

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 Arkansas Blue Cross Blue Shield members that have the following plans:

- **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
 - Breast Reconstruction
 - 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	
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	



CPT Code	Description	Effective Date	End Prior Approval Date
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	
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-pedicled transverse rectus abdominis myocutaneous (TRAM) flap	1/1/2026	
19368	Breast reconstruction; with single-pedicled 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	
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	

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



ICD10NoDecimal	ICD10	Description
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 intrcrbl hemorrhage in hemisphere, subcortical
I611	I61.1	Nontraumatic intrcrbl 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
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

ICD10NoDecimal	ICD10	Description
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	
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	



Neurocognitive, Neurobehavioral, Neurofeedback Therapy			
CPT Code	Description	Effective Date	End Prior Approval Date
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 osseo-integrated 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
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

Scleral Contact Lenses

CPT Code	Description	Effective Date	End Prior Approval Date
V2531	Contact lens, scleral, gas permeable, per lens	1/1/2026	
V2627	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
V2750	Anti-reflective coating, per lens	1/1/2026	
V2755	Tint, per lens	1/1/2026	
V2760	Scratch-resistant coating, per lens	1/1/2026	
V2780	Oversize lens (used if lens diameter exceeds standard)	1/1/2026	
V2799	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
92326	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
D6011	surgical access to an implant body (Second stage implant surgery)	1/1/2026	
D6012	Surgical placement of interim implant body for transitional prosthesis: endosteal implant	1/1/2026	
D6013	Surgical placement of mini implant	1/1/2026	
D6103	Bone graft for repair of peri-implant defect - does not include flap entry and closure	1/1/2026	
D6104	Bone graft at time of implant placement	1/1/2026	
D6055	Connecting bar - implant supported or abutment supported	1/1/2026	
D6056	Prefabricated abutment - includes modification and placement	1/1/2026	
D6057	Custom fabricated abutment - includes placement	1/1/2026	
D6051	Interim abutment	1/1/2026	
D6191	semi-precision abutment --placement	1/1/2026	
D6192	semi-precision attachment--placement	1/1/2026	
D6110	Implant/abutment supported removable denture for edentulous arch - maxillary	1/1/2026	
D6111	Implant/abutment supported removable denture for edentulous arch - mandibular	1/1/2026	
D6112	Implant/abutment supported removable denture for partially edentulous arch - maxillary	1/1/2026	
D6113	Implant/abutment supported removable denture for partially edentulous arch - mandibular	1/1/2026	
D6114	Implant/abutment supported fixed denture for edentulous arch - maxillary	1/1/2026	
D6115	Implant/abutment supported fixed denture for edentulous arch - mandibular	1/1/2026	
D6116	Implant/abutment supported fixed denture for partially edentulous arch - maxillary	1/1/2026	
D6117	Implant/abutment supported fixed denture for partially edentulous arch - mandibular	1/1/2026	
D6118	Used when a period of healing is necessary prior to fabrication and placement of a permanent prosthetic.	1/1/2026	
D6119	Used when a period of healing is necessary prior to fabrication and placement of a permanent prosthetic.	1/1/2026	
D6082	Implant supported crown - porcelain fused to predominantly base alloys	1/1/2026	
D6083	Implant supported crown - porcelain fused to noble alloys	1/1/2026	
D6084	Implant supported crown - porcelain fused to titanium and titanium alloys	1/1/2026	
D6085	Provisional implant crown	1/1/2026	



