

# Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025



Colorado | Commercial

NOTE: This list applies to all local members

Provider Precertification Number - 800-832-7850

[Verify Benefits and Eligibility With Customer Service For All Services.](#) There may be differences in coverage at the member or group level. Services listed in this Guide may be governed by Medical Policies or Clinical Guidelines and may impact coverage decisions even when they do not require precertification. To review Medical Policies and Clinical Guidelines refer to the Provider Manual at [www.anthem.com](http://www.anthem.com).

Note: **NOC and unlisted codes** - codes may not reflect precertification is required but codes may require medical necessity review upon claims submission depending on diagnosis and/or reimbursement level.

Certain items and/or criteria referenced in this document applies to local fully-insured Anthem Blue Cross and Blue Shield (Anthem) members and select members who are covered under self-insured (ASO) benefit plans with services medically managed as part of a purchased program. It does not apply to BlueCard®, Medicare Advantage, Medicaid, Medicare Supplement, Federal Employee Program® (FEP®). The provider will be notified upon requesting precertification if precertification is required for the member. If the program has not been purchased, precertification is not required and clinical review will not be performed for the member. For more information, please contact the phone number of the back of the member ID card.

## Carelon Medical Benefits Management, Inc.

Carelon Medical Benefits Management, a separate company, is a nationally recognized leader delivering specialty benefits management on behalf of CO for certain health plan members. Determine if preapproval is needed for a CO member by clicking the “Medical Policy, Clinical UM Guidelines, and Preapproval Requirements” link on our provider website, or by calling the preapproval phone number printed on the back of the member’s ID card. To submit your request for any of the services below, contact Carelon online via Carelon Medical Benefits Management Provider Portal at [www.providerportal.com](http://www.providerportal.com). You may also call Carelon toll-free at 877-291-0366, Monday – Friday, 8:00 a.m. – 6:00 p.m. ET. **Note: For codes noted as managed by Carelon Medical Benefits Management, precertification requirement applies to Fully Insured and Vendor Program eligible members only.**

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

Carelon Medical Benefits management provides benefits management for the programs listed below:

- > Imaging Level of Care
- > Genetic Testing
- > Diagnostic Imaging Management
- > Cardiovascular Services
- > Radiation Therapy Services
- > Rehabilitative Services and Site of Care
- > Sleep Therapy
- > Outpatient Sleep Testing and Therapy Services
- > Oncology Drugs
- > Cancer Care Quality Program
- > Musculoskeletal (MSK) Program and Site of Care
- > Upper Gastrointestinal Endoscopy in Adults, and Site of Care for Certain Surgical Services

**For complete prior authorization requirements for vendors visit the:**

**Carelon website at <https://guidelines.carelonmedicalbenefitsmanagement.com>; submit requests at <https://www.providerportal.com>, or call 877-291-0366**

**CarlsonRX website at <https://www.anthem.com/ms/pharmacyinformation/clinicalcriteria.html>**

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

Reviewed by Anthem:				
Code	Code Description	Responsible Party	Criteria/Guideline	Comments
00103	Anesthesia For Reconstructive Proc, Eyelid	Anthem	CG-MED-21, CG-SURG-03	
00534	☐ Anesthesia for transvenous insertion or replacement of pacing cardioverter-defibrillator	Anthem	CG-SURG-97	
00580	Anesthesia, Heart Transplant/Heart & Lung Transplant	Anthem	CG-MED-21, TRANS.00026, TRANS.00033	
00796	Anesthesia, Intraperitoneal Proc, Upper Abdomen, W/Laparoscopy; Liver Transplant, Recipient	Anthem	CG-MED-21, TRANS.00008	
00868	Anesthesia, Extraperitoneal Proc, Lower Abdomen, W/Urinary Tract; Renal Transplant, Recipient	Anthem	CG-MED-21, CG-TRANS-02	
11920	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less	Anthem	ANC.00007	
11921	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.1 to 20.0 sq cm	Anthem	ANC.00007	
11950	Subcutaneous injection of filling material (eg, collagen); 1 cc or less	Anthem	ANC.00007	
11951	Subcutaneous injection of filling material (eg, collagen); 1.1 to 5.0 cc	Anthem	ANC.00007	
11952	Subcutaneous injection of filling material (eg, collagen); 5.1 to 10.0 cc	Anthem	ANC.00007	
11954	Subcutaneous injection of filling material (eg, collagen); over 10.0 cc	Anthem	ANC.00007	
15011	Harvest of skin for autograft; first	Anthem	CG-SURG-127	effective 9/1/25
15013	Preparation of skin autograft, requiring enzymatic processing;; first 25 sq cm or less	Anthem	CG-SURG-127	effective 9/1/25

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

15015	Application of skin autograft; first 480 sq cm or less	Anthem	CG-SURG-127	effective 9/1/25
15017	Application of skin autograft; first 480 sq cm or less	Anthem	CG-SURG-127	effective 9/1/25
15150	Tissue cultured skin autograft, trunk, arms, legs; first 25 sq cm or less	Anthem	SURG.00011	
15155	Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 25 sq cm or less	Anthem	SURG.00011	
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	Anthem	SURG.00011	
15273	Application Of Skin Substitute Graft To Trunk, Arms, Legs, Total Wound Surface Area Greater Than Or Equal To 100 Sq Cm; First 100 Sq Cm Wound Surface Area. Or 1% Of Body Area	Anthem	SURG.00011	
15275	Application Of Skin Substitute Graft To Face, Scalp, Eyelids, Mouth, Neck, Ears, Orbits, Genitalia, Hands, Feet, And/Or Multiple Digits, Total Wound Surface Area Up To 100 Sq	Anthem	SURG.00011	
15277	Application Of Skin Substitute Graft To Face, Scalp, Eyelids, Mouth, Neck, Ears, Orbits, Genitalia, Hands, Feet, And/Or Multiple Digits, Total Wound Surface Area Greater Than	Anthem	SURG.00011	
15756	Free Muscle/Myocutaneous Flap W/Microvascular Anastomosis	Anthem	SURG.00154	
15771	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate	Anthem	MED.00132	
15773	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; 25 cc or less injectate	Anthem	MED.00132	
15775	Punch graft for hair transplant; 1 to 15 punch grafts	Anthem	ANC.00007	
15776	Punch graft for hair transplant; more than 15 punch grafts	Anthem	ANC.00007	

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

15780	Dermabrasion; Total Face	Anthem	ANC.00007	
15781	Dermabrasion; segmental, face	Anthem	ANC.00007	
15782	Dermabrasion; regional, other than face	Anthem	ANC.00007	
15783	Dermabrasion; superficial, any site (eg, tattoo removal)	Anthem	ANC.00007	
15786	Abrasion; single lesion (eg, keratosis, scar)	Anthem	ANC.00007	
15788	Chemical peel, facial; epidermal	Anthem	ANC.00007	
15789	Chemical peel, facial; dermal	Anthem	ANC.00007	
15792	Chemical peel, nonfacial; epidermal	Anthem	ANC.00007	
15793	Chemical peel, nonfacial; dermal	Anthem	ANC.00007	
15825	Rhytidectomy; Neck W/Platysmal Tightening (Platysmal Flap, P-Flap)	Anthem	ANC.00008	
15828	Rhytidectomy; cheek, chin, and neck	Anthem	ANC.00008	
15829	Rhytidectomy; Superficial Musculoaponeurotic System (Smas) Flap	Anthem	ANC.00008	
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy	Anthem	CG-SURG-99	
15832	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh	Anthem	ANC.00009	
15833	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg	Anthem	ANC.00009	
15834	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip	Anthem	ANC.00009	
15835	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock	Anthem	ANC.00009	
15836	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm	Anthem	ANC.00009	
15837	Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand	Anthem	ANC.00009	
15838	Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad	Anthem	ANC.00008	
15839	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area	Anthem	ANC.00009	
15840	Graft, Facial Nerve Paralysis; Free Fascia Graft (W/Obtaining Fascia)	Anthem	ANC.00008	

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

15841	Graft, Facial Nerve Paralysis; Free Muscle Graft (W/Obtaining Graft)	Anthem	ANC.00008	
15842	Graft, Facial Nerve Paralysis; Free Muscle Flap, Microsurgical Technique	Anthem	ANC.00008	
15845	Graft, Facial Nerve Paralysis; Regional Muscle Transfer	Anthem	ANC.00008	
15876	Suction assisted lipectomy; head and neck	Anthem	CG-MED-63, ANC.00008	
15877	Suction assisted lipectomy; trunk	Anthem	CG-MED-63, CG-SURG-71, CG-SURG-88, CG-SURG-99, ANC.00009, SURG.00023	
15878	Suction assisted lipectomy; upper extremity	Anthem	CG-MED-63, ANC.00009	
15879	Suction assisted lipectomy; lower extremity	Anthem	CG-MED-63, ANC.00009	
17106	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm	Anthem	ANC.00007	
17107	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm	Anthem	ANC.00007	
17108	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm	Anthem	ANC.00007	
17380	Electrolysis epilation, each 30 minutes	Anthem	ANC.00007	
17999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue [when specified as other abdominoplasty, excision excessive skin and subcutaneous tissue, including lipectomy, of abdomen]	Anthem	CG-MED-63, CG-SURG-99, ANC.00007, MED.00132, SURG.00011, SURG.00138, TRANS.00035	
19105	Ablation, cryosurgical, of fibroadenoma, including ultrasound guidance, each fibroadenoma	Anthem	CG-SURG-61	
19300	Mastectomy for gynecomastia	Anthem	CG-SURG-88	
19316	Mastopexy	Anthem	SURG.00023	
19318	Reduction mammoplasty	Anthem	CG-SURG-71, SURG.00023	
19325	Mammoplasty, augmentation; with prosthetic implant	Anthem	SURG.00023	
19328	Removal of intact mammary implant	Anthem	SURG.00023	
19330	Removal of mammary implant material	Anthem	SURG.00023	

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

19340	Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction	Anthem	SURG.00023	
19342	Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction	Anthem	SURG.00023	
19350	Nipple/areola reconstruction	Anthem	SURG.00023	
19355	Correction of inverted nipples	Anthem	SURG.00023	
19357	Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion	Anthem	SURG.00023	
19361	Breast reconstruction with latissimus dorsi flap, without prosthetic implant	Anthem	SURG.00023	
19364	Breast reconstruction with free flap	Anthem	SURG.00023	
19367	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site;	Anthem	SURG.00023	
19368	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site; with microvascular anastomosis (supercharging)	Anthem	SURG.00023	
19369	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), double pedicle, including closure of donor site	Anthem	SURG.00023	
19380	Revision of reconstructed breast	Anthem	SURG.00023	
19396	Preparation of moulage for custom breast implant	Anthem	SURG.00023	
20982	Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adjacent soft tissue when involved by tumor extension, percutaneous, including imaging guidance when performed; radiofrequency	Anthem	CG-SURG-61	
21083	Impression and custom preparation; palatal lift prosthesis	Anthem	ANC.00008	
21086	Impression & Custom Preparation; Auricular Prosthesis	Anthem	ANC.00008	

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

21087	Impression & Custom Preparation; Nasal Prosthesis	Anthem	ANC.00008	
21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)	Anthem	CG-SURG-84	
21121	Genioplasty; sliding osteotomy, single piece	Anthem	CG-SURG-84	
21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)	Anthem	CG-SURG-84	
21123	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)	Anthem	CG-SURG-84	
21125	Augmentation, mandibular body or angle; prosthetic material	Anthem	CG-SURG-84	
21127	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)	Anthem	CG-SURG-84	
21137	Reduction forehead; contouring only	Anthem	ANC.00008	
21138	Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)	Anthem	ANC.00008	
21139	Reduction forehead; contouring and setback of anterior frontal sinus wall	Anthem	ANC.00008	
21141	Reconstruction Midface, Lefort I; 1 Piece, W/O Bone Graft	Anthem	CG-SURG-84	
21142	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, without bone graft	Anthem	CG-SURG-84	
21143	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, without bone graft	Anthem	CG-SURG-84	
21145	Reconstruction Midface, Lefort I; 1 Piece, W/Bone Grafts	Anthem	CG-SURG-84	
21146	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted unilateral alveolar cleft)	Anthem	CG-SURG-84	



## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

21147	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted bilateral alveolar cleft or multiple osteotomies)	Anthem	CG-SURG-84	
21150	Reconstruction midface, LeFort II; anterior intrusion (eg, Treacher-Collins Syndrome)	Anthem	CG-SURG-84	
21151	Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts)	Anthem	CG-SURG-84	
21154	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I	Anthem	CG-SURG-84	
21155	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); with LeFort I	Anthem	CG-SURG-84	
21159	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); without LeFort I	Anthem	ANC.00008	
21160	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); with LeFort I	Anthem	ANC.00008	
21172	Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)	Anthem	ANC.00008	
21175	Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (eg, plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts)	Anthem	ANC.00008	
21179	Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)	Anthem	ANC.00008	

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

21180	Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts)	Anthem	ANC.00008	
21182	Reconstruction, Orbit/Forehead/Nasoethmoid, Following Excision, Benign Tumor, Graft < 40 Sq Cm	Anthem	ANC.00008	
21183	Reconstruction, Orbit/Forehead/Nasoethmoid, Following Excision, Benign Tumor, Graft 40-80 Sq Cm	Anthem	ANC.00008	
21184	Reconstruction, Orbit/Forehead/Nasoethmoid, Following Excision, Benign Tumor, Graft > 80 Sq Cm	Anthem	ANC.00008	
21188	Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)	Anthem	CG-SURG-84	
21193	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft	Anthem	SURG.00129, MED.00002, CG-SURG-84	
21194	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft)	Anthem	SURG.00129, MED.00002, GENE.00045, CG-SURG-84	
21195	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation	Anthem	SURG.00129, MED.00002, CG-SURG-84	
21196	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation	Anthem	SURG.00129, MED.00002	
21198	Osteotomy, mandible, segmental;	Anthem	SURG.00129, MED.00002, CG-SURG-84	
21199	Osteotomy, mandible, segmental; with genioglossus advancement	Anthem	SURG.00129, MED.00002, GENE.00045, CG-SURG-84	
21206	Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard)	Anthem	SURG.00129, MED.00002, CG-GENE-19; CG-SURG-84	
21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)	Anthem	CG-SURG-84	
21209	Osteoplasty, facial bones; reduction	Anthem	CG-SURG-84	
21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)	Anthem	ANC.00008, CG-SURG-09, CG-SURG-84	
21215	Graft, bone; mandible (includes obtaining graft)	Anthem	CG-SURG-84	

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

21230	Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)	Anthem	ANC.00008	
21235	Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)	Anthem	ANC.00008	
21244	Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate)	Anthem	CG-SURG-84	
21245	Reconstruction of mandible or maxilla, subperiosteal implant; partial	Anthem	CG-SURG-84	
21246	Reconstruction of mandible or maxilla, subperiosteal implant; complete	Anthem	CG-SURG-84	
21247	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (eg, for hemifacial microsomia)	Anthem	CG-SURG-84	
21255	Reconstruction, Zygomatic Arch/Glenoid Fossa W/Bone & Cartilage (Includes Obtaining Autografts)	Anthem	ANC.00008	
21256	Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (eg, micro-ophthalmia)	Anthem	ANC.00008	
21270	Malar Augmentation, Prosthetic Matl	Anthem	ANC.00008,	
21275	Secondary Revision, Orbitocraniofacial Reconstruction	Anthem	ANC.00008	
21685	Hyoid myotomy and suspension	Anthem	SURG.00129, MED.00002	
21740	Reconstructive repair of pectus excavatum or carinatum; open	Anthem	ANC.00009	
21742	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), without thoracoscopy	Anthem	ANC.00009	
21743	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), with thoracoscopy	Anthem	ANC.00009	
22836	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; up to 7 vertebral segments	Anthem	SURG.00097	

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

22837	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; 8 or more vertebral segments	Anthem	SURG.00097	
22838	Revision (eg, augmentation, division of tether), replacement, or removal of thoracic vertebral body tethering, including thoracoscopy, when performed	Anthem	SURG.00097	
22999	Unlisted procedure, abdomen, musculoskeletal system	Anthem	CG-SURG-99	
28890	Extracorporeal shock wave, high energy, performed by a physician or other qualified health care professional, requiring anesthesia other than local.	Anthem	SURG.00045	
28899	Unlisted procedure, foot or toes	Anthem	SURG.00100, SURG.00104, SURG.00147	
29999	Unlisted procedure, arthroscopy	Anthem	SURG.00088, SURG.00043	
30117	Excision/Destruction, Intranasal Lesion; Int Approach	Anthem	SURG.00157	
30120	Excision or surgical planing of skin of nose for rhinophyma	Anthem	ANC.00008	
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip	Anthem	ANC.00008	
30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip	Anthem	ANC.00008	
30420	Rhinoplasty, primary; including major septal repair	Anthem	ANC.00008	
30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)	Anthem	ANC.00008	
30435	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)	Anthem	ANC.00008	
30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)	Anthem	ANC.00008	
30468	Repair of nasal valve collapse with subcutaneous/submucosal lateral wall implant(s)	Anthem	SURG.00079	

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

30999	Unlisted Proc, Nose	Anthem	SURG.00157	
31200	Ethmoidectomy; Intranasal, Anterior	Anthem	SURG.00096	
31201	Ethmoidectomy; Intranasal, Total	Anthem	SURG.00096	
31205	Ethmoidectomy; Extranasal, Total	Anthem	SURG.00096	
31242	Nasal/sinus endoscopy, surgical; with destruction by radiofrequency ablation, posterior nasal nerve	Anthem	SURG.00157	
31243	Nasal/sinus endoscopy, surgical; with destruction by cryoablation, posterior nasal nerve	Anthem	SURG.00157	
31574	Laryngoscopy, flexible; with injection(s) for augmentation (eg, percutaneous, transoral), unilateral	Anthem	MED.00132, SURG.00011	
32850	Donor pneumonectomy(s) (including cold preservation), from cadaver donor	Anthem	TRANS.00009	
32851	Lung Transplant, Single; W/O Cardiopulmonary Bypass	Anthem	TRANS.00009	
32852	Lung Transplant, Single; W/Cardiopulmonary Bypass	Anthem	TRANS.00009	
32853	Lung Transplant, Double (Bilat Sequential/En Bloc); W/O Cardiopulmonary Bypass	Anthem	TRANS.00009	
32854	Lung Transplant, Double (Bilat Sequential/En Bloc); W/Cardiopulmonary Bypass	Anthem	TRANS.00009	
32855	Backbench Standard Preparation Of Cadaver Donor Lung Allograft; Unilateral	Anthem	TRANS.00009	
32856	Backbench Standard Preparation Of Cadaver Donor Lung Allograft; Bilateral	Anthem	TRANS.00009	
32998	Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, radiofrequency, unilateral	Anthem	CG-SURG-61	
33267	Exclusion of left atrial appendage, open, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)	Anthem	SURG.00032	

