I600	I60.0	Ntrm subarach hemorrhage from carotid siphon and bifurcation
I6000	I60.00	Ntrm subarach hemorrhage from unsp carotid siphon and bifurc
I6001	I60.01	Ntrm subarach hemor from right carotid siphon and bifurc
I6002	I60.02	Ntrm subarach hemorrhage from left carotid siphon and bifurc
I601	I60.1	Ntrm subarachnoid hemorrhage from middle cerebral artery
I6010	I60.10	Ntrm subarach hemorrhage from unsp middle cerebral artery
I6011	I60.11	Ntrm subarach hemorrhage from right middle cerebral artery
I6012	I60.12	Ntrm subarach hemorrhage from left middle cerebral artery
I602	I60.2	Ntrm subarach hemorrhage from anterior communicating artery
I6020	I60.20	Ntrm subarach hemor from unsp anterior communicating artery
I6021	I60.21	Ntrm subarach hemor from right anterior communicating artery
I6022	I60.22	Ntrm subarach hemor from left anterior communicating artery
I603	I60.3	Ntrm subarach hemorrhage from posterior communicating artery
I6030	I60.30	Ntrm subarach hemor from unsp posterior communicating artery
I6031	I60.31	Ntrm subarach hemor from right post communicating artery
I6032	I60.32	Ntrm subarach hemor from left posterior communicating artery
I604	I60.4	Nontraumatic subarachnoid hemorrhage from basilar artery
I605	I60.5	Nontraumatic subarachnoid hemorrhage from vertebral artery
I6050	I60.50	Nontraumatic subarachnoid hemorrhage from unsp verteb art
I6051	I60.51	Nontraumatic subarachnoid hemorrhage from r verteb art
I6052	I60.52	Nontraumatic subarachnoid hemorrhage from l verteb art
I606	I60.6	Nontraumatic subarachnoid hemorrhage from oth intracran art
I607	I60.7	Nontraumatic subarachnoid hemorrhage from unsp intracran art
I608	I60.8	Other nontraumatic subarachnoid hemorrhage
I609	I60.9	Nontraumatic subarachnoid hemorrhage, unspecified
I61	I61	Nontraumatic intracerebral hemorrhage
I610	I61.0	Nontraumatic intrcral hemorrhage in hemisphere, subcortical
I611	I61.1	Nontraumatic intrcral hemorrhage in hemisphere, cortical
I612	I61.2	Nontraumatic intracerebral hemorrhage in hemisphere, unsp
I613	I61.3	Nontraumatic intracerebral hemorrhage in brain stem
I614	I61.4	Nontraumatic intracerebral hemorrhage in cerebellum
I615	I61.5	Nontraumatic intracerebral hemorrhage, intraventricular
I616	I61.6	Nontraumatic intracerebral hemorrhage, multiple localized
I618	I61.8	Other nontraumatic intracerebral hemorrhage
I619	I61.9	Nontraumatic intracerebral hemorrhage, unspecified
I62	I62	Other and unspecified nontraumatic intracranial hemorrhage
I620	I62.0	Nontraumatic subdural hemorrhage



ICD10NoDecimal	ICD10	Description
I6200	I62.00	Nontraumatic subdural hemorrhage, unspecified
I6201	I62.01	Nontraumatic acute subdural hemorrhage
I6202	I62.02	Nontraumatic subacute subdural hemorrhage
I6203	I62.03	Nontraumatic chronic subdural hemorrhage
I621	I62.1	Nontraumatic extradural hemorrhage
I629	I62.9	Nontraumatic intracranial hemorrhage, unspecified
I63	I63	Cerebral infarction
I670	I67.0	Dissection of cerebral arteries, nonruptured
I671	I67.1	Cerebral aneurysm, nonruptured
J96	J96	Respiratory failure, not elsewhere classified
J9601	J96.01	Acute respiratory failure with hypoxia
O29	O29	Complications of anesthesia during pregnancy
O743	O74.3	Cnsl complications of anesthesia during labor and delivery
R402A	R40.2A	Nontraumatic coma due to underlying condition
T36-T50	entire range	Poisoning
T5991	T59.91	Toxic effect of unsp gases, fumes and vapors, accidental
T5991XA	T59.91XA	Toxic effect of unsp gases, fumes and vapors, acc, init
T5991XD	T59.91XD	Toxic effect of unsp gases, fumes and vapors, acc, subs
T5991XS	T59.91XS	Toxic effect of unsp gases, fumes and vapors, acc, sequela
T6591	T65.91	Toxic effect of unsp substance, accidental (unintentional)
T751	T75.1	Unspecified effects of drowning and nonfatal submersion
W67	W67	Accidental drowning and submersion while in swimming pool
W69	W69	Accidental drowning and submersion while in natural water
Z85841	Z85.841	Personal history of malignant neoplasm of brain