Craniofacial-Related Implant Services			
CPT Code	Description	Effective Date	End Prior Approval Date
D6086	Implant supported crown - predominantly base alloys	1/1/2026	
D6087	Implant supported crown - noble alloys	1/1/2026	
D6088	Implant supported crown - titanium and titanium alloys	1/1/2026	
Prosthodontics, Fixed			
CPT Code	Description	Effective Date	End Prior Approval Date
D5877	Duplication of maxillary denture	1/1/2026	
D5878	Duplication of mandibular denture	1/1/2026	
D6920	Connector bar	1/1/2026	
D6950	Precision attachment	1/1/2026	
D6999	Unspecified fixed prosthodontic procedure, by report	1/1/2026	
Oral & Maxillofacial Surgery			
CPT Code	Description	Effective Date	End Prior Approval Date
21085	Impression and custom preparation; oral surgical splint	1/1/2026	
21089	Unlisted maxillofacial prosthetic procedure	1/1/2026	
21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)	1/1/2026	
21215	Graft, bone; mandible (includes obtaining graft)	1/1/2026	
21249	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); complete	1/1/2026	
41830	Alveolectomy, including curettage of osteitis or sequestrectomy	1/1/2026	
D5909	Maxillary guidance device using a flange	1/1/2026	
D5930	Maxillary guidance device without using a flange	1/1/2026	
D5938	Complete maxillary removable resection prosthesis	1/1/2026	
D5939	Complete mandibular removable resection prosthesis	1/1/2026	
D5940	Partial maxillary removable resection prosthesis	1/1/2026	
D5941	Partial mandibular removable resection prosthesis	1/1/2026	
D5942	Maxillary implant removable prosthesis for edentulous arch	1/1/2026	
D5943	Mandibular implant removable prosthesis for edentulous arch	1/1/2026	
D5944	Maxillary implant removable prosthesis for edentulous arch partial	1/1/2026	
D5945	Mandibular implant removable prosthesis for edentulous arch partial	1/1/2026	
D5946	Maxillary implant fixed prosthesis for edentulous arch	1/1/2026	
D5947	Mandibular implant fixed prosthesis for edentulous arch	1/1/2026	



Oral & Maxillofacial Surgery			
CPT Code	Description	Effective Date	End Prior Approval Date
D5948	Maxillary implant fixed prosthesis for edentulous arch partial	1/1/2026	
D5949	Mandibular implant fixed prosthesis for edentulous arch partial	1/1/2026	
D6049	Scaling and debridement of a single implant with bleeding, inflammation and increased pocket depth	1/1/2026	
D6196	Restoration removal on an implant retained abutment	1/1/2026	
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	1/1/2026	
D7272	Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	1/1/2026	
D7295	Harvest of bone for use in autogenous grafting procedure	1/1/2026	
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	1/1/2026	
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	1/1/2026	
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	1/1/2026	
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	1/1/2026	
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	1/1/2026	
D7540	Removal of reaction-producing foreign bodies-musculoskeletal system	1/1/2026	
D7770	Alveolus - open reduction stabilization of teeth	1/1/2026	
D7771	Alveolus, closed reduction stabilization of teeth	1/1/2026	
D7940	Osteoplasty-for orthognathic deformities	1/1/2026	
D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report	1/1/2026	
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach	1/1/2026	
D7952	Sinus augmentation via a vertical approach	1/1/2026	
D7953	Bone replacement graft for ridge preservation - per site	1/1/2026	
D7955	Repair of maxillofacial soft and/or hard tissue defect	1/1/2026	
D7962	lingual frenectomy (frenulectomy)	1/1/2026	
D7993	surgical placement of craniofacial implant—extra oral	1/1/2026	
D7994	surgical placement: zygomatic implant	1/1/2026	
D7995	Synthetic graft-mandible or facial bones, by report	1/1/2026	
D7996	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
D7999	Unspecified oral surgery procedure, by report	1/1/2026	
D9224	General anesthesia 15 minutes	1/1/2026	
D9225	General anesthesia subsequent 15 minutes	1/1/2026	
D9244	Enteral minimal sedation in office administration	1/1/2026	
D9245	Enteral moderate sedation administration	1/1/2026	
D9246	Non-IV parenteral moderate sedation administration 15 minutes	1/1/2026	
D9247	Non-IV parenteral moderate sedation administration subsequent 15 minutes	1/1/2026	
Orthodontics			
CPT Code	Description	Effective Date	End Prior Approval Date
D8070	Comprehensive orthodontic treatment of the transitional dentition	1/1/2026	
D8080	Comprehensive orthodontic treatment of the adolescent dentition	1/1/2026	
D8090	Comprehensive orthodontic treatment of the adult dentition	1/1/2026	
D8091	Comprehensive orthodontic treatment with orthognathic surgery	1/1/2026	
D8220	Fixed appliance therapy	1/1/2026	
D8999	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
E66.0	Obesity due to excess calories
E66.01	Morbid (severe) obesity due to excess calories
E66.09	Other obesity due to excess calories
E66.1	Drug-induced obesity
E66.3	Overweight
E66.8	Other obesity
E66.81	Obesity class
E66.811	Obesity, class 1
E66.812	Obesity, class 2
E66.813	Obesity, class 3
E66.89	Other obesity not elsewhere classified
E66.9	Obesity, unspecified"
K95.0	Complications of bariatric procedures