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

33269	Exclusion of left atrial appendage, thoracoscopic, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)	Anthem	SURG.00032	
33274	Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, fe	Anthem	SURG.00150	
33275	Transcatheter removal of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography)	Anthem	SURG.00150	
33370	Transcatheter placement and subsequent removal of cerebral embolic protection device(s), including arterial access, catheterization, imaging, and radiological supervision and interpretation, percutaneous [add-on]	Anthem	SURG.00121	
33477	Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed	Anthem	SURG.00121	
33548	Surgical ventricular restoration procedure, includes prosthetic patch, when performed (eg, ventricular remodeling, SVR,	Anthem	SURG.00005	
33927	Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy	Anthem	SURG.00145	
33928	Removal and replacement of total replacement heart system (artificial heart)	Anthem	SURG.00145	
33930	Donor Cardiectomy-Pneumonectomy, W/Preparation & Maintenance, Allograft	Anthem	TRANS.00026	
33933	Backbench Standard Preparation Of Cadaver Donor Heart/Lung Allograft	Anthem	TRANS.00026	
33935	Heart-Lung Transplant W/Recipient Cardiectomy-Pneumonectomy	Anthem	TRANS.00026	
33940	Donor Cardiectomy, W/Preparation & Maintenance, Allograft	Anthem	TRANS.00033	

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

33944	Backbench Standard Preparation Of Cadaver Donor Heart Allograft	Anthem	TRANS.00033	
33945	Heart Transplant, W/Wo Recipient Cardiectomy	Anthem	TRANS.00033	
33975	Insertion of ventricular assist device; extracorporeal, single ventricle	Anthem	SURG.00145	
33976	Insertion of ventricular assist device; extracorporeal, biventricular	Anthem	SURG.00145	
33979	Insertion of ventricular assist device, implantable intracorporeal, single ventricle	Anthem	SURG.00145	
33981	Replacement of extracorporeal ventricular assist device, single or biventricular, pump(s), single or each pump	Anthem	SURG.00145	
33982	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, without cardiopulmonary bypass	Anthem	SURG.00145	
33983	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, with cardiopulmonary bypass	Anthem	SURG.00145	
33995	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; right heart, venous access only	Anthem	SURG.00145	
33999	Unlisted procedure, cardiac surgery	Anthem	SURG.00032	
34705	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretat	Anthem	CG-SURG-86	
34841	Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and inte	Anthem	CG-SURG-86	

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

34842	Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and inte	Anthem	CG-SURG-86	
34843	Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and inte	Anthem	CG-SURG-86	
34844	Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and inte	Anthem	CG-SURG-86	
34845	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modula	Anthem	CG-SURG-86	
34846	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modula	Anthem	CG-SURG-86	
34847	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modula	Anthem	CG-SURG-86	



## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

34848	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular	Anthem	CG-SURG-86	
36260	Insertion of implantable intra-arterial infusion pump (eg, for chemotherapy of liver)	Anthem	CG-SURG-79	
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)	Anthem	SURG.00037	
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	Anthem	SURG.00037	
36468	Single or multiple injections of sclerosing solutions, spider veins (telangiectasia); limb or trunk	Anthem	ANC.00007, SURG.00037	
36470	Injection of sclerosing solution; single vein	Anthem	SURG.00037	
36471	Injection of sclerosing solution; multiple veins, same leg	Anthem	SURG.00037	
36473	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated	Anthem	SURG.00037	
36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	Anthem	SURG.00037	
36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	Anthem	SURG.00037	

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

36482	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site. <u>inclusive of all</u>	Anthem	SURG.00037	
36514	Therapeutic Apheresis; Plasma Pheresis	Anthem	CG-Med-68	
36516	Therapeutic Apheresis; with extracorporeal Immunoabsorption, selective adsorption or <u>selective filtration and plasma reinfusion</u>	Anthem	CG-Med-68	
36563	Insertion of tunneled centrally inserted central venous access device with subcutaneous pump	Anthem	CG-SURG-79	
36583	Replacement, Complete, of a Tunneled Centrally Inserted Central Venous Access Device, w Sq Pump, <u>Via Same Access</u>	Anthem	CG-SURG-79	
36901	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report	Anthem	CG-SURG-93	

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

36902	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report; with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty	Anthem	CG-SURG-93	
36903	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow, including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report; with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis segment	Anthem	CG-SURG-93	

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

36905	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty	Anthem	CG-SURG-93	
36906	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis segment	Anthem	CG-SURG-93	
37238	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed: initial vein	Anthem	CG-SURG-106	
37241	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the i	Anthem	SURG.00037, SURG.00062	

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

37242	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; arterial, other than hemorrhage or tumor (eg, congenital or acquired arterial malformations, arteriovenous malformations, arteriovenous fistulas, aneurysms, pseudoaneurysms)	Anthem	SURG.00142	
37243	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the i	Anthem	CG-SURG-107, CG-SURG-28	
37244	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the i	Anthem	CG-SURG-28	
37248	Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; initial vein	Anthem	CG-SURG-106	
38204	Management, Recipient Hematopoietic Progenitor Cell Donor Search & Cell Acquisition	Anthem	TRANS.00023, TRANS.00024, TRANS.00027, TRANS.00028, TRANS.00029, TRANS.00030, TRANS.00031, TRANS.00034	
38205	Blood-Derived Hematopoietic Progenitor Cell Harvesting, Transplantation/Collection; Allogenic	Anthem	TRANS.00023, TRANS.00024, TRANS.00027, TRANS.00028, TRANS.00029, TRANS.00030, TRANS.00031, TRANS.00034, TRANS.00035	

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

38206	Blood-Derived Hematopoietic Progenitor Cell Harvesting, Transplantation/Collection; Autologous	Anthem	TRANS.00023, TRANS.00024, TRANS.00027, TRANS.00028, TRANS.00029, TRANS.00030, TRANS.00031, TRANS.00034, TRANS.00035	
38207	Transplant Preparation, Hematopoietic Progenitor Cells; Cryopreservation & Storage	Anthem	TRANS.00016, TRANS.00023, TRANS.00024, TRANS.00027, TRANS.00028, TRANS.00029, TRANS.00030, TRANS.00031, TRANS.00034	
38208	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, without washing, per donor	Anthem	TRANS.00016, TRANS.00023, TRANS.00024, TRANS.00027, TRANS.00028, TRANS.00029, TRANS.00030, TRANS.00031, TRANS.00034	
38209	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, with washing, per donor	Anthem	TRANS.00016, TRANS.00023, TRANS.00024, TRANS.00027, TRANS.00028, TRANS.00029, TRANS.00030, TRANS.00031, TRANS.00034	
38210	Transplant Prep, Hematopoietic Progenitor Cells; Specfc Cell Deplet W/In Harvest, T-Cell Deplete	Anthem	TRANS.00023, TRANS.00024, TRANS.00027, TRANS.00028, TRANS.00029, TRANS.00030, TRANS.00031, TRANS.00034	
38211	Transplant Preparation, Hematopoietic Progenitor Cells; Tumor Cell Deplete	Anthem	TRANS.00023, TRANS.00024, TRANS.00027, TRANS.00028, TRANS.00029, TRANS.00030, TRANS.00031, TRANS.00034	
38212	Transplant Preparation, Hematopoietic Progenitor Cells; Red Blood Cell Removal	Anthem	TRANS.00023, TRANS.00024, TRANS.00027, TRANS.00028, TRANS.00029, TRANS.00030, TRANS.00031, TRANS.00034	
38213	Transplant Preparation, Hematopoietic Progenitor Cells; Platelet Depletion	Anthem	TRANS.00023, TRANS.00024, TRANS.00027, TRANS.00028, TRANS.00029, TRANS.00030, TRANS.00031, TRANS.00034	

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

38214	Transplant Preparation, Hematopoietic Progenitor Cells; Plasma (Volume) Depletion	Anthem	TRANS.00023, TRANS.00024, TRANS.00027, TRANS.00028, TRANS.00029, TRANS.00030, TRANS.00031, TRANS.00034	
38215	Transplant Prep, Hematoiepotic Progenitor Cells; Cell Conc, Plasma/Mononuclear/Buffy Coat	Anthem	TRANS.00023, TRANS.00024, TRANS.00027, TRANS.00028, TRANS.00029, TRANS.00030, TRANS.00031, TRANS.00034	
38230	Bone marrow harvesting for transplantation; allogeneic	Anthem	TRANS.00023, TRANS.00024, TRANS.00027, TRANS.00028, TRANS.00029, TRANS.00030, TRANS.00031, TRANS.00034, TRANS.00035	
38232	Bone Marrow Harvesting For Transplantation; Autologous	Anthem	TRANS.00023, TRANS.00024, TRANS.00027, TRANS.00028, TRANS.00029, TRANS.00030, TRANS.00031, TRANS.00034, TRANS.00035	
38240	Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor	Anthem	TRANS.00016, TRANS.00023, TRANS.00024, TRANS.00027, TRANS.00028, TRANS.00029, TRANS.00030, TRANS.00031, TRANS.00034	
38241	Hematopoietic progenitor cell (HPC); autologous transplantation	Anthem	TRANS.00023, TRANS.00024, TRANS.00027, TRANS.00028, TRANS.00029, TRANS.00030, TRANS.00031, TRANS.00034	
38242	Allogeneic lymphocyte infusions	Anthem	CG-TRANS-03	
38243	Hematopoietic progenitor cell (HPC); HPC boost	Anthem	TRANS.00023, TRANS.00024, TRANS.00027, TRANS.00028, TRANS.00029, TRANS.00030, TRANS.00031, TRANS.00034	
38999	Unlisted Proc, Hemic/Lymphatic System	Anthem	SURG.00154	
41512	Tongue base suspension, permanent suture technique	Anthem	SURG.00129	
41530	Submucosal ablation of the tongue base, radiofrequency, 1 or more sites, per session	Anthem	SURG.00129	

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

42145	Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty)	Anthem	SURG.00129, MED.00002	
43236	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with directed submucosal injection(s), any substance	Anthem	CG-MED-59, SURG.00047	
43270	Esophagogastroduodenoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	Anthem	CG-MED-59, CG-SURG-101	
43290	Esophagogastroduodenoscopy, flexible, transoral; with deployment of intragastric bariatric balloon	Anthem	CG-SURG-83	
43291	Esophagogastroduodenoscopy, flexible, transoral; with removal of intragastric bariatric balloon(s)	Anthem	CG-SURG-83	
43332	Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy, except neonatal; without implantation of mesh or other prosthesis	Anthem	CG-SURG-92	
43333	Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy, except neonatal; with implantation of mesh or other prosthesis	Anthem	CG-SURG-92	
43334	Repair, paraesophageal hiatal hernia (including fundoplication), via thoracotomy, except neonatal; without implantation of mesh or other prosthesis	Anthem	CG-SURG-92	
43335	Repair, paraesophageal hiatal hernia (including fundoplication), via thoracotomy, except neonatal; with implantation of mesh or other prosthesis	Anthem	CG-SURG-92	
43336	Repair, paraesophageal hiatal hernia, (including fundoplication), via thoracoabdominal incision, except neonatal; without implantation of mesh or other prosthesis	Anthem	CG-SURG-92	



## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

43337	Repair, paraesophageal hiatal hernia, (including fundoplication), via thoracoabdominal incision, except neonatal; with implantation of mesh or other prosthesis	Anthem	CG-SURG-92	
43632	Gastrectomy, partial, distal; with gastrojejunostomy	Anthem	CG-SURG-83	
43633	Gastrectomy, Partial, Distal; W/Roux-En-Y Reconstruction	Anthem	CG-SURG-83	
43644	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)	Anthem	CG-SURG-83	
43645	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption	Anthem	CG-SURG-83	
43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components)	Anthem	CG-SURG-83	
43771	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only	Anthem	CG-SURG-83	
43772	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only	Anthem	CG-SURG-83	
43773	Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only	Anthem	CG-SURG-83	
43774	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components	Anthem	CG-SURG-83	
43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)	Anthem	CG-SURG-83	
43842	Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty	Anthem	CG-SURG-83	

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

43843	Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty	Anthem	CG-SURG-83	
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)	Anthem	CG-SURG-83	
43846	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy	Anthem	CG-SURG-83	
43847	Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption	Anthem	CG-SURG-83	
43848	Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure)	Anthem	CG-SURG-83	
43886	Gastric restrictive procedure, open; revision of subcutaneous port component only	Anthem	CG-SURG-83	
43887	Gastric restrictive procedure, open; removal of subcutaneous port component only	Anthem	CG-SURG-83	
43888	Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only	Anthem	CG-SURG-83	
43999	Unlisted procedure, stomach	Anthem	SURG.00047	
44132	Donor Enterectomy, Open, W/Prep & Maintenance, Allograft; Cadaver Donor	Anthem	TRANS.00013	
44133	Donor Enterectomy, Open With Prep & Maintenance, Allograft; Partial, Living Donor	Anthem	TRANS.00013	
44135	Intestinal Allotransplantation; From Cadaver Donor	Anthem	TRANS.00013	
44136	Intestinal Allotransplantation; From Living Donor	Anthem	TRANS.00013	
44715	Backbench Standard Preparation Of Cadaver Or Living Donor Intestine Allograft	Anthem	TRANS.00013	
44720	Backbench Reconstruction Of Cadaver Or Living Donor Intestine Allograft; Venous Anastomosis, Each	Anthem	TRANS.00013	

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

44721	Backbench Reconstruction Of Cadaver Or Living Donor Intestine Allograft; Arterial Anastomosis, Each	Anthem	TRANS.00013	
45560	Repair of rectocele (separate procedure)	Anthem	MCG Guidelines	
46707	Repair of anorectal fistula with plug (eg, porcine small intestine submucosa [SIS])	Anthem	SURG.00011	
47133	Donor Hepatectomy, W/Preparation & Maintenance, Allograft; Cadaver Donor	Anthem	TRANS.00008	
47135	Liver Allotransplantation; Orthotopic, Partial/Whole, Cadaver/Living Donor, Any Age	Anthem	TRANS.00008	
47140	Donor Hepatectomy, with Preparation and Maintenance of Allograft, Living Donor; Left Lateral Segment Only	Anthem	TRANS.00008	
47141	Donor Hepatectomy, with Preparation and Maintenance of Allograft, Living Donor; Total Left Lobectomy	Anthem	TRANS.00008	
47142	Donor Hepatectomy, with Preparation and Maintenance of Allograft, Living Donor; Total Right Lobectomy	Anthem	TRANS.00008	
47143	Backbench Standard Preparation Of Cadaver Donor Whole Liver Graft; Without Trisegment Or Lobe Split	Anthem	TRANS.00008, TRANS.00013	
47144	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy	Anthem	TRANS.00008, TRANS.00013	
47145	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy	Anthem	TRANS.00008, TRANS.00013	
47146	Backbench Reconstruction Of Cadaver Or Living Donor Liver Graft Prior To Allotransplantation; Venous Anastomosis, Each	Anthem	TRANS.00008, TRANS.00013	
47147	Backbench Reconstruction Of Cadaver Or Living Donor Liver Graft Prior To Allotransplantation; Arterial Anastomosis, Each	Anthem	TRANS.00008, TRANS.00013	
48160	Pancreatectomy, Total/Subtotal W/Autologous Transplantation Pancreas/Pancreatic Islets	Anthem	TRANS.00010	

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

48550	Donor Pancreatectomy, W/Prep & Maintenance, Cadaver Donor, W/Wo Duodenal Segment	Anthem	TRANS.00011	
48551	Backbench Standard Preparation Of Cadaver Donor Pancreas Allograft	Anthem	TRANS.00011, TRANS.00013	
48552	Backbench Reconstruction Of Cadaver Donor Pancreas Allograft Prior To Transplantation, Venous Anastomosis, Each	Anthem	TRANS.00011, TRANS.00013	
48554	Transplantation, Pancreatic Allograft	Anthem	TRANS.00011	
48556	Removal, Transplanted Pancreatic Allograft	Anthem	TRANS.00011	
49906	Free Omental Flap W/Microvascular Anastomosis	Anthem	SURG.00154	
50250	Ablation, open, 1 or more renal mass lesion(s), cryosurgical, including intraoperative ultrasound, if performed	Anthem	CG-SURG-61	
50300	Donor Nephrectomy; Cadaver Donor, Unilat/Bilat W/Prep & Maintenance, Allograft	Anthem	CG-TRANS-02, TRANS.00011	
50320	Donor Nephrectomy, Open, Living Donor W/O Allograft Preparation & Maintenance	Anthem	CG-TRANS-02, TRANS.00011	
50323	Backbench Standard Preparation Of Cadaver Donor Renal Allograft	Anthem	CG-TRANS-02, TRANS.00011	
50325	Backbench Standard Preparation Of Living Donor Renal Allograft (Open Or Laparoscopic)	Anthem	CG-TRANS-02, TRANS.00011	
50327	Backbench Reconstruction Of Cadaver Or Living Donor Renal Allograft Prior To Transplantation; Venous Anastomosis, Each	Anthem	CG-TRANS-02, TRANS.00011	
50328	Backbench Reconstruction Of Cadaver Or Living Donor Renal Allograft Prior To Transplantation; Arterial Anastomosis, Each	Anthem	CG-TRANS-02, TRANS.00011	
50329	Backbench Reconstruction Of Cadaver Or Living Donor Renal Allograft Prior To Transplantation; Ureteral Anastomosis, Each	Anthem	CG-TRANS-02, TRANS.00011	
50340	Recipient Nephrectomy (Sep Proc)	Anthem	CG-TRANS-02, TRANS.00011	
50360	Renal Allotransplantation, Implantation, Graft; W/O Donor & Recipient Nephrectomy	Anthem	CG-TRANS-02, TRANS.00011	
50365	Renal Allotransplantation, Implantation, Graft; W/Recipient Nephrectomy	Anthem	CG-TRANS-02, TRANS.00011	

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

50542	Laparoscopy, surgical; ablation of renal mass lesion(s)	Anthem	CG-SURG-61	
50547	Laparoscopy, Surgical; Donor Nephrectomy, Living Donor W/O Allograft Prep & Maintenance	Anthem	CG-TRANS-02, TRANS.00011	
50592	Ablation, 1 or more renal tumor(s), percutaneous, unilateral, radiofrequency	Anthem	CG-SURG-61	
50593	Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy	Anthem	CG-SURG-61	
53445	Insertion, Inflatable Urethra/Bladder Neck Sphincter, W/Placement Pump &/Or Reservoir & Cuff	Anthem	SURG.00010	
53447	Removal & Replacement, Inflatable Sphincter W/Pump, Reservoir, Cuff, Same Session	Anthem	SURG.00010	
53451	Periurethral transperineal adjustable balloon continence device; bilateral insertion, including cystourethroscopy and imaging guidance [ProACT System]	Anthem	SURG.00010	
53452	Periurethral transperineal adjustable balloon continence device; unilateral insertion, including cystourethroscopy and imaging guidance [ProACT System]	Anthem	SURG.00010	
53453	Periurethral transperineal adjustable balloon continence device; removal, each balloon [ProACT System]	Anthem	SURG.00010	
53454	Periurethral transperineal adjustable balloon continence device; percutaneous adjustment of balloon(s) fluid volume [ProACT System]	Anthem	SURG.00010	
53850	Transurethral Destruction, Prostate Tissue; Microwave Thermotherapy	Anthem	MCG: GRG: Urologic Surgery or Procedure GRG, W0141	
53852	Transurethral Destruction, Prostate Tissue; Radiofrequency Thermotherapy	Anthem	MCG: GRG: Urologic Surgery or Procedure GRG, W0141	
54400	Insertion of penile prosthesis; non-inflatable (semi-rigid)	Anthem	CG-SURG-12	
54401	Insertion of penile prosthesis; inflatable (self-contained)	Anthem	CG-SURG-12	
54405	Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir	Anthem	CG-SURG-12	