Neurocognitive, Neurobehavioral, Neurofeedback Therapy			
CPT Code	Description	Effective Date	End Prior Approval Date
90875	Individual psychophysiological therapy incorporating biofeedback training by any modality (face to face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); 30 minutes	1/1/2026	
90876	Individual psychophysiological therapy incorporating biofeedback training by any modality (face to face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); 45 minutes	1/1/2026	
90901	Biofeedback training by any modality	1/1/2026	
96105	Assessment of aphasia	1/1/2026	
96112	Neurobehavioral status examination (each additional hour)	1/1/2026	



## Neurocognitive, Neurobehavioral, Neurofeedback Therapy

CPT Code	Description	Effective Date	End Prior Approval Date
96116	Neuropsychological testing and evaluation (performed by a technician)	1/1/2026	
96121	Neuropsychological testing and evaluation (performed by a technician, automated, single test)	1/1/2026	
96125	Cognitive function assessment (automated)	1/1/2026	
96130	Neuropsychological testing and evaluation (first hour)	1/1/2026	
96131	Neuropsychological testing and evaluation (each additional hour)	1/1/2026	
96132	Psychological or neuropsychological test administration and scoring (first 30 minutes)	1/1/2026	
96133	Psychological or neuropsychological test administration and scoring (each additional 30 minutes)	1/1/2026	
96136	Psychological or neuro	1/1/2026	

## Cognitive Evaluation

CPT Code	Description	Effective Date	End Prior Approval Date
97129	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one on one) patient contact; initial 15 minutes	1/1/2026	
97130	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one on one) patient contact; each additional 15 minutes	1/1/2026	

## Functional Rehabilitation Therapy

CPT Code	Description	Effective Date	End Prior Approval Date
97530	Therapeutic activities, direct (one on one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	1/1/2026	
97535	Self care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one on one contact, each 15 minutes	1/1/2026	



## Community Reintegration and Post-acute Residential Treatment

CPT Code	Description	Effective Date	End Prior Approval Date
97537	Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one on one contact, each 15 minutes	1/1/2026	

## Craniofacial-Related Durable Medical Equipment

PA required for the following CPT codes if billed with the listed ICD-10 codes.

ICD-10 Code	Description
Q16	Congenital malformations of ear causing impairment of hearing -- (Q16.0-Q16.9)
Q67	Congenital musculoskeletal deformities of head, face, spine, and chest
Q67.0	Congenital facial asymmetry
Q67.1	Congenital compression facies
Q67.2	Dolichocephaly
Q67.3	Plagiocephaly
Q75	Other congenital malformations of skull and face bones
Q75.0	Craniosynostosis – (Q75.00-Q75.08)
Q75.1	Craniofacial dysostosis
Q75.4	Mandibulofacial dysostosis
Q75.5	Oculomandibular dysostosis
Q75.8	Other specified congenital malformations of skull and face bones
Q75.9	Congenital malformation of skull and face bones, unspecified
Q87	Other specified congenital malformation syndromes affecting multiple systems
Q87.0	Congenital malformation syndromes predominantly affecting facial appearance
Q89	Other congenital malformations, not elsewhere classified
Q89.8	Other specified congenital malformations
Q89.9	Congenital malformation, unspecified

## Hearing Aid Molds / Impressions

CPT Code	Description	Effective Date	End Prior Approval Date
V5264	Ear mold/insert, not disposable, any type	1/1/2026	
V5274	Ear impression, each	1/1/2026	

## Wearable Bone Conduction Hearing Aids

CPT Code	Description	Effective Date	End Prior Approval Date
V5267	Hearing aid supply/accessory, not otherwise specified	1/1/2026	
V5298	Hearing aid, not otherwise classified	1/1/2026	



## Surgically Implanted Bone-Anchored Hearing Aids (BAHA)

CPT Code	Description	Effective Date	End Prior Approval Date
69714	Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor	1/1/2026	
69717	Replacement (e.g., revision) of osseointegrated implant, temporal bone	1/1/2026	
L8690	Auditory osseointegrated device, includes all internal and external components	1/1/2026	
L8691	Replacement part for auditory osseointegrated device	1/1/2026	
L8692	Replacement external sound processor	1/1/2026	