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

CPT Code	Description	Effective Date	End Prior Approval Date
00797	Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; gastric restrictive procedure for morbid obesity	1/1/2026	
43290	Esophagogastroduodenoscopy, with deployment of balloon	1/1/2026	
43291	Esophagogastroduodenoscopy, with removal of balloon	1/1/2026	
43631	Gastrectomy, partial, distal; with gastroduodenostomy	1/1/2026	
43632	Gastrectomy, partial, distal; with gastrojejunostomy	1/1/2026	
43633	Gastrectomy, partial, distal; with Roux en Y reconstruction	1/1/2026	
43634	Gastrectomy, partial, distal; with formation of intestinal pouch	1/1/2026	
43644	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
43645	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption	1/1/2026	
43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components)	1/1/2026	
43772	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only	1/1/2026	
43773	Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only	1/1/2026	
43774	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components	1/1/2026	
43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)	1/1/2026	
43842	Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical banded gastroplasty	1/1/2026	
43843	Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty	1/1/2026	
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)	1/1/2026	
43846	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux en Y gastroenterostomy	1/1/2026	
43847	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
E66.0	Obesity due to excess calories
E66.01	Morbid (severe) obesity due to excess calories
E66.09	Other obesity due to excess calories
E66.1	Drug-induced obesity
E66.3	Overweight
E66.8	Other obesity
E66.81	Obesity class



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

CPT Code	Description	Effective Date	End Prior Approval Date
43886	Gastric restrictive procedure, open; revision of subcutaneous port component only	1/1/2026	
43887	Gastric restrictive procedure, open; removal of subcutaneous port component only	1/1/2026	
43888	Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only	1/1/2026	
43848	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
43771	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only	1/1/2026	
S2083	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
D89.89	Other specified disorders involving the immune mechanism, not elsewhere classified

CPT Code	Description	Effective Date	End Prior Approval Date
90283	Immune globulin (IgIV), human, for intravenous use	1/1/2026	
90284	Immune globulin (SCIg), human, for use in subcutaneous infusions, 100 mg, each	1/1/2026	
J1459	Injection, immune globulin (privigen), intravenous, non lyophilized (e.g., liquid), 500 mg	1/1/2026	
J1460	Injection, gamma globulin, intramuscular, 1 cc	1/1/2026	
J1551	Injection, immune globulin (cutaquin), 100 mg	1/1/2026	
J1552	Injection, immune globulin (alyglo), 500 mg	1/1/2026	
J1554	Injection, immune globulin (asceniv), 500 mg	1/1/2026	
J1555	Injection, immune globulin (cuvitru), 100 mg	1/1/2026	
J1556	Injection, immune globulin (bivigam), 500 mg	1/1/2026	
J1557	Injection, immune globulin, (gammagard), intravenous, non lyophilized (e.g., liquid), 500 mg	1/1/2026	
J1558	Injection, immune globulin (xembify), 100 mg	1/1/2026	
J1559	Injection, immune globulin (hizentra), 100 mg	1/1/2026	
J1560	Injection, gamma globulin, intramuscular, over 10 cc	1/1/2026	
J1561	Injection, immune globulin, (gamunex c/gammaked), non lyophilized (e.g., liquid), 500 mg	1/1/2026	
J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg	1/1/2026	
J1568	Injection, immune globulin, (octagam), intravenous, non lyophilized (e.g., liquid), 500 mg	1/1/2026	
J1569	Injection, immune globulin, (gammagard liquid), non lyophilized, (e.g., liquid), 500 mg	1/1/2026	
J1572	Injection, immune globulin, (flebogamma/flebogamma dif), intravenous, non lyophilized (e.g., liquid), 500 mg	1/1/2026	
J1575	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	
49321	Laparoscopy, surgical; with biopsy (single or multiple)	1/1/2026	
58540	Hysteroplasty, repair of uterine anomaly (Strassman type)	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	
58578	Unlisted laparoscopy procedure, uterus	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	



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