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

54410	Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session	Anthem	CG-SURG-12	
54411	Removal and replacement of all components of a multi-component inflatable penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue	Anthem	CG-SURG-12	
54416	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis at the same operative session	Anthem	CG-SURG-12	
54417	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue	Anthem	CG-SURG-12	
54440	Plastic operation of penis for injury	Anthem	ANC.00009	
55706	Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance	Anthem	SURG.00107	
55873	Cryosurgical ablation of the prostate (includes ultrasonic guidance for interstitial cryosurgical probe placement)	Anthem	CG-SURG-61, SURG.00028	
55970	Intersex surgery; male to female	Anthem	MCG:W0141	
55980	Intersex surgery; female to male	Anthem	MCG:W0141	
56800	Plastic repair of introitus	Anthem	ANC.00009	
56805	Clitoroplasty for intersex state	Anthem	ANC.00009	
56810	Perineoplasty, repair of perineum, nonobstetrical (separate procedure)	Anthem	ANC.00009	
57240	Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele, including cystourethroscopy, when performed	Anthem	MCG Guidelines	
57250	Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy	Anthem	MCG Guidelines	
57260	Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed	Anthem	MCG Guidelines	

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

57265	Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed; with enterocele repair	Anthem	MCG Guidelines	
57268	Repair of enterocele, vaginal approach (separate procedure)	Anthem	MCG Guidelines	
57270	Repair of enterocele, abdominal approach (separate procedure)	Anthem	MCG Guidelines	
57280	Colpopexy, abdominal approach	Anthem	MCG Guidelines	
57282	Colpopexy, vaginal; extra-peritoneal approach	Anthem	MCG Guidelines	
57283	Colpopexy, vaginal; intra-peritoneal approach	Anthem	MCG Guidelines	
57284	Paravaginal defect repair (including repair of cystocele, if performed); open abdominal approach	Anthem	MCG: S-1020	
57285	Paravaginal defect repair (including repair of cystocele, if performed) ;vaginal approach	Anthem	MCG: S-1020	
57291	Construction of artificial vagina; without graft	Anthem	ANC.00009	
57292	Construction of artificial vagina; with graft	Anthem	ANC.00009	
57423	Paravaginal defect repair (including repair of cystocele, if performed), laparoscopic approach	Anthem	MCG: S-1020	
57425	Laparoscopy, surgical, colpopexy	Anthem	MCG Guidelines	
58150	Total Abdominal Hysterectomy W/Wo Removal Tube(S)/Ovary(S)	Anthem	MCG:W0109, S-5650	
58152	Total Abdominal Hysterectomy W/Wo Removal Tube(S)/Ovary(S); W/Colpo-Urethrocystopexy	Anthem	MCG:W0109, W0109-RRG, S-5650	
58180	Supracervical Abdominal Hysterectomy, W/Wo Removal Tube(S)/Ovary(S)	Anthem	MCG:W0109, W0109-RRG, S-5650	
58200	Total Abdominal Hysterectomy, W/Partial Vaginect, W/Pelvic Node Sample, W/Wo Rem Tubes/Ovaries	Anthem	MCG:W0109, W0109-RRG, S-5650	
58210	Radical Abdominal Hysterectomy W/Bilat Pelvic Lymphadenectomy	Anthem	MCG:W0109, W0109-RRG, S-5650	
58240	Pelvic Exenteration, Gynecologic Malignancy	Anthem	MCG:S-450, S-450-RRG, S-5450	
58260	Vaginal hysterectomy, for uterus 250 g or less;	Anthem	MCG:W0010, W0010-RRG	
58262	Hysterectomy, vaginal, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)	Anthem	MCG:W0010, W0010-RRG	

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

58263	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s), with repair of enterocele	Anthem	MCG:W0010, W0010-RRG	
58267	Vaginal hysterectomy, for uterus 250 g or less; with colpo-urethrocytopexy (Marshall-Marchetti-Krantz type, Pereyra typ	Anthem	MCG:W0010, W0010-RRG	
58270	Vaginal hysterectomy, for uterus 250 g or less; with repair of enterocele	Anthem	MCG:W0010, W0010-RRG	
58275	Vaginal Hysterectomy, W/Total/Partial Vaginectomy	Anthem	MCG:W0010, W0010-RRG	
58280	Vaginal Hysterectomy; W/Total/Partial Vaginectomy; W/Repair, Enterocele	Anthem	MCG:W0010, W0010-RRG	
58285	Vaginal Hysterectomy; Radical	Anthem	MCG:W0143	
58290	Vaginal Hysterectomy, Uterus >250 Gms;	Anthem	MCG:W0010, W0010-RRG	
58291	Vaginal Hysterectomy, Uterus >250 Gms; W/Removal, Tube(S) &/Or Ovary(S)	Anthem	MCG:W0010, W0010-RRG	
58292	Vaginal Hysterectomy, Uterus >250 Gms; W/Removal, Tube(S) &/Or Ovary(S) W/Repair Of Enterocele	Anthem	MCG:W0010, W0010-RRG	
58294	Vaginal Hysterectomy, Uterus >250 Gms; W/Repair Of Enterocele	Anthem	MCG:W0010, W0010-RRG	
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;	Anthem	MCG:W0010, W0010-RRG	
58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	Anthem	MCG:W0010, W0010-RRG	
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;	Anthem	MCG:W0010, W0010-RRG	
58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	Anthem	MCG:W0010, W0010-RRG	
58546	Laparoscopy, Surg, Myomectomy; 5/> Intramural	Anthem	MCG:S-775, S-775-RRG	
58548	Laparoscopy, surgical, with radical hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node	Anthem	MCG:W0010, W0010-RRG	
58550	Laparoscopy, Surg, W/Vaginal Hysterectomy, Uterus 250gms/<	Anthem	MCG:W0010, W0010-RRG	



## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

58552	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	Anthem	MCG:W0010, W0010-RRG	
58553	Laparoscopy, Surg, W/Vaginal Hysterectomy, Uterus >250gms	Anthem	MCG:W0010, W0010-RRG	
58554	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	Anthem	MCG:W0010, W0010-RRG	
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;	Anthem	MCG:W0010	
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	Anthem	MCG:W0010, W0010-RRG	
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;	Anthem	MCG:W0010, W0010-RRG	
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	Anthem	MCG:W0010, W0010-RRG	
58580	Transcervical ablation of uterine fibroid(s), including intraoperative ultrasound guidance and monitoring, radiofrequency	Anthem	SURG.00077	
58953	Bilat Salpingo-Oophorect W/Omentect, Total Abdom Hyster & Radical Dissect Debulk	Anthem	MCG:W0109, W0109-RRG, S-5650	
58954	Bilat SalpOophorec W/Omentec, TI Abd Hyst & Radcl Dissec, Debul; W/Pelv & Ltd Paraaortic Lymph	Anthem	MCG:W0109, W0109-RRG, S-5650	
58956	Bilateral Salpingo-Oophorectomy With Total Omentectomy, Total Abdominal Hysterectomy For Malignancy	Anthem	MCG:W0109, W0109-RRG, S-5650	
58999	Unlisted Proc, Female Genital System (Nonobstetrical)	Anthem	ANC.00009	
61215	Insertion of subcutaneous reservoir, pump or continuous infusion system for connection to ventricular catheter	Anthem	CG-SURG-79	
61624	Transcatheter Perm Occlusion/Embolization, Percutaneous; Cns	Anthem	CG-SURG-76	
61630	Balloon angioplasty, intracranial (eg, atherosclerotic stenosis), percutaneous	Anthem	CG-SURG-106	

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

61635	Transcatheter placement of intravascular stent(s), intracranial (eg, atherosclerotic stenosis), including balloon angioplasty, if performed	Anthem	CG-SURG-106	
61715	MRI guided focused ultrasound high intensity stereotactic intracranial ablation	Anthem	MED.00057	effective 9/1/25
61720	Creation of lesion by stereotactic method, including burr hole(s) and localizing and recording techniques, single or multiple stages; globus pallidus or thalamus	Anthem	CG-SURG-108	
61736	Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; single trajectory for 1 simple lesion	Anthem	CG-SURG-61	
61737	Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; multiple trajectories for multiple or complex lesion(s)	Anthem	CG-SURG-61	
61863	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperat	Anthem	SURG.00026	
61867	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative	Anthem	SURG.00026	
61885	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array	Anthem	SURG.00007, SURG.00112, SURG.00026	

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

61886	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to 2 or more electrode arrays	Anthem	SURG.00026	
61889	Insertion of skull-mounted cranial neurostimulator pulse generator or receiver, including craniectomy or craniotomy, when performed, with direct or inductive coupling, with co	Anthem	SURG.00026	
61891	Revision or replacement of skull-mounted cranial neurostimulator pulse generator or receiver with connection to depth and/or cortical strip electrode array(s)	Anthem	SURG.00026	
62350	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy	Anthem	CG-SURG-79	
62351	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; with laminectomy	Anthem	CG-SURG-79	
62360	Implantation/Replace, Device, Intrathecal/Epidural Drug Infusion; Subq Reservoir	Anthem	CG-SURG-79	
62361	Implantation or replacement of device for intrathecal or epidural drug infusion; nonprogrammable pump	Anthem	CG-SURG-79	
62362	Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming	Anthem	CG-SURG-79	
64405	Injection, Anesthetic Agent; Greater Occipital Nerve	Anthem	SURG.00144	
64415	Injection(s), anesthetic agent(s) and/or steroid; brachial plexus	Anthem	SURG.00140	
64417	Injection(s), anesthetic agent(s) and/or steroid; axillary nerve	Anthem	SURG.00140	

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

64447	Injection(s), anesthetic agent(s) and/or steroid; femoral nerve	Anthem	SURG.00140	
64450	Injection(s), anesthetic agent(s) and/or steroid; other peripheral nerve or branch	Anthem	SURG.00140, SURG.00144	
64505	Injection, Anesthetic Agent; Sphenopalatine Ganglion	Anthem	MCG: GRG: A-MPC: Minor procedure; inpatient care need not clear	
64510	Injection, Anesthetic Agent; Stellate Ganglion (Cervical Sympathetic)	Anthem	SURG.00140	
64520	Injection, Anesthetic Agent; Lumbar/Thoracic (Paravertebral Sympathetic)	Anthem	SURG.00140	
64553	Percutaneous implantation of neurostimulator electrodes; cranial nerve	Anthem	SURG.00007, SURG.00112	
64555	Percutaneous implantation of neurostimulator electrodes; peripheral nerve (excludes sacral nerve)	Anthem	SURG.00112, SURG.00158	
64561	Percutaneous implantation of neurostimulator electrodes; sacral nerve (transforaminal placement)	Anthem	CG-SURG-95	
64566	Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming	Anthem	CG-SURG-95	
64568	Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	Anthem	SURG.00112	
64569	Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator	Anthem	SURG.00112	
64575	Incision for implantation of neurostimulator electrodes; peripheral nerve (excludes sacral nerve)	Anthem	CG-MED-79, SURG.00112, SURG.00158	
64581	Incision for implantation of neurostimulator electrodes; sacral nerve (transforaminal placement)	Anthem	CG-SURG-95	
64582	Open implantation of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array	Anthem	SURG.00129	

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

64585	Revision or removal of peripheral neurostimulator electrode array	Anthem	CG-SURG-95	
64590	Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling	Anthem	CG-SURG-95, CG-MED-79, SURG.00112, SURG.00158	
64596	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; initial electrode arra	Anthem	SURG.00158	
64736	Transection or avulsion of; mental nerve	Anthem	ANC.00008	
64738	Transection or avulsion of; inferior alveolar nerve by osteotomy	Anthem	ANC.00008	
64740	Transection or avulsion of; lingual nerve	Anthem	ANC.00008	
64742	Transection or avulsion of; facial nerve, differential or complete	Anthem	ANC.00008	
64864	Suture of facial nerve; extracranial	Anthem	ANC.00008	
64865	Suture of facial nerve; infratemporal, with or without grafting	Anthem	ANC.00008	
64866	Anastomosis; facial-spinal accessory	Anthem	ANC.00008	
64868	Anastomosis; facial-hypoglossal	Anthem	ANC.00008	
64999	Unlisted procedure, nervous system	Anthem	CG-MED-63, CG-SURG-89, CG-SURG-91, DME.00011, SURG.00026, SURG.00071, SURG.00073, SURG.00076, SURG.00096, SURG.00099, SURG.00129, SURG.00142, SURG.00155, TRANS.00004, TRANS.00025,	
65778	Placement of amniotic membrane on the ocular surface; without sutures	Anthem	SURG.00011	
65779	Placement of amniotic membrane on the ocular surface; single layer, sutured	Anthem	SURG.00011	
65780	Ocular surface reconstruction; amniotic membrane transplantation, multiple layers	Anthem	SURG.00011	
66174	Transluminal dilation of aqueous outflow canal; without retention of device or stent	Anthem	SURG.00095	
66175	Transluminal dilation of aqueous outflow canal; with retention of device or stent	Anthem	SURG.00095	

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

66183	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach	Anthem	SURG.00103	
66683	Iris prosthesis Implantation	Anthem	SURG.00156	effective 9/1/25
66989	Ⓢ Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; with insertion of intraocular (eg, trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more	Anthem	SURG.00103	
66991	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); with insertion of intraocular (eg, trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more	Anthem	SURG.00103	
67027	Implant, Intravitreal Drug Delivery System W/Removal, Vitreous	Anthem	SURG.00160	
67299	Unlisted procedure, posterior segment	Anthem	SURG.00070	
69090	Ear piercing	Anthem	ANC.00008	
69300	Otoplasty, protruding ear, with or without size reduction	Anthem	ANC.00008	

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

69714	Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy	Anthem	CG-SURG-82	
69716	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor	Anthem	CG-SURG-82	
69717	Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy	Anthem	CG-SURG-82	
69719	Revision or replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor	Anthem	CG-SURG-82	
69729	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside of the mastoid and resulting in removal of greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex	Anthem	CG-SURG-82	
69730	Replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside the mastoid and involving a bony defect greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex	Anthem	CG-SURG-82	
69930	Cochlear device implantation, with or without mastoidectomy	Anthem	CG-SURG-81	
69955	Total facial nerve decompression and/or repair (may include graft)	Anthem	ANC.00008	

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

78434	Absolute quantitation of myocardial blood flow (AQMBF), positron emission tomography (PET), rest and pharmacologic stress (List separately in addition to code for primary proc	Anthem	RAD.00069	
81418	Drug metabolism genomic sequence panel, must include testing of at least 6 genes, including CYP2C19, CYP2D6, and CYP2D6 duplications and deletions	Anthem	GENE.00010	
81517	Liver disease, analysis of 3 biomarkers (hyaluronic acid [HA], procollagen III amino terminal peptide [PIIINP], tissue inhibitor of metalloproteinase 1 [TIMP-1]), using immuno	Anthem	LAB.00019	
81538	Oncology (lung), mass spectrometric 8-protein signature, including amyloid A, utilizing serum, prognostic and predictive algorithm reported as good versus poor overall survival	Anthem	LAB.00011	
81560	Transplantation medicine (allograft rejection, pediatric liver and small bowel), measurement of donor and third-party-induced CD154+T-cytotoxic memory cells, utilizing whole peripheral blood, algorithm reported as a rejection risk score Pleximmune™, Plexision, Inc	Anthem	LAB.00024	
81596	Infectious disease, chronic hepatitis C virus (HCV) infection, six biochemical assays (ALT, A2-macroglobulin, apolipoprotein A-1, total bilirubin, GGT, and haptoglobin) utiliz	Anthem	LAB.00019	
82233	Beta-amyloid; 1-40	Anthem	LAB.00046	effective 9/1/25
82234	Beta-amyloid; 1-42	Anthem	LAB.00046	effective 9/1/25
82542	Column Chromatography/Mass Spectrometry; Quantitative, Single Stationary & Mobile Phase	Anthem	LAB.00051	
83520	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; quantitative, not otherwise specified	Anthem	LAB.00027; LAB.00046; LAB.00011	



## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

83884	Neurofilament light chain	Anthem	LAB.00028, LAB.00046	effective 9/1/25
83921	Organic Acid, Single, Quantitative	Anthem	CG-LAB-19, LAB.00051	
84393	Tau, phosphorylated	Anthem	LAB.00046	effective 9/1/25
84394	Tau, total	Anthem	LAB.00046	effective 9/1/25
86352	Cellular function assay involving stimulation (eg, mitogen or antigen) and detection of biomarker (eg, ATP)	Anthem	LAB.00024	
86357	Natural killer (NK) cells, total count	Anthem	LAB.00045	
89329	Sperm Evaluation; Hamster Penetration Test	Anthem	LAB.00045	
89330	Sperm Evaluation; Cervical Mucus Penetration Test, W/Wo Spinnbarkeit Test	Anthem	LAB.00045	
90912	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; initial 15 minutes of one-on-one physician or other qualified health care professional contact with the patient	Anthem	MED.00125	
90913	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; each additional 15 minutes of one-on-one physician or other qualified health care professional contact with the patient	Anthem	MED.00125	
93583	Percutaneous transcatheter septal reduction therapy (eg alcohol septal ablation), including temporary pacemaker insertion when performed	Anthem	CG-SURG-102	
93701	Bioimpedance-derived physiologic cardiovascular analysis	Anthem	MED.00134	
95803	Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recor	Anthem	MED.00002	

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

95977	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with complex cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional	Anthem	SURG.00007	
95999	Unlisted neurological or neuromuscular diagnostic procedure	Anthem	CG-MED-46, MED.00002, MED.00092, MED.00101, MED.00112	
96365	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour	Anthem	MED.00013	
96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	Anthem	MED.00013	
96931	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, first lesion	Anthem	MED.00004	
96932	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, first lesion	Anthem	MED.00004	
96933	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, first lesion	Anthem	MED.00004	
97039	Unlisted modality (specify type and time if constant attendance)	Anthem	SURG.00008	
97139	Unlisted therapeutic procedure (specify)	Anthem	CG-SURG-17	
97799	Unlisted physical medicine/rehabilitation service or procedure	Anthem	ANC.00006, MED.00089	