## Cochlear Implants

CPT Code	Description	Effective Date	End Prior Approval Date
69930	Cochlear device implantation, with or without mastoidectomy	1/1/2026	
L8614	Cochlear device, includes all internal and external components	1/1/2026	
L8615	Headset/headpiece for cochlear implant	1/1/2026	
L8616	Microphone for cochlear implant	1/1/2026	
L8617	Transmitting coil for cochlear implant	1/1/2026	
L8618	Transmitter cable for cochlear implant	1/1/2026	
L8619	Cochlear implant external speech processor	1/1/2026	
L8621	Zinc air battery for use with cochlear implant device and auditory osseointegrated sound processors, replacement, each	1/1/2026	
L8622	Alkaline battery for use with cochlear implant device, any size, replacement, each	1/1/2026	
L8623	Lithium ion battery for use with cochlear implant device speech processor, other than ear level, replacement, each	1/1/2026	
L8624	Lithium ion battery for use with cochlear implant or auditory osseointegrated device speech processor, ear level, replacement, each	1/1/2026	
L8625	External recharging system for battery for use with cochlear implant or auditory osseointegrated device, replacement only, each	1/1/2026	
L8627	Cochlear implant, external speech processor, component, replacement	1/1/2026	
L8628	Cochlear implant, external controller component, replacement	1/1/2026	
L8629	Transmitting coil and cable, integrated, for use with cochlear implant device, replacement	1/1/2026	
L8693	Auditory osseointegrated sound processor, replacement	1/1/2026	



## Craniofacial-Related Vision Benefits

PA required for the following CPT codes if billed with the listed ICD-10 codes.

ICD-10 Code		Description
<b>Q16</b>		Congenital malformations of ear causing impairment of hearing -- (Q16.0-Q16.9)
<b>Q67</b>		Congenital musculoskeletal deformities of head, face, spine, and chest
	<b>Q67.0</b>	Congenital facial asymmetry
	<b>Q67.1</b>	Congenital compression facies
	<b>Q67.2</b>	Dolichocephaly
	<b>Q67.3</b>	Plagiocephaly
<b>Q75</b>		Other congenital malformations of skull and face bones
	<b>Q75.0</b>	Craniosynostosis – (Q75.00-Q75.08)
	<b>Q75.1</b>	Craniofacial dysostosis
	<b>Q75.4</b>	Mandibulofacial dysostosis
	<b>Q75.5</b>	Oculomandibular dysostosis
	<b>Q75.8</b>	Other specified congenital malformations of skull and face bones
	<b>Q75.9</b>	Congenital malformation of skull and face bones, unspecified
<b>Q87</b>		Other specified congenital malformation syndromes affecting multiple systems
	<b>Q87.0</b>	Congenital malformation syndromes predominantly affecting facial appearance
<b>Q89</b>		Other congenital malformations, not elsewhere classified
	<b>Q89.8</b>	Other specified congenital malformations
	<b>Q89.9</b>	Congenital malformation, unspecified

Scleral Contact Lenses			
CPT Code	Description	Effective Date	End Prior Approval Date
<b>V2531</b>	Contact lens, scleral, gas permeable, per lens	1/1/2026	
<b>V2627</b>	Scleral cover shell (used when the scleral device is for prosthetic purposes, not standard vision correction)	1/1/2026	
Coatings / Modifications			
CPT Code	Description	Effective Date	End Prior Approval Date
<b>V2750</b>	Anti-reflective coating, per lens	1/1/2026	
<b>V2755</b>	Tint, per lens	1/1/2026	
<b>V2760</b>	Scratch-resistant coating, per lens	1/1/2026	
<b>V2780</b>	Oversize lens (used if lens diameter exceeds standard)	1/1/2026	
<b>V2799</b>	Vision item or service, miscellaneous (can be used for coatings not otherwise specified)	1/1/2026	
Ocular Impression / Modeling			
CPT Code	Description	Effective Date	End Prior Approval Date
<b>92326</b>	Special evaluation of visual fields, examination of eye, for contact lens fitting, corneal/scleral shell impression	1/1/2026	