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

99183	Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session	Anthem	CG-MED-73	
0018M	Transplantation medicine (allograft rejection, renal), measurement of donor and third-party-induced CD154+T-cytotoxic memory cells, utilizing whole peripheral blood, algorithm reported as a rejection risk score <small>Pleximark™, Plexion, Inc.</small>	Anthem	LAB.00024	
0062U	Autoimmune (systemic lupus erythematosus), IgG and IgM analysis of 80 biomarkers, utilizing serum, algorithm reported with a risk score	Anthem	LAB.00036	
0071T	Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume less than 200 cc of tissue	Anthem	MED.00057	
0072T	Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume greater or equal to 200 cc of tissue	Anthem	MED.00057	
0079U	Comparative DNA analysis using multiple selected single-nucleotide polymorphisms(SNPs), urine and buccal DNA, for specimen identity verification	Anthem	GENE.00041	
0080U	Oncology (lung), mass spectrometric analysis of galectin-3-binding protein and scavenger receptor cysteine-rich type 1 protein M130, with five clinical risk factors (age, smok	Anthem	LAB.00011	
0088U	Transplantation medicine (kidney allograft rejection), microarray gene expression profiling of 1494 genes, utilizing transplant biopsy tissue, algorithm reported as a probabil	Anthem	TRANS.00041	
0092U	Oncology (lung), three protein biomarkers, immunoassay using magnetic nanosensor technology, plasma, algorithm reported as risk score for likelihood of malignancy	Anthem	LAB.00011	

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

0100T	Placement of a subconjunctival retinal prosthesis receiver and pulse generator, and implantation of intra-ocular retinal electrode array, with vitrectomy	Anthem	SURG.00113	
0101T	Extracorporeal shock wave involving musculoskeletal system, not otherwise specified, high energy	Anthem	SURG.00045	
0102T	Extracorporeal shock wave, high energy, performed by a physician, requiring anesthesia other than local, involving lateral humeral epicondyle	Anthem	SURG.00045	
0105U	Nephrology (chronic kidney disease), multiplex electrochemiluminescent immunoassay (ECLIA) of tumor necrosis factor receptor 1A, receptor superfamily 2 (TNFR1, TNFR2), and kid	Anthem	LAB.00041	
0108U	Gastroenterology (Barrett's esophagus), whole slide-digital imaging, including morphometric analysis, computer-assisted quantitative immunolabeling of 9 protein biomarkers	Anthem	LAB.00026	
0117U	Pain management, analysis of 11 endogenous analytes (methylmalonic acid, xanthurenic acid, homocysteine, pyroglutamic acid, vanilmandelate, 5-hydroxyindoleacetic acid, hydroxymethylglutarate, ethylmalonate, 3-hydroxypropyl mercapturic acid (3-HPMA), quinolinic acid, kynurenic acid), LC-MS/MS, urine, algorithm reported as a pain-index score with likelihood of atypical biochemical function	Anthem	LAB.00048	
0141U	Infectious disease (bacteria and fungi), gram-positive organism identification and drug resistance element detection, DNA (20 gram-positive bacterial targets, 4 resistance gen	Anthem	LAB.00039	
0142U	Infectious disease (bacteria and fungi), gram-negative bacterial identification and drug resistance element detection, DNA (21 gram-negative bacterial targets, 6 resistance ge	Anthem	LAB.00039	

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

0164U	Gastroenterology (irritable bowel syndrome [IBS]), immunoassay for anti-CdtB and anti-vinculin antibodies, utilizing plasma, algorithm for elevated or not elevated qualitative	Anthem	LAB.00037	
0166U	Liver disease, 10 biochemical assays ( $\alpha$ 2-macroglobulin, haptoglobin, apolipoprotein A1, bilirubin, GGT, ALT, AST, triglycerides, cholesterol, fasting glucose) and biometric and demographic data, utilizing serum, algorithm reported as scores for fibrosis, necroinflammatory activity, and steatosis with a summary interpretation	Anthem	LAB.00019	
0173U	Psychiatry (ie, depression, anxiety), genomic analysis panel, includes variant analysis of 14 gene	Anthem	GENE.00010	
0174U	Oncology (solid tumor), mass spectrometric 30 protein targets, formalin-fixed paraffin-embedded tissue, prognostic and predictive algorithm reported as likely, unlikely, or un	Anthem	LAB.00011	
0176U	Cytolethal distending toxin B (CdtB) and vinculin IgG antibodies by immunoassay (ie, ELISA)	Anthem	LAB.00037	
0202T	Posterior vertebral joint(s) arthroplasty (e.g., facet joint[s] replacement) including facetectomy, laminectomy, foramin	Anthem	SURG.00092	
0219T	Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level: cervical	Anthem	SURG.00114	
0228U	Oncology (prostate), multianalyte molecular profile by photometric detection of macromolecules adsorbed on nanosponge array slides with machine learning, utilizing first morni	Anthem	LAB.00033	
0232T	Injection(s), platelet rich plasma, any tissue, including image guidance, harvesting and preparation when performed	Anthem	TRANS.00035	

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

0243U	Obstetrics (preeclampsia), biochemical assay of placental-growth factor, time-resolved fluorescence immunoassay, maternal serum, predictive algorithm reported as a risk score for preeclampsia	Anthem	LAB.00040	
0247U	Obstetrics (preterm birth), insulin-like growth factor-binding protein 4 (IBP4), sex hormone-binding globulin (SHBG), quantitative measurement by LC-MS/MS. utilizing maternal	Anthem	LAB.00011	
0248U	Oncology (brain), spheroid cell culture in a 3D microenvironment, 12 drug panel, tumor-response prediction for each drug	Anthem	LAB.00003	
0249U	Oncology (breast), semiquantitative analysis of 32 phosphoproteins and	Anthem	LAB.00011	
0253T	Insertion of anterior segment aqueous drainage device, without extraocular reservoir; internal approach, into the suprachoroidal space	Anthem	SURG.00103	
0253U	Reproductive medicine (endometrial receptivity analysis), RNA gene exp	Anthem	LAB.00045	
0255U	Andrology (infertility), sperm-capacitation assessment of ganglioside GM1 distribution patterns, fluorescence microscopy, fresh or frozen specimen. reported as percentage of c	Anthem	LAB.00045	
0262U	Oncology (solid tumor), gene expression profiling by real-time RT-PCR of 7 gene pathways (ER, AR, PI3K, MAPK, HH, TGFB, Notch), formalin-fixed paraffin-embedded (FFPE), algori	Anthem	GENE.00052	
0263T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; complete pro	Anthem	TRANS.00035	
0264T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; complete pro	Anthem	TRANS.00035	

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

0265T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; unilateral o	Anthem	TRANS.00035	
0278T	Transcutaneous Electrical Modulation Pain Reprocessing (Eg, Scrambler Therapy), Each Treatment Session (Includes Placement Of Electrodes)	Anthem	DME.00011	
0312U	Autoimmune diseases (eg, systemic lupus erythematosus [SLE]), analysis of 8 IgG autoantibodies and 2 cell-bound complement activation products using enzyme-linked immunosorbent immunoassay (ELISA), flow cytometry and indirect immunofluorescence, serum, or plasma and whole blood, individual components reported along with an algorithmic SLE-likelihood assessment	Anthem	LAB.00036	
0314U	Oncology (cutaneous melanoma), mRNA gene expression profiling by RT-PCR of 35 genes (32 content and 3 housekeeping), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a categorical result (ie, benign, intermediate, malignant) DecisionDx® DiffDx™- Melanoma, Castle Biosciences, Inc. Castle Biosciences, Inc.	Anthem	GENE.00023	
0315U	Oncology (cutaneous squamous cell carcinoma), mRNA gene expression profiling by RT-PCR of 40 genes (34 content and 6 housekeeping), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a categorical risk result (ie, Class 1, Class 2A, Class 2B)	Anthem	GENE.00023	
0321U	Infectious agent detection by nucleic acid (DNA or RNA), genitourinary pathogens, identification of 20 bacterial and fungal organisms and identification of 16 associated antib	Anthem	LAB.00039	

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

0323U	Infectious agent detection by nucleic acid (DNA and RNA), central nervous system pathogen, metagenomic next-generation sequencing, cerebrospinal fluid (CSF), identification of	Anthem	LAB.00050	
0324U	Oncology (ovarian), spheroid cell culture, 4-drug panel (carboplatin, doxorubicin, gemcitabine, paclitaxel), tumor chemotherapy response prediction for each drug	Anthem	LAB.00003	
0325U	Oncology (ovarian), spheroid cell culture, poly (ADP-ribose) polymerase (PARP) inhibitors (niraparib, olaparib, rucaparib, velparib), tumor response prediction for each drug	Anthem	LAB.00003	
0337U	Oncology (plasma cell disorders and myeloma), circulating plasma cell immunologic selection, identification, morphological characterization, and enumeration of plasma cells based on differential CD138, CD38, CD19, and CD45 protein biomarker expression, peripheral blood	Anthem	LAB.00015	
0338U	Oncology (solid tumor), circulating tumor cell selection, identification, morphological characterization, detection and enumeration based on differential EpCAM, cytokeratins 8, 18, and 19, and CD45 protein biomarkers, and quantification of HER2 protein biomarker-expressing cells, peripheral blood	Anthem	LAB.00015	
0356U	Oncology (oropharyngeal), evaluation of 17 DNA biomarkers using droplet digital PCR (ddPCR), cell-free DNA, algorithm reported as a prognostic risk score for cancer recurrence	Anthem	GENE.00052	
0358U	Neurology (mild cognitive impairment), analysis of $\beta$ -amyloid 1-42 and 1-40, chemiluminescence enzyme immunoassay, cerebral spinal fluid, reported as positive, likely positive, or negative	Anthem	LAB.00046	



## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

0359U	Oncology (prostate cancer), analysis of all prostate-specific antigen (PSA) structural isoforms by phase separation and immunoassay, plasma, algorithm reports risk of cancer	Anthem	LAB.00033	
0360U	Oncology (lung), enzyme-linked immunosorbent assay (ELISA) of 7 autoantibodies (p53, NY-ESO-1, CAGE, GBU4-5, SOX2, MAGE A4, and HuD), plasma, algorithm reported as a categorical result for risk of malignancy	Anthem	LAB.00011	
0361U	Neurofilament light chain, digital immunoassay, plasma, quantitative <u>Neurofilament Light Chain (NFL)</u>	Anthem	LAB.00046; LAB.00028	
0363U	☐ Oncology (urothelial), mRNA, gene expression profiling by real-time quantitative PCR of 5 genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and CXCR2), utilizing urine, algorithm incorporates age, sex, smoking history, and macrohematuria frequency, reported as a risk score for having urothelial carcinoma	Anthem	GENE.00056	
0369U	Infectious agent detection by nucleic acid (DNA and RNA), gastrointestinal pathogens, 31 bacterial, viral, and parasitic organisms and identification of 21 associated antibiotic	Anthem	LAB.00039	
0370U	Infectious agent detection by nucleic acid (DNA and RNA), surgical wound pathogens, 34 microorganisms and identification of 21 associated antibiotic-resistance genes, multiple	Anthem	LAB.00039	
0372U	genitourinary antibiotic resistance tests, considered INV&NMN	Anthem	LAB.00039	
0373U	Infectious agent detection by nucleic acid (DNA and RNA), respiratory tract infection, 17 bacteria, 8 fungus, 13 virus, and 16 antibiotic-resistance genes, <u>multiplex amplified</u>	Anthem	LAB.00039	
0374U	genitourinary antibiotic resistance tests, considered INV&NMN	Anthem	LAB.00039	

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

0376U	ArteraAI Prostate Test; considered INV&NMN	Anthem	LAB.00026	
0377U	Liposcale®; considered INV&NMN	Anthem	LAB.00031	
0378T	Visual field assessment, with concurrent real time data analysis and accessible data storage with patient initiated data transmitted to a remote surveillance center for up to	Anthem	MED.00131	
0379T	Visual field assessment, with concurrent real time data analysis and accessible data storage with patient initiated data transmitted to a remote surveillance center for up to	Anthem	MED.00131	
0390U	Obstetrics (preeclampsia), kinase insert domain receptor (KDR), Endoglin (ENG), and retinol-binding protein 4 (RBP4), by immunoassay, serum, algorithm reported as a risk score	Anthem	LAB.00040	
0394U	Perfluoroalkyl substances (PFAS) (eg, perfluorooctanoic acid, perfluorooctane sulfonic acid), 16 PFAS compounds by liquid chromatography with tandem mass spectrometry	Anthem	LAB.00051	
0402T	Collagen cross-linking of cornea, including removal of the corneal epithelium and intraoperative pachymetry, when performed	Anthem	CG-SURG-105	
0403U	Oncology (prostate), mRNA, gene expression profiling of 18 genes, first-catch post-digital rectal examination urine (or processed first-catch urine), algorithm reported as per	Anthem	GENE.00009	
0405U	Oncology (pancreatic), 59 methylation haplotype block markers, next-generation sequencing, plasma, reported as cancer signal detected or not detected	Anthem	GENE.00052	
0407U	Nephrology (diabetic chronic kidney disease [CKD]), multiplex electrochemiluminescent immunoassay (ECLIA) of soluble tumor necrosis factor receptor 1 (sTNFR1), soluble tumor n	Anthem	LAB.00041	

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

0409U	Oncology (solid tumor), DNA (80 genes) and RNA (36 genes), by next-generation sequencing from plasma, including single nucleotide variants, insertions/deletions, copy number a	Anthem	GENE.00052	
0410U	Oncology (pancreatic), DNA, whole genome sequencing with 5-hydroxymethylcytosine enrichment, whole blood or plasma, algorithm reported as cancer detected or not detected	Anthem	GENE.00052	
0411U	Psychiatry (eg, depression, anxiety, attention deficit hyperactivity disorder [ADHD]), genomic analysis panel, variant analysis of 15 genes, including deletion/duplication ana	Anthem	GENE.00010	
0412U	Beta amyloid, AB42/40 ratio, immunoprecipitation with quantitation by liquid chromatography with tandem mass spectrometry (LC-MS/MS) and qualitative ApoE isoform-specific prot	Anthem	LAB.00046	
0413U	Oncology (hematolymphoid neoplasm), optical genome mapping for copy number alterations, aneuploidy, and balanced/complex structural rearrangements. DNA from blood or bone marr	Anthem	GENE.00052	
0414U	Oncology (lung), augmentative algorithmic analysis of digitized whole slide imaging for 8 genes (ALK, BRAF, EGFR, ERBB2, MET, NTRK1-3, RET, ROS1), and KRAS G12C and PD-L1. if	Anthem	GENE.00052	
0417U	Rare diseases (constitutional/heritable disorders), whole mitochondrial genome sequence with heteroplasmy detection and deletion analysis, nuclear-encoded mitochondrial gene a	Anthem	GENE.00052	
0419U	Neuropsychiatry (eg, depression, anxiety), genomic sequence analysis panel, variant analysis of 13 genes, saliva or buccal swab, report of each gene phenotype	Anthem	GENE.00010	
0430U	Gastroenterology, malabsorption evaluation of alpha-1-antitrypsin, calprotectin, pancreatic elastase and reducing substances, feces, quantitative	Anthem	LAB.00016	

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

0435U	Oncology, chemotherapeutic drug cytotoxicity assay of cancer stem cells (CSCs), from cultured CSCs and primary tumor cells, categorical drug response reported based on cytotox	Anthem	LAB.00003	
0445U	B-amyloid (Abeta42) and phospho tau (181P) (pTau181), electrochemiluminescent immunoassay (ECLIA), cerebral spinal fluid, ratio reported as positive or negative for amyloid pa	Anthem	LAB.00046	
0449T	Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the <u>subconjunctival space; initial device</u>	Anthem	SURG.00103	
0457U	Perfluoroalkyl substances (PFAS) (eg, perfluorooctanoic acid, perfluorooctane sulfonic acid), 9 PFAS compounds by LC-MS/MS, plasma or <u>serum, quantitative</u>	Anthem	LAB.00051	
0459U	B-amyloid (Abeta42) and total tau (tTau), electrochemiluminescent immunoassay (ECLIA), cerebral spinal fluid, ratio reported as positive or <u>negative for amyloid pathology</u>	Anthem	LAB.00046	
0468U	Hepatology (nonalcoholic steatohepatitis [NASH]), miR-34a-5p, alpha 2-macroglobulin, YKL40, HbA1c, serum and whole blood, algorithm reported as a single score for NASH activit	Anthem	LAB.00019	
0479U	Tau, phosphorylated, pTau217	Anthem	LAB.00046	
0480U	Infectious disease (bacteria, viruses, fungi, and parasites), cerebrospinal fluid (CSF), metagenomic next-generation sequencing (DNA and RNA), <u>bioinformatic analysis, with pos</u>	Anthem	LAB.00050	
0481T	Injection(s), autologous white blood cell concentrate (autologous protein solution), any site, including image guidance, harvesting and <u>preparation, when performed</u>	Anthem	TRANS.00035	

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

0482U	Obstetrics (preeclampsia), biochemical assay of soluble fms-like tyrosine kinase 1 (sFlt-1) and placental growth factor (PlGF), serum, ratio reported for sFlt-1/PlGF, with ris	Anthem	LAB.00040	
0483T	Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; percutaneous approach, including transseptal puncture, when performed	Anthem	SURG.00121	
0484T	Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; transthoracic exposure (eg, thoracotomy, transapical)	Anthem	SURG.00121	
0489T	Autologous adipose-derived regenerative cell therapy for scleroderma in the hands; adipose tissue harvesting, isolation and preparation of harvested cells including incubation with cell dissociation enzymes, removal of non-viable cells and debris, determination of concentration and dilution of regenerative cells	Anthem	MED.00110	
0490T	Autologous adipose-derived regenerative cell therapy for scleroderma in the hands; multiple injections in one or both hands	Anthem	MED.00110	
0490U	Oncology (cutaneous or uveal melanoma), circulating tumor cell selection, morphological characterization and enumeration based on differential CD146, high molecular-weight mel	Anthem	LAB.00015	
0491U	Oncology (solid tumor), circulating tumor cell selection, morphological characterization and enumeration based on differential epithelial cell adhesion molecule (EpCAM), cytok	Anthem	LAB.00015	
0492U	Oncology (solid tumor), circulating tumor cell selection, morphological characterization and enumeration based on differential epithelial cell adhesion molecule (EpCAM), cytok	Anthem	LAB.00015	

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

0494T	Surgical preparation and cannulation of marginal (extended) cadaver donor lung(s) to ex vivo organ perfusion system, including decannulation, separation from the perfusion sys	Anthem	TRANS.00039	
0495T	Initiation and monitoring marginal (extended) cadaver donor lung(s) organ perfusion system by physician or qualified health care professional, including physiological and labo	Anthem	TRANS.00039	
0495U	Oncology (prostate), analysis of circulating plasma proteins (tPSA, fPSA, KLK2, PSP94, and GDF15), germline polygenic risk score (60 variants), clinical information	Anthem	LAB.00033	
0503U	Neurology (Alzheimer disease), beta amyloid (AB40, AB42, AB42/40 ratio) and tau-protein (ptau217, np-tau217, ptau217/np-tau217 ratio), blood, immunoprecipitation with quantita	Anthem	LAB.00046	
0511U	Oncology (solid tumor), tumor cell culture in 3D microenvironment, 36 or more drug panel, reported as tumor-response prediction for each drug	Anthem	LAB.00003	
0512T	Extracorporeal shock wave for integumentary wound healing, including topical application and dressing care: initial wound	Anthem	SURG.00045	
0521U	Rheumatoid factor IgA and IgM, cyclic citrullinated peptide (CCP) antibodies, and scavenger receptor A (SR-A) by immunoassay, blood	Anthem	LAB.00035	effective 9/1/25
0524T	Endovenous catheter directed chemical ablation with balloon isolation of incompetent extremity vein, open or percutaneous, including all vascular access, catheter manipulation	Anthem	SURG.00037	
0524U	Obstetrics (preeclampsia), sFlt1/PIGF ratio, immunoassay, utilizing serum or plasma, reported as a value	Anthem	LAB.00040	effective 9/1/25

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

0525U	Oncology, spheroid cell culture, 11-drug panel (carboplatin, docetaxel, doxorubicin, etoposide, gemcitabine, niraparib, olaparib, paclitaxel, rucaparib, topotecan, veliparib)	Anthem	LAB.00003	effective 9/1/25
0537T	Chimeric antigen receptor T-cell (CAR-T) therapy; harvesting of blood-derived T lymphocytes for development of genetically modified autologous CAR-T cells. per day	Anthem	CC-0150, CC-0151	Contact Anthem Transplant unit at 888-574-7215
0538T	Chimeric antigen receptor T-cell (CAR-T) therapy; preparation of blood-derived T lymphocytes for transportation (eg, cryopreservation, storage)	Anthem	CC-0150, CC-0151	Contact Anthem Transplant unit at 888-574-7215
0539T	Chimeric antigen receptor T-cell (CAR-T) therapy; receipt and preparation of CAR-T cells for administration	Anthem	CC-0150, CC-0151	Contact Anthem Transplant unit at 888-574-7215
0540T	Chimeric antigen receptor T-cell (CAR-T) therapy; CAR-T cell administration, autologous	Anthem	CC-0150, CC-0151	Contact Anthem Transplant unit at 888-574-7215
0544T	Transcatheter mitral valve annulus reconstruction, with implantation of adjustable annulus reconstruction device, percutaneous approach including transseptal puncture	Anthem	SURG.0121	
0545T	Transcatheter tricuspid valve annulus reconstruction with implantation of adjustable annulus reconstruction device, percutaneous approach	Anthem	SURG.0121	
0546T	Radiofrequency spectroscopy, real time, intraoperative margin assessment, at the time of partial mastectomy, with report	Anthem	SURG.00139	
0563T	Evacuation of meibomian glands, using heat delivered through wearable, open-eye eyelid treatment devices and manual gland expression, bilateral	Anthem	MED.00103	
0565T	Autologous cellular implant derived from adipose tissue for the treatment of osteoarthritis of the knees; tissue harvesting and cellular implant creation	Anthem	MED.00110	

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

0566T	Autologous cellular implant derived from adipose tissue for the treatment of osteoarthritis of the knees; injection of cellular implant into knee joint including ultrasound guidance, unilateral	Anthem	MED.00110	
0569T	Transcatheter tricuspid valve repair, percutaneous approach; initial prosthesis	Anthem	SURG.00121	
0581T	Ablation, malignant breast tumor(s), percutaneous, cryotherapy, including imaging guidance when performed, unilateral	Anthem	CG-SURG-61	
0584T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; percutaneous	Anthem	TRANS.00010	Contact Anthem Transplant unit at 888-574-7215
0585T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; laparoscopic	Anthem	TRANS.00010	Contact Anthem Transplant unit at 888-574-7215
0586T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; open	Anthem	TRANS.00010	Contact Anthem Transplant unit at 888-574-7215
0587T	Percutaneous implantation or replacement of integrated single device neurostimulation system including electrode array and receiver or pulse generator, including analysis, programming, and imaging guidance when performed, posterior tibial nerve	Anthem	CG-SURG-95	
0588T	Revision or removal of integrated single device neurostimulation system including electrode array and receiver or pulse generator, including analysis, programming, and imaging guidance when performed, posterior tibial nerve	Anthem	CG-SURG-95	



## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

0589T	Electronic analysis with simple programming of implanted integrated neurostimulation system (eg, electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (Hz), on/off cycling, burst, dose lockout, patient-selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive parameters, when performed by physician or other qualified health care professional, posterior tibial nerve, 1-3 parameters	Anthem	CG-SURG-95	
0590T	Electronic analysis with complex programming of implanted integrated neurostimulation system (eg, electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (Hz), on/off cycling, burst, dose lockout, patient-selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive parameters, when performed by physician or other qualified health care professional, posterior tibial nerve, 4 or more parameters	Anthem	CG-SURG-95	
0596T	Temporary female intraurethral valve-pump (ie, voiding prosthesis); initial insertion, including urethral measurement	Anthem	SURG.00010	
0597T	Temporary female intraurethral valve-pump (ie, voiding prosthesis); replacement	Anthem	SURG.00010	
0600T	Ablation, irreversible electroporation; 1 or more tumors per organ, including imaging guidance, when performed, percutaneous	Anthem	SURG.00126	
0601T	Ablation, irreversible electroporation; 1 or more tumors per organ, including fluoroscopic and ultrasound guidance, when performed, open	Anthem	SURG.00126	
0615T	Eye-movement analysis without spatial calibration, with interpretation and report	Anthem	MED.00137	

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

0627T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; first level	Anthem	SURG.00011	
0629T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; first level	Anthem	SURG.00011	
0646T	Transcatheter tricuspid valve implantation/replacement (TTVI) with pro	Anthem	SURG.00121	
0655T	Transperineal focal laser ablation of malignant prostate tissue, inclu	Anthem	SURG.00159	
0656T	Vertebral body tethering, anterior; up to 7 vertebral segments	Anthem	SURG.00097	
0657T	Vertebral body tethering, anterior; 8 or more vertebral segments	Anthem	SURG.00097	
0658T	Electrical impedance spectroscopy of 1 or more skin lesions for automa	Anthem	MED.00004	
0659T	Transcatheter intracoronary infusion of supersaturated oxygen in conju	Anthem	MED.0098	
0664T	Donor hysterectomy (including cold preservation); open, from cadaver donor	Anthem	TRANS.00037	
0665T	Donor hysterectomy (including cold preservation); open, from living donor	Anthem	TRANS.00037	
0666T	Donor hysterectomy (including cold preservation); laparoscopic or robotic, from living donor	Anthem	TRANS.00037	
0667T	Recipient uterus allograft transplantation from cadaver or living donor	Anthem	TRANS.00037	
0668T	Backbench standard preparation of cadaver or living donor uterine allograft prior to transplantation, including dissection and removal of surrounding soft tissues and preparation of uterine vein(s) and uterine artery(ies), as necessary	Anthem	TRANS.00037	
0669T	Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; venous anastomosis, each	Anthem	TRANS.00037	

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

0670T	Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; arterial anastomosis, each	Anthem	TRANS.00037	
0671T	Insertion of anterior segment aqueous drainage device into the trabecular meshwork, without external reservoir, and without concomitant cataract removal, one or more	Anthem	SURG.00103	
0673T	Ablation, benign thyroid nodule(s), percutaneous, laser, including imaging guidance	Anthem	CG-SURG-61	
0686T	Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant hepatocellular tissue, including image guidance	Anthem	SURG.00165	effective 9/1/25
0687T	Treatment of amblyopia using an online digital program; device supply, educational set-up, and initial session	Anthem	MED.00145	
0688T	Treatment of amblyopia using an online digital program; assessment of patient performance and program data by physician or other qualified health care professional, with report	Anthem	MED.00145	
0692T	Therapeutic ultrafiltration	Anthem	MED.00102	
0700T	Molecular fluorescent imaging of suspicious nevus; first lesion	Anthem	MED.00004	
0701T	❏ Molecular fluorescent imaging of suspicious nevus; each additional lesion	Anthem	MED.00004	
0704T	Remote treatment of amblyopia using an eye tracking device; device supply with initial set-up and patient education on use of equipment	Anthem	MED.00145	
0705T	Remote treatment of amblyopia using an eye tracking device; surveillance center technical support including data transmission with analysis, with a minimum of 18 training hour	Anthem	MED.00145	
0706T	Remote treatment of amblyopia using an eye tracking device; interpretation and report by physician or other qualified health care professional, per calendar month	Anthem	MED.00145	

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

0717T	Autologous adipose-derived regenerative cell (ADRC) therapy for partial thickness rotator cuff tear; adipose tissue harvesting, isolation and preparation of harvested cells, including incubation with cell dissociation enzymes, filtration, washing and concentration of ADRCs	Anthem	MED.00132	
0718T	Autologous adipose-derived regenerative cell (ADRC) therapy for partial thickness rotator cuff tear; injection into supraspinatus tendon including ultrasound guidance, unilateral	Anthem	MED.00132	
0720T	Percutaneous electrical nerve field stimulation, cranial nerves, without implantation	Anthem	DME.00011	
0736T	Colonic lavage, 35 or more liters of water, gravity-fed, with induced defecation, including insertion of rectal catheter	Anthem	MED.00141	
0738T	Treatment planning for magnetic field induction ablation of malignant prostate tissue, using data from previously performed magnetic resonance imaging (MRI) examination	Anthem	SURG.00161	
0739T	Ablation of malignant prostate tissue by magnetic field induction, including all intraprocedural, transperineal needle/catheter placement for nanoparticle installation and int	Anthem	SURG.00161	
0742T	Absolute quantitation of myocardial blood flow (AQMBF), single-photon emission computed tomography (SPECT), with exercise or	Anthem	RAD.00069	
0766T	Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, initial treatment, with identification and marking of the treatment location, including noninvasive electroneurographic localization (nerve conduction localization), when performed; first nerve	Anthem	DME.00011	

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

0768T	Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, subsequent treatment, including noninvasive electroneurographic localization (nerve conduction localization), when performed; first nerve	Anthem	DME.00011	
0769T	Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, subsequent treatment, including noninvasive electroneurographic localization (nerve conduction localization), when performed; each additional nerve	Anthem	DME.00011	
0770T	Virtual reality technology to assist therapy	Anthem	DME.00048	
0771T	Virtual reality (VR) procedural dissociation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the VR procedural dissociation supports, requiring the presence of an independent, trained observer to assist in the monitoring of the patient's level of dissociation or consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older	Anthem	DME.00048	
0772T	Virtual reality (VR) procedural dissociation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the VR procedural dissociation supports, requiring the presence of an independent, trained observer to assist in the monitoring of the patient's level of dissociation or consciousness and physiological status; each additional 15 minutes of intraservice time	Anthem	DME.00048	

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

0773T	Virtual reality (VR) procedural dissociation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the VR procedural dissociation supports; initial 15 minutes of intraservice time, patient age 5 years or older	Anthem	DME.00048	
0774T	Virtual reality (VR) procedural dissociation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the VR procedural dissociation supports; each additional 15 minutes of intraservice time	Anthem	DME.00048	
0778T	Surface mechanomyography (sMMG) with concurrent application of inertial measurement unit (IMU) sensors for measurement of multi-joint range of motion, posture, gait, and muscle	Anthem	MED.00101	
0783T	Transcutaneous auricular neurostimulation, set-up, calibration, and patient education on use of equipment	Anthem	DME.00011	
0786T	Insertion or replacement of percutaneous electrode array, sacral, with integrated neurostimulator, including imaging guidance, when performed	Anthem	CG-SURG-95	
0787T	Revision or removal of neurostimulator electrode array, sacral, with integrated neurostimulator	Anthem	CG-SURG-95	
0790T	Revision (eg, augmentation, division of tether), replacement, or removal of thoracolumbar or lumbar vertebral body tethering, including thoracoscopy, when performed	Anthem	SURG.00097	
0810T	Subretinal injection of a pharmacologic agent, including vitrectomy and 1 or more retinotomies	Anthem	MED.00120	

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

0813T	Esophagogastroduodenoscopy, flexible, transoral, with volume adjustment of intragastric bariatric balloon	Anthem	CG-SURG-83	
0816T	Open insertion or replacement of integrated neurostimulation system for bladder dysfunction including electrode(s) (eg, array or leadless), and pulse generator or receiver. in	Anthem	CG-SURG-95	
0817T	Open insertion or replacement of integrated neurostimulation system for bladder dysfunction including electrode(s) (eg, array or leadless), and pulse generator or receiver. in	Anthem	CG-SURG-95	
0818T	Revision or removal of integrated neurostimulation system for bladder dysfunction, including analysis, programming, and imaging, when performed, posterior tibial nerve; subcut	Anthem	CG-SURG-95	
0819T	Revision or removal of integrated neurostimulation system for bladder dysfunction, including analysis, programming, and imaging, when performed, posterior tibial nerve; subfas	Anthem	CG-SURG-95	
0864T	Low-intensity extracorporeal shock wave therapy involving corpus cavernosum, low energy	Anthem	SURG.00045	
0888T	Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant renal tissue, including imaging guidance		SURG.00165	effective 9/1/25
0894T	Cannulation of the liver allograft in preparation for connection to the normothermic perfusion device and decannulation of the liver allograft following normothermic perfusion	Anthem	TRANS.00039	
0895T	Connection of liver allograft to normothermic machine perfusion device, hemostasis control; initial 4 hours of monitoring time, including hourly physiological and laboratory a	Anthem	TRANS.00039	
0899T	Noninvasive determination of absolute quantitation	Anthem	RAD.00069	
0900T	Noninvasive estimate of absolute quantitation of myocardial blood flow (AQMBF), derived from	Anthem	RAD.00069	

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

0915T	Insertion of permanent cardiac contractility modulation-defibrillation system component(s), including fluoroscopic guidance, and evaluation and programming of sensing and ther	Anthem	SURG.00153	
0916T	Insertion of permanent cardiac contractility modulation-defibrillation system component(s), including fluoroscopic guidance, and evaluation and programming of sensing and ther	Anthem	SURG.00153	
0917T	Insertion of permanent cardiac contractility modulation-defibrillation system component(s), including fluoroscopic guidance, and evaluation and programming of sensing and ther	Anthem	SURG.00153	
0918T	Insertion of permanent cardiac contractility modulation-defibrillation system component(s), including fluoroscopic guidance, and evaluation and programming of sensing and ther	Anthem	SURG.00153	
0919T	Removal of a permanent cardiac contractility modulation-defibrillation system component(s); pulse generator only	Anthem	SURG.00153	
0920T	Removal of a permanent cardiac contractility modulation-defibrillation system component(s); single transvenous pacing lead only	Anthem	SURG.00153	
0921T	Removal of a permanent cardiac contractility modulation-defibrillation system component(s); single transvenous defibrillation lead only	Anthem	SURG.00153	
0922T	Removal of a permanent cardiac contractility modulation-defibrillation system component(s); dual (pacing and defibrillation) transvenous leads only	Anthem	SURG.00153	
0923T	Removal and replacement of permanent cardiac contractility modulationdefibrillation pulse generator only	Anthem	SURG.00153	



## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

0924T	Repositioning of previously implanted cardiac contractility modulation-defibrillation transvenous electrode(s)/lead(s), including fluoroscopic guidance and programming of sens	Anthem	SURG.00153	
0925T	Relocation of skin pocket for implanted cardiac contractility modulation-defibrillation pulse generator	Anthem	SURG.00153	
0926T	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values	Anthem	SURG.00153	
0927T	Interrogation device evaluation (in person) with analysis, review, and report, including connection, recording, and disconnection, per patient encounter. implantable cardiac c	Anthem	SURG.00153	
0928T	Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation-defibrillation system with interim analysis and report(s) by a physician or other qua	Anthem	SURG.00153	
0929T	Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation-defibrillation system, remote data acquisition(s), receipt of transmissions, technici	Anthem	SURG.00153	
0930T	Electrophysiologic evaluation of cardiac contractility modulation-defibrillator leads, including defibrillation-threshold evaluation (induction of arrhythmia. evaluation of se	Anthem	SURG.00153	
0931T	Electrophysiologic evaluation of cardiac contractility modulation-defibrillator leads, including defibrillation-threshold evaluation (induction of arrhythmia. evaluation of se	Anthem	SURG.00153	
0933T	Transcatheter implantation of wireless left atrial pressure sensor for long-term left atrial pressure monitoring, including sensor calibration and deployment. right heart cath	Anthem	SURG.00153	

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

0934T	Remote monitoring of a wireless left atrial pressure sensor for up to 30 days, including data from daily uploads of left atrial pressure recordings, interpretation(s) and tren	Anthem	SURG.00153	
0935T	Cystourethroscopy with renal pelvic sympathetic denervation, radiofrequency ablation, retrograde ureteral approach, including insertion of guide wire, selective placement of u	Anthem	SURG.00153	
A0430	Ambulance service, conventional air services, transport, one way (fixed wing)	Anthem	CG-ANC-04	
A0431	Ambulance service, conventional air services, transport, one way (rotary wing)	Anthem	CG-ANC-04	
A0435	Fixed wing air mileage, per statute mile	Anthem	CG-ANC-04	
A0436	Rotary wing air mileage, per statute mile	Anthem	CG-ANC-04	
A2001	Innovamatrix AC, per square centimeter	Anthem	SURG.00011	
A2002	Mirragen advanced wound matrix, per square centimeter	Anthem	SURG.00011	
A2004	Xcellistem, per square centimeter	Anthem	SURG.00011	
A2005	Microlyte matrix, per square centimeter	Anthem	SURG.00011	
A2006	Novosorb synpath dermal matrix, per square centimeter	Anthem	SURG.00011	
A2007	Restrata, per square centimeter	Anthem	SURG.00011	
A2008	TheraGenesis, per square centimeter	Anthem	SURG.00011	
A2009	Symphony, per square centimeter	Anthem	SURG.00011	
A2010	Apis, per square centimeter	Anthem	SURG.00011	
A2011	Supra SDRM, per square centimeter	Anthem	SURG.00011	
A2012	Suprathel, per square centimeter	Anthem	SURG.00011	
A2013	InnovaMatrix FS, per square centimeter	Anthem	SURG.00011	
A2014	Omeza Collagen Matrix, per 100 mg	Anthem	SURG.00011	
A2015	Phoenix Wound Matrix, per sq cm	Anthem	SURG.00011	
A2016	PermeaDerm B, per sq cm	Anthem	SURG.00011	
A2017	PermeaDerm Glove, each	Anthem	SURG.00011	
A2018	PermeaDerm C, per sq cm	Anthem	SURG.00011	
A2019	Kerecis Omega3 MariGen Shield, per sq cm	Anthem	SURG.00011	
A2020	AC5 Advanced Wound System (AC5)	Anthem	SURG.00011	
A2021	NeoMatriX, per sq cm	Anthem	SURG.00011	
A2022	InnovaBurn or InnovaMatrix XL, per sq cm	Anthem	SURG.00011	