## Maxillofacial Prosthetics

CPT Code	Description	Effective Date	End Prior Approval Date
D5914	Auricular prosthesis	1/1/2026	
D5927	Auricular prosthesis, replacement	1/1/2026	
D5987	Commissure splint	1/1/2026	
D5924	Cranial prosthesis	1/1/2026	
D5925	Facial augmentation implant prosthesis	1/1/2026	
D5919	Facial prosthesis	1/1/2026	
D5929	Facial prosthesis, replacement	1/1/2026	
D5951	Feeding aid	1/1/2026	
D5934	Mandibular resection prosthesis with guide flange	1/1/2026	
D5935	Mandibular resection prosthesis without guide flange	1/1/2026	
D5913	Nasal prosthesis	1/1/2026	
D5926	Nasal prosthesis, replacement	1/1/2026	
D5922	Nasal septal prosthesis	1/1/2026	
D5932	Obturator prosthesis, definitive	1/1/2026	
D5936	Obturator/prosthesis, interim	1/1/2026	
D5933	Obturator prosthesis, modification	1/1/2026	
D5931	Obturator prosthesis, surgical	1/1/2026	
D5916	Ocular prosthesis	1/1/2026	
D5923	Ocular prosthesis, interim	1/1/2026	
D5915	Orbital prosthesis	1/1/2026	
D5928	Orbital prosthesis, replacement	1/1/2026	
D5954	Palatal augmentation prosthesis	1/1/2026	
D5955	Palatal lift prosthesis, definitive	1/1/2026	
D5958	Palatal lift prosthesis, interim	1/1/2026	
D5959	Palatal lift prosthesis, modification	1/1/2026	
D5985	Radiation cone locator	1/1/2026	
D5984	Radiation shield	1/1/2026	
D5953	Speech aid prosthesis, adult	1/1/2026	
D5960	Speech aid prosthesis, modification	1/1/2026	
D5952	Speech aid prosthesis, pediatric	1/1/2026	
D5988	Surgical splint	1/1/2026	
D5982	Surgical stent	1/1/2026	
D5937	Trismus appliance (not for tm treatment)	1/1/2026	
D5983	Radiation carrier	1/1/2026	
D5999	Unspecified maxillofacial prosthesis, by report	1/1/2026	

## Craniofacial-Related Implant Services

CPT Code	Description	Effective Date	End Prior Approval Date
D6010	Surgical placement of implant body: endosteal implant	1/1/2026	



## Craniofacial-Related Implant Services

CPT Code	Description	Effective Date	End Prior Approval Date
<b>D6011</b>	surgical access to an implant body (Second stage implant surgery)	1/1/2026	
<b>D6012</b>	Surgical placement of interim implant body for transitional prosthesis: endosteal implant	1/1/2026	
<b>D6013</b>	Surgical placement of mini implant	1/1/2026	
<b>D6103</b>	Bone graft for repair of peri-implant defect - does not include flap entry and closure	1/1/2026	
<b>D6104</b>	Bone graft at time of implant placement	1/1/2026	
<b>D6055</b>	Connecting bar - implant supported or abutment supported	1/1/2026	
<b>D6056</b>	Prefabricated abutment - includes modification and placement	1/1/2026	
<b>D6057</b>	Custom fabricated abutment - includes placement	1/1/2026	
<b>D6051</b>	Interim abutment	1/1/2026	
<b>D6191</b>	semi-precision abutment --placement	1/1/2026	
<b>D6192</b>	semi-precision attachment--placement	1/1/2026	
<b>D6110</b>	Implant/abutment supported removable denture for edentulous arch - maxillary	1/1/2026	
<b>D6111</b>	Implant/abutment supported removable denture for edentulous arch - mandibular	1/1/2026	
<b>D6112</b>	Implant/abutment supported removable denture for partially edentulous arch - maxillary	1/1/2026	
<b>D6113</b>	Implant/abutment supported removable denture for partially edentulous arch - mandibular	1/1/2026	
<b>D6114</b>	Implant/abutment supported fixed denture for edentulous arch - maxillary	1/1/2026	
<b>D6115</b>	Implant/abutment supported fixed denture for edentulous arch - mandibular	1/1/2026	
<b>D6116</b>	Implant/abutment supported fixed denture for partially edentulous arch - maxillary	1/1/2026	
<b>D6117</b>	Implant/abutment supported fixed denture for partially edentulous arch - mandibular	1/1/2026	
<b>D6118</b>	Used when a period of healing is necessary prior to fabrication and placement of a permanent prosthetic.	1/1/2026	
<b>D6119</b>	Used when a period of healing is necessary prior to fabrication and placement of a permanent prosthetic.	1/1/2026	
<b>D6082</b>	Implant supported crown - porcelain fused to predominantly base alloys	1/1/2026	
<b>D6083</b>	Implant supported crown - porcelain fused to noble alloys	1/1/2026	
<b>D6084</b>	Implant supported crown - porcelain fused to titanium and titanium alloys	1/1/2026	
<b>D6085</b>	Provisional implant crown	1/1/2026	



## Craniofacial-Related Implant Services

CPT Code	Description	Effective Date	End Prior Approval Date
<b>D6086</b>	Implant supported crown - predominantly base alloys	1/1/2026	
<b>D6087</b>	Implant supported crown - noble alloys	1/1/2026	
<b>D6088</b>	Implant supported crown - titanium and titanium alloys	1/1/2026	