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

A2023	InnovaMatrix PD, 1 mg	Anthem	SURG.00011	
A2024	Resolve Matrix, per sq cm	Anthem	SURG.00011	
A2025	Miro3D, per cu cm	Anthem	SURG.00011	
A2026	Restrata MiniMatrix, 5 mg	Anthem	SURG.00011	
A2027	Matriderm, per square centimeter	Anthem	SURG.00011	
A2028	Micromatrix flex, per mg	Anthem	SURG.00011	
A2029	Mirotract wound matrix sheet, per cubic centimeter	Anthem	SURG.00011	
A4341	inFlow device and supplies, considered INV&NMN	Anthem	SURG.00010	
A4342	inFlow device and supplies, considered INV&NMN	Anthem	SURG.00010	
A4438	Adhesive clip applied to the skin to secure external electrical nerve stimulator controller, each	Anthem	SURG.00158	
A4468	Exsufflation belt, includes all supplies and accessories	Anthem	DME.00046	
A4540	Distal transcutaneous electrical nerve stimulator, stimulates peripheral nerves of the upper arm	Anthem	DME.00011	
A4542	Supplies and accessories for external upper limb tremor stimulator of the peripheral nerves of the wrist	Anthem	DME.00049	
A4543	Supplies for transcutaneous electrical nerve stimulator, for nerves in the auricular region, per month	Anthem	DME.00011	
A4544	Electrode for external lower extremity nerve stimulator for restless legs syndrome	Anthem	DME.00011	
A4575	Hyperbaric O2 Chamber Disps	Anthem	CG-MED-73	
A4596	Cranial electrotherapy stimulation (CES) system supplies and accessories, per month	Anthem	DME.00011	
A4600	Sleeve for intermittent limb compression device, replacement only, each	Anthem	CG-DME-46	
A7021	Supplies and accessories for lung expansion airway clearance, continuous high frequency oscillation, and nebulization device (e.g., handset, nebulizer kit, biofilter)	Anthem	DME.00012	
A9268	Programmer for transient, orally ingested capsule	Anthem	MED.00143	

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

A9269	Programmable, transient, orally ingested capsule, for use with external programmer, per month	Anthem	MED.00143	
A9292	Prescription digital visual therapy, software-only, FDA cleared, per course of treatment	Anthem	MED.00145	
A9543	Yttrium Y-90 ibritumomab tiuxetan, therapeutic, per treatment dose, up to 40 millicuries	Anthem	CC-0118	
A9606	Radium ra-223 dichloride, therapeutic, per microcurie	Anthem	CC-0112	
B4164	Parenteral nutrition solution; carbohydrates (dextrose), 50% or less (500 ml = 1 unit) - home mix	Anthem	CG-MED-89	
B4168	Parenteral nutrition solution; amino acid, 3.5%, (500 ml = 1 unit) - home mix	Anthem	CG-MED-89	
B4172	Parenteral nutrition solution; amino acid, 5.5% through 7%, (500 ml = 1 unit) - home mix	Anthem	CG-MED-89	
B4176	Parenteral nutrition solution; amino acid, 7% through 8.5%, (500 ml = 1 unit) - home mix	Anthem	CG-MED-89	
B4178	Parenteral nutrition solution; amino acid, greater than 8.5%, (500 ml = 1 unit) - home mix	Anthem	CG-MED-89	
B4180	Parenteral nutrition solution; carbohydrates (dextrose), greater than 50% (500 ml = 1 unit) - home mix	Anthem	CG-MED-89	
B4185	Parenteral nutrition solution, not otherwise specified, 10 grams lipids	Anthem	CG-MED-89	
B4187	Omegaven, 10 grams lipids	Anthem	CG-MED-89	
B4189	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 10 to 51 grams of protein - premix	Anthem	CG-MED-89	
B4193	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 52 to 73 grams of protein - premix	Anthem	CG-MED-89	

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

B4197	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 74 to 100 grams of protein - premix	Anthem	CG-MED-89	
B4199	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, over 100 grams of protein - premix	Anthem	CG-MED-89	
B4216	Parenteral nutrition; additives (vitamins, trace elements, heparin, electrolytes) home mix per day	Anthem	CG-MED-89	
B4220	Parenteral nutrition supply kit; premix, per day	Anthem	CG-MED-89	
B4222	Parenteral nutrition supply kit; home mix, per day	Anthem	CG-MED-89	
B4224	Parenteral nutrition administration kit, per day	Anthem	CG-MED-89	
B5000	Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, renal - Aminosyn-RF, NephroAmine, RenAmine - premix	Anthem	CG-MED-89	
B5100	Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, hepatic, HepatoAmine – premix	Anthem	CG-MED-89	

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

B5200	Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, stress-branch chain amino acids - FreAmine-HBC - premix	Anthem	CG-MED-89	
B9004	Parenteral nutrition infusion pump, portable	Anthem	CG-MED-89	
B9006	Parenteral nutrition infusion pump, stationary	Anthem	CG-MED-89	
B9999	NOC for parenteral supplies	Anthem	CG-MED-89	
C1734	Orthopedic/device/drug matrix for opposing bone-to-bone or soft tissue-to bone (implantable)	Anthem	SURG.00162	
C1735	Catheter(s), intravascular for renal denervation, radiofrequency, including all single use system components	Anthem	SURG.00135	effective 9/1/25
C1736	Catheter(s), intravascular for renal denervation, ultrasound, including all single use system components	Anthem	SURG.00135	effective 9/1/25
C1767	Generator, neurostimulator (implantable), nonrechargeable	Anthem	CG-SURG-95 SURG.00007, SURG.00026, SURG.00112, SURG.00158	
C1772	Infusion pump, programmable (implantable)	Anthem	CG-SURG-79	
C1778	Lead, neurostimulator (implantable)	Anthem	SURG.00026, SURG.00112, SURG.00158	
C1787	Patient programmer, neurostimulator	Anthem	SURG.00026, SURG.00129, SURG.00158	
C1789	Prosthesis, breast (implantable)	Anthem	SURG.00023	
C1813	Prosthesis, penile, inflatable	Anthem	CG-SURG-12	
C1820	Generator, neurostimulator (implantable), with rechargeable battery and charging system	Anthem	CG-SURG-95, SURG.00026	
C1822	Generator, neurostimulator (implantable), high frequency, with rechargeable battery and charging system	Anthem	SURG.00026	
C1825	Generator, neurostimulator (implantable), non-rechargeable with carotid sinus baroreceptor stimulation lead(s)	Anthem	SURG.00124	

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

C1832	Autograft suspension, including cell processing and application, and all system components	Anthem	SURG.00011	
C1839	Iris prosthesis	Anthem	SURG.00156	
C1878	Material for vocal cord medialization, synthetic (implantable)	Anthem	MED.00132	
C1883	Adaptor/extension, pacing lead or neurostimulator lead (implantable)	Anthem	CG-SURG-95	
C1891	Infusion pump, nonprogrammable, permanent (implantable)	Anthem	CG-SURG-79	
C2614	Probe, percutaneous lumbar discectomy	Anthem	SURG.00071	
C2622	Prosthesis, penile, noninflatable	Anthem	CG-SURG-12	
C2626	Infusion pump, nonprogrammable, temporary (implantable)	Anthem	CG-SURG-79	
C5271	Application of low cost 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	Anthem	SURG.00011	
C5273	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area. or 1% of b	Anthem	SURG.00011	
C5275	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up t	Anthem	SURG.00011	
C5277	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area grea	Anthem	SURG.00011	
C7513	Dialysis circuit, introduction of needle(s) and/or catheter(s), with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging...	Anthem	CG-SURG-93	

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

C7514	Dialysis circuit, introduction of needle(s) and/or catheter(s), with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging...	Anthem	CG-SURG-93	
C7515	Dialysis circuit, introduction of needle(s) and/or catheter(s), with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging...	Anthem	CG-SURG-93	
C7530	Dialysis circuit, introduction of needle(s) and/or catheter(s), with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging...	Anthem	CG-SURG-93	
C8002	Preparation of skin cell suspension autograft, automated, including all enzymatic processing and device components (do not report with manual suspension preparation)	Anthem	CG-SURG-127	effective 9/1/25
C8003	Implantation of medial knee extraarticular implantable shock absorber spanning the knee joint from distal femur to proximal tibia, open, includes measurements, positioning	Anthem	SURG.00162	effective 9/1/25
C9301	Obecabtagene autoleucel, up to 400 million cd19 car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Anthem		<b>Contact Anthem Transplant unit at 888-574-7215</b>
C9352	Microporous collagen implantable tube (NeuraGen Nerve Guide), per cm length	Anthem	SURG.00011	
C9353	Microporous collagen implantable slit tube (NeuraWrap Nerve Protector), per cm length	Anthem	SURG.00011	
C9354	Acellular pericardial tissue matrix of nonhuman origin (Veritas), per sq cm	Anthem	SURG.00011	
C9355	Collagen nerve cuff (NeuroMatrix), per 0.5 cm length	Anthem	SURG.00011	



## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

C9356	Tendon, porous matrix of cross-linked collagen and glycosaminoglycan matrix (TenoGlide Tendon Protector Sheet), per sq cm	Anthem	SURG.00011	
C9358	Dermal substitute, native, nondenatured collagen, fetal bovine origin (SurgiMend Collagen Matrix), per 0.5 sq cm	Anthem	SURG.00011	
C9360	Dermal substitute, native, nondenatured collagen, neonatal bovine origin (SurgiMend Collagen Matrix), per 0.5 sq cm	Anthem	SURG.00011	
C9361	Collagen matrix nerve wrap (NeuroMend Collagen Nerve Wrap), per 0.5 cm length	Anthem	SURG.00011	
C9363	Skin substitute (Integra Meshed Bilayer Wound Matrix), per square cm	Anthem	SURG.00011	
C9364	Porcine implant, Permacol, per sq cm	Anthem	SURG.00011	
C9727	Insertion of implants into the soft palate; minimum of 3 implants	Anthem	SURG.00129	
C9734	Focused ultrasound ablation/therapeutic intervention, other than uterine leiomyomata, with magnetic resonance (MR) guidance	Anthem	MED.00057	
C9751	Bronchoscopy, rigid or flexible, transbronchial ablation of lesion(s) by microwave energy, including fluoroscopic guidance, when performed, with computed tomography acquisition	Anthem	CG-SURG-61	
C9762	Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with strain imaging	Anthem	RAD.00068	
C9763	Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with stress imaging	Anthem	RAD.00068	
C9784	Gastric restrictive procedure, endoscopic sleeve gastropasty, with esophagogastroduodenoscopy and intraluminal tube insertion, if performed, including all system and tissue a	Anthem	CG-SURG-83	
C9785	Endoscopic outlet reduction, gastric pouch application, with endoscopy and intraluminal tube insertion, if performed, including all system and tissue anchoring components	Anthem	CG-SURG-83	

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

C9796	Repair of enterocutaneous fistula small intestine or colon (excluding anorectal fistula) with plug (e.g., porcine small intestine submucosa [SIS])	Anthem	SURG.00011	
C9797	Vascular embolization or occlusion procedure with use of a pressure-generating catheter (e.g., one-way valve, intermittently occluding), inclusive of all radiological supervis	Anthem	RAD.00059	
C9807	Nerve stimulator, percutaneous, peripheral (e.g., sprint peripheral nerve stimulation system), including electrode and all disposable system components, non-opioid medical dev	Anthem	SURG.00158	effective 9/1/25
C9808	Nerve cryoablation probe (e.g., cryoice, cryosphere, cryosphere max, cryoice cryosphere, cryoice cryo2), including probe and all disposable system components, non-opioid medic	Anthem	SURG.00155	effective 9/1/25
C9809	Cryoablation needle (e.g., iovera system), including needle/tip and all disposable system components, non-opioid medical device (must be a qualifying medicare non-opioid medic	Anthem	SURG.00155	effective 9/1/25
D7940	Osteoplasty, for orthognathic deformities	Anthem	SURG.00129, MED.00002; CG-SURG-84	
D7941	Osteotomy - mandibular rami	Anthem	SURG.00129; CG-SURG-84	
D7943	Osteotomy - mandibular rami with bone graft; includes obtaining the graft	Anthem	SURG.00129; CG-SURG-84	
D7944	Osteotomy-segmented or subapical	Anthem	SURG.00129, MED.00002; CG-SURG-84	
D7945	Osteotomy, body of mandible	Anthem	SURG.00129; CG-SURG-84	
D7946	LeFort I (maxilla, total)	Anthem	SURG.00129, MED.00002; CG-SURG-84	
D7947	LeFort I (maxilla, segmented)	Anthem	SURG.00129, MED.00002; CG-SURG-84	

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

D7948	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) - without bone graft; Sectioning of upper jaw. This includes exposure, bone cuts, downfracture, segmentation of maxilla, repositioning, fixation, routine wound closure and normal post-operative follow-up care.	Anthem	CG-SURG-84	
D7949	LeFort II or LeFort III - with bone graft; Includes obtaining autografts.	Anthem	CG-SURG-84	
D7950	osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report; This procedure is for ridge augmentation or reconstruction to increase height, width and/or volume of residual alveolar ridge. It includes obtaining graft material. Placement of a barrier membrane, if used, should be reported separately.	Anthem	CG-SURG-84	
D7995	synthetic graft - mandible or facial bones, by report; Includes allogenic material.	Anthem	CG-SURG-84	
D7996	implant-mandible for augmentation purposes (excluding alveolar ridge), by report	Anthem	CG-SURG-84	
E0469	Lung expansion airway clearance, continuous high frequency oscillation, and nebulization device	Anthem	DME.00012	
E0481	Intrapulmonary percussive ventilation system and related accessories	Anthem	DME.00012	
E0650	Pneumatic compressor, nonsegmental home model	Anthem	CG-DME-06, CG-DME-46	
E0651	Pneumatic compressor, segmental home model without calibrated gradient pressure	Anthem	CG-DME-06, CG-DME-46	
E0652	Pneumatic compressor, segmental home model with calibrated gradient pressure	Anthem	CG-DME-06, CG-DME-46	
E0655	Non-segmental pneumatic appliance for use with pneumatic compressor, half arm	Anthem	CG-DME-06, CG-DME-46	
E0660	Nonsegmental pneumatic appliance for use with pneumatic compressor, full leg	Anthem	CG-DME-06, CG-DME-46	
E0665	Non-segmental pneumatic appliance for use with pneumatic compressor, full arm	Anthem	CG-DME-06, CG-DME-46	

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

E0666	Nonsegmental pneumatic appliance for use with pneumatic compressor, half leg	Anthem	CG-DME-06, CG-DME-46	
E0667	Segmental pneumatic appliance for use with pneumatic compressor, full leg	Anthem	CG-DME-06, CG-DME-46	
E0668	Segmental pneumatic appliance for use with pneumatic compressor, full arm	Anthem	CG-DME-06, CG-DME-46	
E0669	Segmental pneumatic appliance for use with pneumatic compressor, half leg	Anthem	CG-DME-06, CG-DME-46	
E0670	Segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full legs and trunk	Anthem	CG-DME-06, CG-DME-46	
E0671	Segmental gradient pressure pneumatic appliance, full leg	Anthem	CG-DME-06, CG-DME-46	
E0672	Segmental gradient pressure pneumatic appliance, full arm	Anthem	CG-DME-06, CG-DME-46	
E0673	Segmental gradient pressure pneumatic appliance, half leg	Anthem	CG-DME-06, CG-DME-46	
E0676	Intermittent limb compression device (includes all accessories), not otherwise specified	Anthem	CG-DME-46; DME.00037	
E0721	Transcutaneous electrical nerve stimulatory, stimulates nerves in the auricular region	Anthem	DME.00011	
E0732	Cranial electrotherapy stimulation (ces) system, any type	Anthem	DME.00011	
E0734	External upper limb tremor stimulator of the peripheral nerves of the wrist	Anthem	DME.00049	
E0735	Non-invasive vagus nerve stimulator	Anthem	SURG.00007	
E0738	Upper extremity rehabilitation system providing active assistance to facilitate muscle re-education, includes microprocessor, all components and accessories	Anthem	DME.00052	
E0739	Rehabilitation system with interactive interface providing active assistance in rehabilitation therapy, includes all components and accessories, motors, microprocessors, senso	Anthem	DME.00053	effective 9/1/25
E0743	External lower extremity nerve stimulator for restless legs syndrome, each	Anthem	DME.00011	

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

E0745	Neuromuscular stimulator, electronic shock unit	Anthem	CG-DME-03, DME.00022	
E0746	Electromyograph Biofeedback	Anthem	MED.00130	
E0760	Osteogenesis stimulator, low intensity ultrasound, noninvasive	Anthem	CG-DME-45	
E0761	Non-Thermal Pulsed High Frequency Radiowaves, High Peak Power Electrom	Anthem	DME.00011	
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	Anthem	DME.00022	
E0769	Electric wound treatment dev	Anthem	DME.00011	
E0770	Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified	Anthem	DME.00022	
E0782	Non-Programable Infusion Pump	Anthem	CG-SURG-79	
E0783	Programable Infusion Pump	Anthem	CG-SURG-79	
E0786	Implantable Pump Replacement	Anthem	CG-SURG-79	
E0986	Manual wheelchair accessory, push-rim activated power assist system	Anthem	CG-DME-31; CG-DME-34	
E1002	Wheelchair accessory, power seating system, tilt only	Anthem	CG-DME-31	
E1003	Wheelchair accessory, power seating system, recline only, without shear reduction	Anthem	CG-DME-31	
E1004	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction	Anthem	CG-DME-31	
E1005	Wheelchair accessory, power seating system, recline only, with power shear reduction	Anthem	CG-DME-31	
E1006	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction	Anthem	CG-DME-31	
E1007	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction	Anthem	CG-DME-31	

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

E1008	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction	Anthem	CG-DME-31	
E1009	Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including pushrod and legrest, each	Anthem	CG-DME-31	
E1010	Wheelchair accessory, addition to power seating system, power leg elevation system, including legrest, pair	Anthem	CG-DME-31, GENE.00017	
E1012	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each	Anthem	CG-DME-31	
E1230	Power operated vehicle (3- or 4-wheel nonhighway, specify brand name and model number	Anthem	CG-DME-31	
E1239	Power wheelchair, pediatric size, not otherwise specified	Anthem	CG-DME-31	
E1905	Virtual reality cognitive behavioral therapy device (cbt), including pre-programmed therapy software	Anthem	DME.0048	
E2298	Complex rehabilitative power wheelchair accessory, power seat elevation system, any type	Anthem	CG-DME-31	
E2301	Power wheelchair accessory, power standing system	Anthem	CG-DME-49	
G0255	Current perception threshold/sensory nerve conduction test, (SNCT) per limb, any nerve	Anthem	MED.00082; MED.00092	
G0277	Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval	Anthem	CG-MED-73	
G0341	Percutaneous islet celltrans	Anthem	TRANS.00010	
G0342	Laparoscopy islet cell trans	Anthem	TRANS.00010	
G0343	Laparotomy islet cell transp	Anthem	TRANS.00010	
G0460	Autologous platelet rich plasma for non-diabetic chronic wounds/ulcers, including phlebotomy, centrifugation, and all other preparatory procedures, administration and dressings, per treatment [for example Aurix]	Anthem	TRANS.00035	