## Prosthodontics, Fixed

CPT Code	Description	Effective Date	End Prior Approval Date
<b>D5877</b>	Duplication of maxillary denture	1/1/2026	
<b>D5878</b>	Duplication of mandibular denture	1/1/2026	
<b>D6920</b>	Connector bar	1/1/2026	
<b>D6950</b>	Precision attachment	1/1/2026	
<b>D6999</b>	Unspecified fixed prosthodontic procedure, by report	1/1/2026	

## Oral & Maxillofacial Surgery

CPT Code	Description	Effective Date	End Prior Approval Date
<b>21085</b>	Impression and custom preparation; oral surgical splint	1/1/2026	
<b>21089</b>	Unlisted maxillofacial prosthetic procedure	1/1/2026	
<b>21210</b>	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)	1/1/2026	
<b>21215</b>	Graft, bone; mandible (includes obtaining graft)	1/1/2026	
<b>21249</b>	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); complete	1/1/2026	
<b>41830</b>	Alveolectomy, including curettage of osteitis or sequestrectomy	1/1/2026	
<b>D5909</b>	Maxillary guidance device using a flange	1/1/2026	
<b>D5930</b>	Maxillary guidance device without using a flange	1/1/2026	
<b>D5938</b>	Complete maxillary removable resection prosthesis	1/1/2026	
<b>D5939</b>	Complete mandibular removable resection prosthesis	1/1/2026	
<b>D5940</b>	Partial maxillary removable resection prosthesis	1/1/2026	
<b>D5941</b>	Partial mandibular removable resection prosthesis	1/1/2026	
<b>D5942</b>	Maxillary implant removable prosthesis for edentulous arch	1/1/2026	
<b>D5943</b>	Mandibular implant removable prosthesis for edentulous arch	1/1/2026	
<b>D5944</b>	Maxillary implant removable prosthesis for edentulous arch partial	1/1/2026	
<b>D5945</b>	Mandibular implant removable prosthesis for edentulous arch partial	1/1/2026	
<b>D5946</b>	Maxillary implant fixed prosthesis for edentulous arch	1/1/2026	
<b>D5947</b>	Mandibular implant fixed prosthesis for edentulous arch	1/1/2026	



## Oral & Maxillofacial Surgery

CPT Code	Description	Effective Date	End Prior Approval Date
<b>D5948</b>	Maxillary implant fixed prosthesis for edentulous arch partial	1/1/2026	
<b>D5949</b>	Mandibular implant fixed prosthesis for edentulous arch partial	1/1/2026	
<b>D6049</b>	Scaling and debridement of a single implant with bleeding, inflammation and increased pocket depth	1/1/2026	
<b>D6196</b>	Restoration removal on an implant retained abutment	1/1/2026	
<b>D7270</b>	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	1/1/2026	
<b>D7272</b>	Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	1/1/2026	
<b>D7295</b>	Harvest of bone for use in autogenous grafting procedure	1/1/2026	
<b>D7310</b>	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	1/1/2026	
<b>D7311</b>	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	1/1/2026	
<b>D7320</b>	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	1/1/2026	
<b>D7321</b>	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	1/1/2026	
<b>D7530</b>	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	1/1/2026	
<b>D7540</b>	Removal of reaction-producing foreign bodies- musculoskeletal system	1/1/2026	
<b>D7770</b>	Alveolus - open reduction stabilization of teeth	1/1/2026	
<b>D7771</b>	Alveolus, closed reduction stabilization of teeth	1/1/2026	
<b>D7940</b>	Osteoplasty-for orthognathic deformities	1/1/2026	
<b>D7950</b>	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report	1/1/2026	
<b>D7951</b>	Sinus augmentation with bone or bone substitutes via a lateral open approach	1/1/2026	
<b>D7952</b>	Sinus augmentation via a vertical approach	1/1/2026	
<b>D7953</b>	Bone replacement graft for ridge preservation - per site	1/1/2026	
<b>D7955</b>	Repair of maxillofacial soft and/or hard tissue defect	1/1/2026	
<b>D7962</b>	lingual frenectomy (frenulectomy)	1/1/2026	
<b>D7993</b>	surgical placement of craniofacial implant—extra oral	1/1/2026	
<b>D7994</b>	surgical placement: zygomatic implant	1/1/2026	
<b>D7995</b>	Synthetic graft-mandible or facial bones, by report	1/1/2026	
<b>D7996</b>	Implant-mandible for augmentation purposes (excluding alveolar ridge), by report	1/1/2026	