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

G0465	Autologous platelet rich plasma (PRP) for diabetic chronic wounds/ulcers, using an FDA-cleared device (includes administration, dressings, phlebotomy, centrifugation, and all other preparatory procedures, per treatment) [for example, Aurix gel]	Anthem	TRANS.00035	
G9147	Outpatient Intravenous Insulin Treatment (OIVIT) either pulsatile or continuous, by any means, <u>guided by the results</u>	Anthem	MED.00152	effective 9/1/25
J0456	Azithromycin	Anthem	MED.00013	
J0687	Injection, cefazolin sodium (WG Critical Care), not therapeutically equivalent to J0690, 500 mg	Anthem	MED.00013	
J0688	Injection, cefazolin sodium (hikma), not therapeutically equivalent to J0690, 500 mg	Anthem	MED.00013	
J0689	Injection, cefazolin sodium (baxter), not therapeutically equivalent to J0690, 500 mg	Anthem	MED.00013	
J0696	Ceftriaxone Sodium Injection	Anthem	MED.00013	
J0698	Cefotaxime Sodium Injection	Anthem	MED.00013	
J0744	Injection, ciprofloxacin for intravenous infusion, 200 mg	Anthem	MED.00013	
J1411	Injection, etranacogene dezaparvovec-drlb, per therapeutic dose	Anthem	MED.00135	
J1412	Injection, valoctocogene roxaparvovec-rvox, per ml, containing nominal $2 \times 10^{13}$ vector genomes	Anthem	MED.00135	
J1413	Injection, delandistrogene moxeparvovec-rokl, per therapeutic dose	Anthem	MED.00144	
J1414	Injection, fidanacogene elaparvovec-dzkt, per therapeutic dose	Anthem	MED.00135	effective 9/1/25
J2183	Injection, meropenem (WG Critical Care), not therapeutically equivalent to J2185, 100 mg	Anthem	MED.00013	
J2184	Injection, meropenem (B. Braun), not therapeutically equivalent to J2185, 100 mg	Anthem	MED.00013	
J2281	Injection, moxifloxacin (Fresenius Kabi), not therapeutically equivalent to J2280, 100 mg	Anthem	MED.00013	
J2540	Penicillin G Potassium Inj	Anthem	MED.00013	

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

J2779	Injection, ranibizumab, via intravitreal implant (Susvimo), 0.1 mg	Anthem	SURG.00160	
J2787	Riboflavin 5'-phosphate, ophthalmic solution, up to 3 ml	Anthem	CG-SURG-105	
J3392	Injection, exagamglogene autotemcel, per treatment	Anthem	MED.00140, MED.00146	effective 9/1/25
J3393	Injection, betibeglogene autotemcel, per treatment	Anthem	MED.00140	<b>Transplant will review. Contact Anthem Transplant unit at 888-574-7215</b>
J3394	Injection, lovotibeglogene autotemcel, per treatment	Anthem	MED.00146	<b>Transplant will review. Contact Anthem Transplant unit at 888-574-7215</b>
J3398	Injection, voretigene neparvovec-rzyl, 1 billion vector genomes	Anthem	MED.00120	
J3398	Injection, voretigene neparvovec-rzyl, 1 billion vector genomes	Anthem	MED.00120	
J3399	Injection, onasemnogene abeparvovec-xioi, per treatment, up to 5x10 <sup>15</sup> vector genomes	Anthem	MED.00129	
J3399	Injection, onasemnogene abeparvovec-xioi, per treatment, up to 5x10 <sup>15</sup> vector genomes	Anthem	MED.00129	
J7402	Mometasone furoate sinus implant, (sinuva), 10 micrograms	Anthem	SURG.00132	
J9248	Injection, melphalan (Hepzato), 1 mg	Anthem	MED.00150	
K0005	Ultralightweight Wheelchair	Anthem	CG-DME-33	
K0010	Standard-weight frame motorized/power wheelchair	Anthem	CG-DME-31	
K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	Anthem	CG-DME-31	
K0012	Lightweight portable motorized/power wheelchair	Anthem	CG-DME-31	
K0013	Custom motorized/power wheelchair base	Anthem	CG-DME-31	
K0014	Other motorized/power wheelchair base	Anthem	CG-DME-31	
K0606	Automatic external defibrillator, with integrated electrocardiogram analysis, garment type	Anthem	MED.00055	
K0800	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds	Anthem	CG-DME-31	



## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

K0801	Power operated vehicle, group 1 heavy-duty, patient weight capacity 301 to 450 pounds	Anthem	CG-DME-31	
K0802	Power operated vehicle, group 1 very heavy-duty, patient weight capacity 451 to 600 pounds	Anthem	CG-DME-31	
K0806	Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds	Anthem	CG-DME-31	
K0807	Power operated vehicle, group 2 heavy-duty, patient weight capacity 301 to 450 pounds	Anthem	CG-DME-31	
K0808	Power operated vehicle, group 2 very heavy-duty, patient weight capacity 451 to 600 pounds	Anthem	CG-DME-31	
K0812	Power operated vehicle, not otherwise classified	Anthem	CG-DME-31	
K0813	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds	Anthem	CG-DME-31	
K0814	Power wheelchair, group 1 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds	Anthem	CG-DME-31	
K0815	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds	Anthem	CG-DME-31	
K0816	Power wheelchair, group 1 standard, captain's chair, patient weight capacity up to and including 300 pounds	Anthem	CG-DME-31	
K0820	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Anthem	CG-DME-31	
K0821	Power wheelchair, group 2 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds	Anthem	CG-DME-31	
K0822	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Anthem	CG-DME-31	
K0823	Power wheelchair, group 2 standard, captain's chair, patient weight capacity up to and including 300 pounds	Anthem	CG-DME-31	

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

K0824	Power wheelchair, group 2 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Anthem	CG-DME-31	
K0825	Power wheelchair, group 2 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds	Anthem	CG-DME-31	
K0826	Power wheelchair, group 2 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Anthem	CG-DME-31	
K0827	Power wheelchair, group 2 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds	Anthem	CG-DME-31	
K0828	Power wheelchair, group 2 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more	Anthem	CG-DME-31	
K0829	Power wheelchair, group 2 extra heavy-duty, captain's chair, patient weight 601 pounds or more	Anthem	CG-DME-31	
K0830	Power wheelchair, group 2 standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Anthem	CG-DME-31	
K0831	Power wheelchair, group 2 standard, seat elevator, captain's chair, patient weight capacity up to and including 300 pounds	Anthem	CG-DME-31	
K0835	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Anthem	CG-DME-31	
K0836	Power wheelchair, group 2 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	Anthem	CG-DME-31	
K0837	Power wheelchair, group 2 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Anthem	CG-DME-31	
K0838	Power wheelchair, group 2 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds	Anthem	CG-DME-31	

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

K0839	Power wheelchair, group 2 very heavy-duty, single power option sling/solid seat/back, patient weight capacity 451 to 600 pounds	Anthem	CG-DME-31	
K0840	Power wheelchair, group 2 extra heavy-duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more	Anthem	CG-DME-31	
K0841	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Anthem	CG-DME-31	
K0842	Power wheelchair, group 2 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds	Anthem	CG-DME-31	
K0843	Power wheelchair, group 2 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Anthem	CG-DME-31	
K0848	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Anthem	CG-DME-31	
K0849	Power wheelchair, group 3 standard, captain's chair, patient weight capacity up to and including 300 pounds	Anthem	CG-DME-31	
K0850	Power wheelchair, group 3 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Anthem	CG-DME-31	
K0851	Power wheelchair, group 3 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds	Anthem	CG-DME-31	
K0852	Power wheelchair, group 3 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Anthem	CG-DME-31	
K0853	Power wheelchair, group 3 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds	Anthem	CG-DME-31	
K0854	Power wheelchair, group 3 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more	Anthem	CG-DME-31	

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

K0855	Power wheelchair, group 3 extra heavy duty, captain's chair, patient weight capacity 601 pounds or more	Anthem	CG-DME-31	
K0856	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Anthem	CG-DME-31	
K0857	Power wheelchair, group 3 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	Anthem	CG-DME-31	
K0858	Power wheelchair, group 3 heavy-duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds	Anthem	CG-DME-31	
K0859	Power wheelchair, group 3 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds	Anthem	CG-DME-31	
K0860	Power wheelchair, group 3 very heavy-duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Anthem	CG-DME-31	
K0861	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Anthem	CG-DME-31	
K0862	Power wheelchair, group 3 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Anthem	CG-DME-31	
K0863	Power wheelchair, group 3 very heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Anthem	CG-DME-31	
K0864	Power wheelchair, group 3 extra heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more	Anthem	CG-DME-31	
K0868	Power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Anthem	CG-DME-31	
K0869	Power wheelchair, group 4 standard, captain's chair, patient weight capacity up to and including 300 pounds	Anthem	CG-DME-31	

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

K0870	Power wheelchair, group 4 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Anthem	CG-DME-31	
K0871	Power wheelchair, group 4 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Anthem	CG-DME-31	
K0877	Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Anthem	CG-DME-31	
K0878	Power wheelchair, group 4 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	Anthem	CG-DME-31	
K0879	Power wheelchair, group 4 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Anthem	CG-DME-31	
K0880	Power wheelchair, group 4 very heavy-duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds	Anthem	CG-DME-31	
K0884	Power wheelchair, group 4 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Anthem	CG-DME-31	
K0885	Power wheelchair, group 4 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds	Anthem	CG-DME-31	
K0886	Power wheelchair, group 4 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Anthem	CG-DME-31	
K0890	Power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	Anthem	CG-DME-31	
K0891	Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	Anthem	CG-DME-31	
K0898	Power wheelchair, not otherwise classified	Anthem	CG-DME-31	

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

K0899	Power mobility device, not coded by DME PDAC or does not meet criteria	Anthem	CG-DME-31	
K1002	Cranial electrotherapy stimulation (CES) system, includes all supplies and accessories, any type	Anthem	DME.00011	
K1004	Low frequency ultrasonic diathermy treatment device for home use, includes all components and accessories	Anthem	DME.00041	
K1007	Bilateral hip, knee, ankle, foot device, powered, includes pelvic component, single or double upright(s), knee joints any type, with or without ankle joints any type, includes	Anthem	OR-PR.00006	
K1014	Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control	Anthem	OR-PR.00003	
K1018	External upper limb tremor stimulator of the peripheral nerves of the wrist	Anthem	DME.00049	
K1023	Distal transcutaneous electrical nerve stimulator, stimulates peripheral nerves of the upper arm	Anthem	DME.00011	
K1031	Non-pneumatic compression controller without calibrated gradient pressure	Anthem	CG-DME-06	
K1032	Non-pneumatic sequential compression garment, full leg	Anthem	CG-DME-06	
K1033	Non-pneumatic sequential compression garment, half leg	Anthem	CG-DME-06	
K1036	Supplies and accessories (e.g., transducer) for low frequency ultrasonic diathermy treatment device, per month	Anthem	DME.00041	
L5991	Addition to lower extremity prostheses, osseointegrated external prosthetic connector	Anthem	OR-PR.00008	
L6026	Transcarpal/metacarpal or partial hand disarticulation prosthesis, external power, self-suspended, inner socket with removable forearm section, electrodes and cables, two batteries, charger, myoelectric control of terminal device, excludes terminal device(s)	Anthem	CG-OR-PR-05	
L6611	Addition to upper extremity prosthesis, external powered, additional switch, any type	Anthem	CG-OR-PR-05	

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

L6677	Upper extremity addition, harness, triple control, simultaneous operation of terminal device and elbow	Anthem	CG-OR-PR-05	
L6715	Terminal Device, Multiple Articulating Digit, Includes Motor(S), Initial Issue Or Replacement	Anthem	CG-OR-PR-05	
L6880	Electric Hand, Switch Or Myoelectric Controlled, Independently Articulating Digits, Any Grasp Pattern Or Combination Of Grasp Patterns, Includes Motor(S)	Anthem	CG-OR-PR-05	
L6881	Automatic grasp feature, addition to upper limb electric prosthetic terminal device	Anthem	CG-OR-PR-05	
L6882	Microprocessor control feature, addition to upper limb prosthetic terminal device	Anthem	CG-OR-PR-05	
L6925	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, 2 batteries and one charger, myoelectronic control of terminal device	Anthem	CG-OR-PR-05	
L6935	Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, 2 batteries and one charger, myoelectronic control of terminal device	Anthem	CG-OR-PR-05	
L6945	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal electrodes, cables, 2 batteries and one charger, myoelectronic control of terminal device	Anthem	CG-OR-PR-05	
L6955	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal electrodes, cables, 2 batteries and one charger, myoelectronic control of terminal device	Anthem	CG-OR-PR-05	

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

L6965	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, 2 batteries and one charger, myoelectronic control of terminal d	Anthem	CG-OR-PR-05	
L6975	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, 2 batteries and one charger, myoelectronic control of terminal dev	Anthem	CG-OR-PR-05	
L7007	Electric hand, switch or myoelectric controlled, adult	Anthem	CG-OR-PR-05	
L7008	Electric hand, switch or myoelectric, controlled, pediatric	Anthem	CG-OR-PR-05	
L7009	Electric hook, switch or myoelectric controlled, adult	Anthem	CG-OR-PR-05	
L7045	Electric hook, switch or myoelectric controlled, pediatric	Anthem	CG-OR-PR-05	
L7180	Electronic elbow, microprocessor sequential control of elbow and terminal device	Anthem	CG-OR-PR-05	
L7181	Electronic elbow, microprocessor simultaneous control of elbow and terminal device	Anthem	CG-OR-PR-05	
L7190	Electronic elbow, adolescent, Variety Village or equal, myoelectronically controlled	Anthem	CG-OR-PR-05	
L7191	Electronic elbow, child, Variety Village or equal, myoelectronically controlled	Anthem	CG-OR-PR-05	
L7510	Prosthetic Device Repair Rep	Anthem	CG-DME-13, CG-OR-PR-05, CG-OR-PR-08	
L7520	Repair Prosthesis Per 15 Min	Anthem	CG-DME-13, CG-OR-PR-05, CG-OR-PR-08	
L8045	Auricular Prosthesis	Anthem	ANC.00008	
L8600	Implantable breast prosthesis, silicone or equal	Anthem	SURG.00023	
L8607	Injectable bulking agent for vocal cord medialization, 0.1 ml, includes shipping and necessary supplies	Anthem	MED.00132	



## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

L8614	Cochlear device, includes all internal and external components	Anthem	CG-SURG-81	
L8619	Cochlear implant external speech processor, replacement	Anthem	CG-SURG-81	
L8627	COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR, COMPONENT, REPLACEMENT	Anthem	CG-SURG-81	
L8628	COCHLEAR IMPLANT, EXTERNAL CONTROLLER COMPONENT, REPLACEMENT	Anthem	CG-SURG-81	
L8678	Electrical stimulator supplies (external) for use with implantable neurostimulator, per month	Anthem	SURG.00158	
L8679	Implantable neurostimulator, pulse generator, any type	Anthem	SURG.00026	
L8680	Implantable neurostimulator electrode, each	Anthem	CG-SURG-95, CG-MED-79, SURG.00007, SURG.00026, SURG.00112, SURG.00129, SURG.00158	
L8681	Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only	Anthem	SURG.00129; SURG.00158	
L8682	Implantable neurostimulator radiofrequency receiver	Anthem	CG-MED-79, CG-SURG-08, SURG.00026	
L8683	Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver	Anthem	CG-MED-79, SURG.00026, SURG.00158	
L8685	Implantable neurostimulator pulse generator, single array, rechargeable, includes extension	Anthem	CG-SURG-95, SURG.00007, SURG.00026, SURG.00112	
L8686	Implantable neurostimulator pulse generator, single array, nonrechargeable, includes extension	Anthem	CG-SURG-95, SURG.00007, SURG.00026, SURG.00112	
L8687	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension	Anthem	SURG.00026	
L8688	Implantable neurostimulator pulse generator, dual array, nonrechargeable, includes extension	Anthem	SURG.00026, SURG.00129	
L8690	Auditory osseointegrated device, includes all internal and external components	Anthem	CG-SURG-82	

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

L8691	Auditory osseointegrated device, external sound processor, replacement	Anthem	CG-SURG-82	
L8692	AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, USED WITHOUT	Anthem	CG-SURG-82	
L8694	Auditory osseointegrated device, transducer/actuator, replacement only, each	Anthem	CG-SURG-82	
L8699	Prosthetic implant, not otherwise specified	Anthem	CG-SURG-12, CG-SURG-81, SURG.00132, SURG.00147	
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. c	Anthem	OR-PR.00005	
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	Anthem	OR-PR.00005	
Q2026	Injection, Radiesse, 0.1 ml	Anthem	MED.00132	
Q2028	Injection, sculptra, 0.5 mg	Anthem	MED.00132	
Q2041	Axicabtagene ciloleucel, up to 200 million autologous anti-CD19 CAR positive T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Anthem	CC-0151	Transplant will review. Contact Anthem Transplant unit at 888-574-7215
Q2042	Tisagenlecleucel, up to 600 million CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Anthem	CC-0150	Transplant will review. Contact Anthem Transplant unit at 888-574-7215
Q2053	Brexucabtagene autoleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Anthem	CC-0168	Transplant will review. Contact Anthem Transplant unit at 888-574-7215
Q2054	Breyanzi (lisocabtagene maraleucel)	Anthem	CC-0187	Transplant will review. Contact Anthem Transplant unit at 888-574-7215
Q2055	Abecma (idecabtagene vicleucel)	Anthem	CC-0195	Transplant will review. Contact Anthem Transplant unit at 888-574-7215
Q2056	Carvykti (ciltacabtagene autoleucel)	Anthem	CC-0214	Transplant will review. Contact Anthem Transplant unit at 888-574-7215
Q2057	Afamitresgene autoleucel, including leukapheresis and dose preparation procedures, per therapeutic dose	Anthem	CC-0271	Transplant will review. Contact Anthem Transplant unit at 888-574-7215