## Oral & Maxillofacial Surgery

CPT Code	Description	Effective Date	End Prior Approval Date
<b>D7999</b>	Unspecified oral surgery procedure, by report	1/1/2026	
<b>D9224</b>	General anesthesia 15 minutes	1/1/2026	
<b>D9225</b>	General anesthesia subsequent 15 minutes	1/1/2026	
<b>D9244</b>	Enteral minimal sedation in office administration	1/1/2026	
<b>D9245</b>	Enteral moderate sedation administration	1/1/2026	
<b>D9246</b>	Non-IV parenteral moderate sedation administration 15 minutes	1/1/2026	
<b>D9247</b>	Non-IV parenteral moderate sedation administration subsequent 15 minutes	1/1/2026	

## Orthodontics

CPT Code	Description	Effective Date	End Prior Approval Date
<b>D8070</b>	Comprehensive orthodontic treatment of the transitional dentition	1/1/2026	
<b>D8080</b>	Comprehensive orthodontic treatment of the adolescent dentition	1/1/2026	
<b>D8090</b>	Comprehensive orthodontic treatment of the adult dentition	1/1/2026	
<b>D8091</b>	Comprehensive orthodontic treatment with orthognathic surgery	1/1/2026	
<b>D8220</b>	Fixed appliance therapy	1/1/2026	
<b>D8999</b>	Unspecified orthodontic procedure, by report	1/1/2026	

## Bariatric Surgery/Weight Loss

PA required for the following CPT codes if billed with the listed ICD-10 codes.

ICD-10 Code	Description
<b>E66.0</b>	Obesity due to excess calories
<b>E66.01</b>	Morbid (severe) obesity due to excess calories
<b>E66.09</b>	Other obesity due to excess calories
<b>E66.1</b>	Drug-induced obesity
<b>E66.3</b>	Overweight
<b>E66.8</b>	Other obesity
<b>E66.81</b>	Obesity class
<b>E66.811</b>	Obesity, class 1
<b>E66.812</b>	Obesity, class 2
<b>E66.813</b>	Obesity, class 3
<b>E66.89</b>	Other obesity not elsewhere classified
<b>E66.9</b>	Obesity, unspecified"
<b>K95.0</b>	Complications of bariatric procedures



ICD-10 Code	Description
<b>K95.01</b>	Infection due to gastric band procedure
<b>K95.09</b>	Other complications of gastric band procedure
<b>K95.8</b>	Complications of other bariatric procedure
<b>K95.81</b>	Infection due to other bariatric procedure
<b>K95.89</b>	Other complications of other bariatric procedure"
<b>Z46</b>	Encounter for fitting and adjustment of other devices
<b>Z46.5</b>	Encounter for fitting and adjustment of other gastrointestinal appliance and device
<b>Z46.51</b>	Encounter for fitting and adjustment of gastric lap band
<b>Z68</b>	Body mass index [BMI]
<b>Z68.3</b>	Body mass index [BMI] 30-39, adult
<b>Z68.35</b>	Body mass index [BMI] 35.0-35.9, adult
<b>Z68.36</b>	Body mass index [BMI] 36.0-36.9, adult
<b>Z68.37</b>	Body mass index [BMI] 37.0-37.9, adult
<b>Z68.38</b>	Body mass index [BMI] 38.0-38.9, adult
<b>Z68.39</b>	Body mass index [BMI] 39.0-39.9, adult
<b>Z68.4</b>	Body mass index [BMI] 40 or greater, adult
<b>Z68.41</b>	Body mass index [BMI] 40.0-44.9, adult
<b>Z68.42</b>	Body mass index [BMI] 45.0-49.9, adult
<b>Z68.43</b>	Body mass index [BMI] 50.0-59.9, adult
<b>Z68.44</b>	Body mass index [BMI] 60.0-69.9, adult
<b>Z68.45</b>	Body mass index [BMI] 70 or greater, adult
<b>Z98</b>	Other postprocedural states
<b>Z98.8</b>	Other specified postprocedural states
<b>Z98.84</b>	Bariatric surgery status

CPT Code	Description	Effective Date	End Prior Approval Date
<b>00797</b>	Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; gastric restrictive procedure for morbid obesity	1/1/2026	
<b>43290</b>	Esophagogastroduodenoscopy, with deployment of balloon	1/1/2026	
<b>43291</b>	Esophagogastroduodenoscopy, with removal of balloon	1/1/2026	
<b>43631</b>	Gastrectomy, partial, distal; with gastroduodenostomy	1/1/2026	
<b>43632</b>	Gastrectomy, partial, distal; with gastrojejunostomy	1/1/2026	
<b>43633</b>	Gastrectomy, partial, distal; with Roux en Y reconstruction	1/1/2026	
<b>43634</b>	Gastrectomy, partial, distal; with formation of intestinal pouch	1/1/2026	
<b>43644</b>	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux en Y gastroenterostomy (roux limb 150 cm or less)	1/1/2026	



CPT Code	Description	Effective Date	End Prior Approval Date
<b>43645</b>	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption	1/1/2026	
<b>43770</b>	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components)	1/1/2026	
<b>43772</b>	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only	1/1/2026	
<b>43773</b>	Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only	1/1/2026	
<b>43774</b>	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components	1/1/2026	
<b>43775</b>	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)	1/1/2026	
<b>43842</b>	Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical banded gastroplasty	1/1/2026	
<b>43843</b>	Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty	1/1/2026	
<b>43845</b>	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)	1/1/2026	
<b>43846</b>	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux en Y gastroenterostomy	1/1/2026	
<b>43847</b>	Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption	1/1/2026	

## Revision Surgery

PA required for the following CPT codes if billed with the listed ICD-10 codes.

ICD-10 Code	Description
<b>E66.0</b>	Obesity due to excess calories
<b>E66.01</b>	Morbid (severe) obesity due to excess calories
<b>E66.09</b>	Other obesity due to excess calories
<b>E66.1</b>	Drug-induced obesity
<b>E66.3</b>	Overweight
<b>E66.8</b>	Other obesity
<b>E66.81</b>	Obesity class



ICD-10 Code	Description
<b>E66.811</b>	Obesity, class 1
<b>E66.812</b>	Obesity, class 2
<b>E66.813</b>	Obesity, class 3
<b>E66.89</b>	Other obesity not elsewhere classified
<b>E66.9</b>	Obesity, unspecified"
<b>K95.0</b>	Complications of bariatric procedures
<b>K95.01</b>	Infection due to gastric band procedure
<b>K95.09</b>	Other complications of gastric band procedure
<b>K95.8</b>	Complications of other bariatric procedure
<b>K95.81</b>	Infection due to other bariatric procedure
<b>K95.89</b>	Other complications of other bariatric procedure"
<b>Z46</b>	Encounter for fitting and adjustment of other devices
<b>Z46.5</b>	Encounter for fitting and adjustment of other gastrointestinal appliance and device
<b>Z46.51</b>	Encounter for fitting and adjustment of gastric lap band
<b>Z68</b>	Body mass index [BMI]
<b>Z68.3</b>	Body mass index [BMI] 30-39, adult
<b>Z68.35</b>	Body mass index [BMI] 35.0-35.9, adult
<b>Z68.36</b>	Body mass index [BMI] 36.0-36.9, adult
<b>Z68.37</b>	Body mass index [BMI] 37.0-37.9, adult
<b>Z68.38</b>	Body mass index [BMI] 38.0-38.9, adult
<b>Z68.39</b>	Body mass index [BMI] 39.0-39.9, adult
<b>Z68.4</b>	Body mass index [BMI] 40 or greater, adult
<b>Z68.41</b>	Body mass index [BMI] 40.0-44.9, adult
<b>Z68.42</b>	Body mass index [BMI] 45.0-49.9, adult
<b>Z68.43</b>	Body mass index [BMI] 50.0-59.9, adult
<b>Z68.44</b>	Body mass index [BMI] 60.0-69.9, adult
<b>Z68.45</b>	Body mass index [BMI] 70 or greater, adult
<b>Z98</b>	Other postprocedural states
<b>Z98.8</b>	Other specified postprocedural states
<b>Z98.84</b>	Bariatric surgery status

CPT Code	Description	Effective Date	End Prior Approval Date
<b>43886</b>	Gastric restrictive procedure, open; revision of subcutaneous port component only	1/1/2026	
<b>43887</b>	Gastric restrictive procedure, open; removal of subcutaneous port component only	1/1/2026	
<b>43888</b>	Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only	1/1/2026	
<b>43848</b>	Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure)	1/1/2026	



CPT Code	Description	Effective Date	End Prior Approval Date
<b>43771</b>	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only	1/1/2026	
<b>S2083</b>	Adjustment of gastric band diameter via subcutaneous port by injection or aspiration of saline	1/1/2026	

## PANS/PANDA

PA required for the following CPT codes if billed with the listed ICD-10 codes.

ICD-10 Code	Description
<b>D89.89</b>	Other specified disorders involving the immune mechanism, not elsewhere classified

CPT Code	Description	Effective Date	End Prior Approval Date
<b>90283</b>	Immune globulin (IgIV), human, for intravenous use	1/1/2026	
<b>90284</b>	Immune globulin (SC Ig), human, for use in subcutaneous infusions, 100 mg, each	1/1/2026	
<b>J1459</b>	Injection, immune globulin (privigen), intravenous, non lyophilized (e.g., liquid), 500 mg	1/1/2026	
<b>J1460</b>	Injection, gamma globulin, intramuscular, 1 cc	1/1/2026	
<b>J1551</b>	Injection, immune globulin (cutaquig), 100 mg	1/1/2026	
<b>J1552</b>	Injection, immune globulin (alyglo), 500 mg	1/1/2026	
<b>J1554</b>	Injection, immune globulin (asceniv), 500 mg	1/1/2026	
<b>J1555</b>	Injection, immune globulin (cuvitru), 100 mg	1/1/2026	
<b>J1556</b>	Injection, immune globulin (bivigam), 500 mg	1/1/2026	
<b>J1557</b>	Injection, immune globulin, (gammoplex), intravenous, non lyophilized (e.g., liquid), 500 mg	1/1/2026	
<b>J1558</b>	Injection, immune globulin (xembify), 100 mg	1/1/2026	
<b>J1559</b>	Injection, immune globulin (hizentra), 100 mg	1/1/2026	
<b>J1560</b>	Injection, gamma globulin, intramuscular, over 10 cc	1/1/2026	
<b>J1561</b>	Injection, immune globulin, (gamunex c/gammaked), non lyophilized (e.g., liquid), 500 mg	1/1/2026	
<b>J1566</b>	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg	1/1/2026	
<b>J1568</b>	Injection, immune globulin, (octagam), intravenous, non lyophilized (e.g., liquid), 500 mg	1/1/2026	
<b>J1569</b>	Injection, immune globulin, (gammagard liquid), non lyophilized, (e.g., liquid), 500 mg	1/1/2026	
<b>J1572</b>	Injection, immune globulin, (flebogamma/flebogamma dif), intravenous, non lyophilized (e.g., liquid), 500 mg	1/1/2026	
<b>J1575</b>	Injection, immune globulin/hyaluronidase, (hyqvia), 100 mg immunoglobulin	1/1/2026	



CPT Code	Description	Effective Date	End Prior Approval Date
J1576	Injection, immune globulin (panzyga), intravenous, non-lyophilized (e.g., liquid), 500 mg	1/1/2026	
J1599	Injection, immune globulin, intravenous, non lyophilized (e.g., liquid), not otherwise specified, 500 mg	1/1/2026	

## Reproductive

PA required for the following CPT codes if billed with the listed ICD-10 codes.

ICD-10 Code	Description	
N97.0	Female infertility associated with anovulation	Oligo-anovulation, lack of ovulation, menstruation without ovulation
N97.1	Female infertility of tubal origin	Partial or complete occlusion of fallopian tubes
N97.2	Female infertility of uterine origin	Sub-mucus fibroid, congenital anomaly of endometrium or corpus
N97.8	Female infertility of other origin	Female infertility due to advanced maternal age, or vaginal origin
N97.9	Female infertility, unspecified	Female infertility, primary or secondary
Z31.41	Encounter for fertility testing	Infertility study(ies) done (fallopian tube patency or sperm count)
Z31.61	Procreative counseling/advice using NFP	Counseling on natural family planning to achieve pregnancy
Z31.69	Encounter for other general counseling and advice on procreation	Counseling on procreative management, medications, sterilization reversal, infertility preconception
Z31.9	Encounter for procreative management, unspecified	Use more specific codes when available

CPT Code	Description	Effective Date	End Prior Approval Date
49320	Laparoscopy, abdomen, peritoneum, and omentum, diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	1/1/2026	1/1/2026
49321	Laparoscopy, surgical; with biopsy (single or multiple)	1/1/2026	1/1/2026
58540	Hysteroplasty, repair of uterine anomaly (Strassman type)	1/1/2026	1/1/2026
58545	Laparoscopy, surgical, myomectomy, excision; 1 to 4 intramural myomas with total weight of 250 g or less and/or removal of surface myomas	1/1/2026	1/1/2026
58578	Unlisted laparoscopy procedure, uterus	1/1/2026	1/1/2026
58662	" Laparoscopy, surgical; with fulguration or excision of lesions of the ovary, pelvic viscera, or peritoneal surface by any method"	1/1/2026	1/1/2026



CPT Code	Description	Effective Date	End Prior Approval Date
<b>58674</b>	Laparoscopy, surgical, ablation of uterine fibroid(s) including intraoperative ultrasound guidance and monitoring, radiofrequency	1/1/2026	1/1/2026