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

Q4101	Apligraf, per square centimeter	Anthem	SURG.00011	
Q4102	Oasis wound matrix, per square centimeter	Anthem	SURG.00011	
Q4103	Oasis burn matrix, per square centimeter	Anthem	SURG.00011	
Q4104	Integra bilayer matrix wound dressing (bmwd), per square centimeter	Anthem	SURG.00011	
Q4105	Integra dermal regeneration template (DRT) or Integra Omnigraft dermal regeneration matrix, per sq cm	Anthem	SURG.00011	
Q4106	Dermagraft, per square centimeter	Anthem	SURG.00011	
Q4107	Graftjacket, per square centimeter	Anthem	SURG.00011	
Q4108	Integra matrix, per square centimeter	Anthem	SURG.00011	
Q4110	Primatrix, per square centimeter	Anthem	SURG.00011	
Q4111	Gammagraft, per square centimeter	Anthem	SURG.00011	
Q4112	Cymetra, injectable, 1cc	Anthem	SURG.00011	
Q4113	GRAFTJACKET XPRESS, injectable, 1cc	Anthem	SURG.00011	
Q4114	Integra flowable wound matrix, injectable, 1 cc	Anthem	SURG.00011	
Q4115	Alloskin, per square centimeter	Anthem	SURG.00011	
Q4116	Alloderm, per square centimeter	Anthem	SURG.00011	
Q4117	Hyalomatrix, per square centimeter	Anthem	SURG.00011	
Q4118	Matristem micromatrix, 1 mg	Anthem	SURG.00011	
Q4121	Theraskin, per square centimeter	Anthem	SURG.00011	
Q4122	Dermacell, per square centimeter	Anthem	SURG.00011	
Q4123	AlloSkin RT, per sq cm	Anthem	SURG.00011	
Q4124	OASIS ultra tri-layer wound matrix, per sq cm	Anthem	SURG.00011	
Q4125	Arthroflex, per sq cm	Anthem	SURG.00011	
Q4126	MemoDerm, DermaSpan, TranZgraft or InteguPly, per sq cm	Anthem	SURG.00011	
Q4127	Talymed, per sq cm	Anthem	SURG.00011	
Q4128	FlexHD, AllopatchHD, or Matrix HD, per sq cm	Anthem	SURG.00011	
Q4130	Strattice TM, per sq cm	Anthem	SURG.00011	
Q4132	Grafix Core and GrafixPL Core, per sq cm	Anthem	SURG.00011	
Q4133	Grafix PRIME, GrafixPL PRIME, Stravix and StravixPL, per sq cm	Anthem	SURG.00011	
Q4134	Hmatrix, per square centimeter	Anthem	SURG.00011	
Q4135	Mediskin, per square centimeter	Anthem	SURG.00011	
Q4136	Ez-derm, per square centimeter	Anthem	SURG.00011	
Q4137	AmnioExcel, AmnioExcel Plus or BioDExcel, per sq cm	Anthem	SURG.00011	
Q4138	Biodfence dryflex, per square centimeter	Anthem	SURG.00011	

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

Q4139	Amniomatrix or biodmatrix, injectable, 1 cc	Anthem	SURG.00011	
Q4140	Biodfence, per square centimeter	Anthem	SURG.00011	
Q4141	Alloskin ac, per square centimeter	Anthem	SURG.00011	
Q4142	Xcm biologic tissue matrix, per square centimeter	Anthem	SURG.00011	
Q4143	Repriza, per square centimeter	Anthem	SURG.00011	
Q4145	Epifix, injectable, 1 mg	Anthem	SURG.00011	
Q4146	Tensix, per square centimeter	Anthem	SURG.00011	
Q4147	Architect extracellular matrix, per square centimeter	Anthem	SURG.00011	
Q4148	Neox Cord 1K, Neox Cord RT, or Clarix Cord 1K, per sq cm	Anthem	SURG.00011	
Q4149	Excellagen, 0.1 cc	Anthem	SURG.00011	
Q4150	Allowrap ds or dry, per square centimeter	Anthem	SURG.00011	
Q4151	Amnioband or guardian, per square centimeter	Anthem	SURG.00011	
Q4152	Dermapure, per square centimeter	Anthem	SURG.00011	
Q4153	Dermavest, per square centimeter	Anthem	SURG.00011	
Q4154	Biovance, per square centimeter	Anthem	SURG.00011	
Q4155	Neoxflo or clariflo, 1 mg	Anthem	SURG.00011	
Q4156	Neox 100 or Clarix 100, per sq cm	Anthem	SURG.00011	
Q4157	Revitalon, per square centimeter	Anthem	SURG.00011	
Q4158	Kerecis Omega3, per sq cm	Anthem	SURG.00011	
Q4159	Affinity, per square centimeter	Anthem	SURG.00011	
Q4160	Nushield, per square centimeter	Anthem	SURG.00011	
Q4161	Bio-connekt wound matrix, per square centimeter	Anthem	SURG.00011	
Q4162	WoundEx Flow, BioSkin Flow, 0.5 cc	Anthem	SURG.00011	
Q4163	WoundEx, BioSkin, per sq cm	Anthem	SURG.00011	
Q4164	Helicoll, per square centimeter	Anthem	SURG.00011	
Q4165	Keramatrix, per square centimeter	Anthem	SURG.00011	
Q4166	Cytal, per square centimeter	Anthem	SURG.00011	
Q4167	Truskin, per square centimeter	Anthem	SURG.00011	
Q4168	Amnioband, 1 mg	Anthem	SURG.00011	
Q4169	Artacent wound, per square centimeter	Anthem	SURG.00011	
Q4170	Cygnus, per square centimeter	Anthem	SURG.00011	
Q4171	Interfyl, 1 mg	Anthem	SURG.00011	
Q4173	Palingen or palingen xplus, per square centimeter	Anthem	SURG.00011	
Q4174	Palingen or promatrix, 0.36 mg per 0.25 cc	Anthem	SURG.00011	


## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

Q4175	Miroderm, per square centimeter	Anthem	SURG.00011	
Q4176	Neopatch or Therion, per sq cm	Anthem	SURG.00011	
Q4177	FlowerAmnioFlo, 0.1 cc	Anthem	SURG.00011	
Q4178	FlowerAmnioPatch, per sq cm	Anthem	SURG.00011	
Q4179	FlowerDerm, per sq cm	Anthem	SURG.00011	
Q4180	Revita, per sq cm	Anthem	SURG.00011	
Q4181	Amnio Wound, per sq cm	Anthem	SURG.00011	
Q4183	Surgigraft, per sq cm	Anthem	SURG.00011	
Q4184	Cellesta, per sq cm	Anthem	SURG.00011	
Q4185	Cellesta Flowable Amnion (25 mg per cc); per 0.5 cc	Anthem	SURG.00011	
Q4186	Epifix, per sq cm	Anthem	SURG.00011	
Q4187	Epicord, per sq cm	Anthem	SURG.00011	
Q4188	AmnioArmor, per sq cm	Anthem	SURG.00011	
Q4189	Artacent AC, 1 mg	Anthem	SURG.00011	
Q4190	Artacent AC, per sq cm	Anthem	SURG.00011	
Q4191	Restorigin, per sq cm	Anthem	SURG.00011	
Q4192	Restorigin, 1 cc	Anthem	SURG.00011	
Q4193	Coll-e-Derm, per sq cm	Anthem	SURG.00011	
Q4194	Novachor, per sq cm	Anthem	SURG.00011	
Q4195	PuraPly, per sq cm	Anthem	SURG.00011	
Q4196	PuraPly AM, per sq cm	Anthem	SURG.00011	
Q4197	PuraPly XT, per sq cm	Anthem	SURG.00011	
Q4198	Genesis Amniotic Membrane, per sq cm	Anthem	SURG.00011	
Q4199	Cygnus matrix, per square centimeter	Anthem	SURG.00011	
Q4200	Skin TE, per square centimeter	Anthem	SURG.00011	
Q4201	Matrion, per sq cm	Anthem	SURG.00011	
Q4202	Keroxx (2.5g/cc), 1cc	Anthem	SURG.00011	
Q4203	Derma-Gide, per sq cm	Anthem	SURG.00011	
Q4204	XWRAP, per sq cm	Anthem	SURG.00011	
Q4205	Membrane graft or Membrane wrap, per square centimeter	Anthem	SURG.00011	
Q4206	Fluid flow or Fluid GF, 1 cc	Anthem	SURG.00011	
Q4208	Novafix, per square centimeter	Anthem	SURG.00011	
Q4209	Surgraft, per square centimeter	Anthem	SURG.00011	
Q4211	Amnion bio or AxoBioMembrane, per square centimeter	Anthem	SURG.00011	

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

Q4212	AlloGen, per cc	Anthem	SURG.00011	
Q4213	Ascent, 0.5 mg	Anthem	SURG.00011	
Q4214	Cellesta cord, per square centimeter	Anthem	SURG.00011	
Q4215	Axolotl Ambient or Axolotl Cryo, 0.1 mg	Anthem	SURG.00011	
Q4216	Artacent cord, per square centimeter	Anthem	SURG.00011	
Q4217	Woundfix, BioWound, Woundfix Plus, BioWound Plus, Woundfix Xplus or BioWound Xplus, per square centimeter	Anthem	SURG.00011	
Q4218	Surgicord, per square centimeter	Anthem	SURG.00011	
Q4219	SurgiGRAFT-Dual, per square centimeter	Anthem	SURG.00011	
Q4220	BellaCell HD or Surederm, per square centimeter	Anthem	SURG.00011	
Q4221	Amniowrap2, per square centimeter	Anthem	SURG.00011	
Q4222	Progenamatrix, per square centimeter	Anthem	SURG.00011	
Q4224	Human health factor 10 amniotic patch (hhf10-p), per square centimeter	Anthem	SURG.00011	
Q4225	 Amniobind, per square centimeter	Anthem	SURG.00011	
Q4226	MyOwn Skin, includes harvesting and preparation procedures, per square centimeter	Anthem	SURG.00011	
Q4227	AmnioCoreTM, per sq cm	Anthem	SURG.00011	
Q4229	Cogenex Amniotic Membrane, per sq cm	Anthem	SURG.00011	
Q4230	Cogenex Flowable Amnion, per 0.5 cc	Anthem	SURG.00011	
Q4231	Corplex P, per cc	Anthem	SURG.00011	
Q4232	Corplex, per sq cm	Anthem	SURG.00011	
Q4233	SurFactor or NuDyn, per 0.5 cc	Anthem	SURG.00011	
Q4234	XCellerate, per sq cm	Anthem	SURG.00011	
Q4235	AMNIOREPAIR or AltiPly, per sq cm	Anthem	SURG.00011	
Q4236	CarePATCH, per square centimeter	Anthem	SURG.00011	
Q4237	Cryo-Cord, per sq cm	Anthem	SURG.00011	
Q4238	Derm-Maxx, per sq cm	Anthem	SURG.00011	

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

Q4239	Amnio-Maxx or Amnio-Maxx Lite, per sq cm	Anthem	SURG.00011	
Q4240	CoreCyte, for topical use only, per 0.5 cc	Anthem	SURG.00011	
Q4241	PolyCyte, for topical use only, per 0.5 cc	Anthem	SURG.00011	
Q4242	AmnioCyte Plus, per 0.5 cc	Anthem	SURG.00011	
Q4245	AmnioText, per cc	Anthem	SURG.00011	
Q4246	CoreText or ProText, per cc	Anthem	SURG.00011	
Q4247	Amniotext patch, per sq cm	Anthem	SURG.00011	
Q4248	Dermacyte Amniotic Membrane Allograft, per sq cm	Anthem	SURG.00011	
Q4249	Amniplly, for topical use only, per square centimeter	Anthem	SURG.00011	
Q4250	Amnioamp-mp, per square centimeter	Anthem	SURG.00011	
Q4251	Vim, per sq cm	Anthem	SURG.00011	
Q4252	Vendaje, per sq cm	Anthem	SURG.00011	
Q4253	Zenith Amniotic Membrane, per sq cm	Anthem	SURG.00011	
Q4254	Novafix DL, per sq c	Anthem	SURG.00011	
Q4255	Reguard, for topical use only, per square centimeter	Anthem	SURG.00011	
Q4256	MLG-complete, per square centimeter	Anthem	SURG.00011	
Q4257	Relese, per square centimeter	Anthem	SURG.00011	
Q4258	Enverse, per square centimeter	Anthem	SURG.00011	
Q4259	Celera Dual Layer or Celera Dual Membrane, per sq cm	Anthem	SURG.00011	
Q4260	Signature APatch, per sq cm	Anthem	SURG.00011	
Q4261	TAG, per sq cm	Anthem	SURG.00011	
Q4262	Dual Layer Impax Membrane, per square centimeter	Anthem	SURG.00011	
Q4263	SurGraft TL, per square centimeter	Anthem	SURG.00011	
Q4264	Cocoon membrane, per square centimeter	Anthem	SURG.00011	
Q4265	NeoStim TL, per sq cm	Anthem	SURG.00011	
Q4266	NeoStim Membrane, per sq cm	Anthem	SURG.00011	
Q4267	NeoStim DL, per sq cm	Anthem	SURG.00011	
Q4268	SurGraft FT, per sq cm	Anthem	SURG.00011	
Q4269	SurGraft XT, per sq cm	Anthem	SURG.00011	
Q4270	Complete SL, per sq cm	Anthem	SURG.00011	
Q4271	Complete FT, per sq cm	Anthem	SURG.00011	
Q4272	Esano a, per square centimeter	Anthem	SURG.00011	
Q4273	Esano aaa, per square centimeter	Anthem	SURG.00011	

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

Q4274	Esano ac, per square centimeter	Anthem	SURG.00011	
Q4275	Esano aca, per square centimeter	Anthem	SURG.00011	
Q4276	Orion, per square centimeter	Anthem	SURG.00011	
Q4278	Epieffect, per square centimeter	Anthem	SURG.00011	
Q4279	Vendaje ac, per square centimeter	Anthem	SURG.00011	
Q4280	Xcell amnio matrix, per square centimeter	Anthem	SURG.00011	
Q4281	Barrera sl or barrera dl, per square centimeter	Anthem	SURG.00011	
Q4282	Cygnus dual, per square centimeter	Anthem	SURG.00011	
Q4283	Biovance tri-layer or biovance 3l, per square centimeter	Anthem	SURG.00011	
Q4284	Dermabind sl, per square centimeter	Anthem	SURG.00011	
Q4285	NuDYN DL or NuDYN DL MESH, per sq cm	Anthem	SURG.00011	
Q4286	NuDYN SL or NuDYN SLW, per sq cm	Anthem	SURG.00011	
Q4287	Dermabind dl, per square centimeter	Anthem	SURG.00011	
Q4288	Dermabind ch, per square centimeter	Anthem	SURG.00011	
Q4289	Revoshield + amniotic barrier, per square centimeter	Anthem	SURG.00011	
Q4290	Membrane Wrap-Hydro TM, per sq cm	Anthem	SURG.00011	
Q4291	Lamellas xt, per square centimeter	Anthem	SURG.00011	
Q4292	Lamellas, per square centimeter	Anthem	SURG.00011	
Q4293	Acesso dl, per square centimeter	Anthem	SURG.00011	
Q4294	Amnio quad-core, per square centimeter	Anthem	SURG.00011	
Q4295	Amnio tri-core amniotic, per square centimeter	Anthem	SURG.00011	
Q4296	Rebound matrix, per square centimeter	Anthem	SURG.00011	
Q4297	Emerge matrix, per square centimeter	Anthem	SURG.00011	
Q4298	Amnicore pro, per square centimeter	Anthem	SURG.00011	
Q4299	Amnicore pro+, per square centimeter	Anthem	SURG.00011	
Q4300	Acesso tl, per square centimeter	Anthem	SURG.00011	
Q4301	Activate matrix, per square centimeter	Anthem	SURG.00011	
Q4302	Complete aca, per square centimeter	Anthem	SURG.00011	
Q4303	Complete aa, per square centimeter	Anthem	SURG.00011	
Q4304	Grafix plus, per square centimeter	Anthem	SURG.00011	
Q4305	American Amnion AC Tri-Layer, per sq cm	Anthem	SURG.00011	
Q4306	American Amnion AC, per sq cm	Anthem	SURG.00011	
Q4307	American Amnion, per sq cm	Anthem	SURG.00011	
Q4308	Sanopellis, per sq cm	Anthem	SURG.00011	
Q4309	VIA Matrix, per sq cm	Anthem	SURG.00011	
Q4310	Procenta, per 100 mg	Anthem	SURG.00011	
Q4311	Acesso, per sq cm	Anthem	SURG.00011	



## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

Q4312	Acesso AC, per sq cm	Anthem	SURG.00011	
Q4313	DermaBind FM, per sq cm	Anthem	SURG.00011	
Q4314	Reeva FT, per sq cm	Anthem	SURG.00011	
Q4315	RegeneLink Amniotic Membrane Allograft, per sq cm	Anthem	SURG.00011	
Q4316	AmchoPlast, per sq cm	Anthem	SURG.00011	
Q4317	VitoGraft, per sq cm	Anthem	SURG.00011	
Q4318	E-Graft, per sq cm	Anthem	SURG.00011	
Q4319	SanoGraft, per sq cm	Anthem	SURG.00011	
Q4320	PelloGraft, per sq cm	Anthem	SURG.00011	
Q4321	RenoGraft, per sq cm	Anthem	SURG.00011	
Q4322	CaregraFT, per sq cm	Anthem	SURG.00011	
Q4323	alloPLY, per sq cm	Anthem	SURG.00011	
Q4324	AmnioTX, per sq cm	Anthem	SURG.00011	
Q4325	ACApach, per sq cm	Anthem	SURG.00011	
Q4326	WoundPlus, per sq cm	Anthem	SURG.00011	
Q4327	DuoAmnion, per sq cm	Anthem	SURG.00011	
Q4328	MOST, per sq cm	Anthem	SURG.00011	
Q4329	Singlay, per sq cm	Anthem	SURG.00011	
Q4330	TOTAL, per sq cm	Anthem	SURG.00011	
Q4331	Axolotl Graft, per sq cm	Anthem	SURG.00011	
Q4332	Axolotl DualGraft, per sq cm	Anthem	SURG.00011	
Q4333	ArdeoGraft, per sq cm	Anthem	SURG.00011	
Q4334	Amnioplast 1, per square centimeter	Anthem	SURG.00011	
Q4335	Amnioplast 2, per square centimeter	Anthem	SURG.00011	
Q4336	Artacent c, per square centimeter	Anthem	SURG.00011	
Q4337	Artacent trident, per square centimeter	Anthem	SURG.00011	
Q4338	Artacent velos, per square centimeter	Anthem	SURG.00011	
Q4339	Artacent vericlen, per square centimeter	Anthem	SURG.00011	
Q4340	Simpligraft, per square centimeter	Anthem	SURG.00011	
Q4341	Simplimax, per square centimeter	Anthem	SURG.00011	
Q4342	Theramend, per square centimeter	Anthem	SURG.00011	
Q4343	Dermacyte ac matrix amniotic membrane allograft, per square centimeter	Anthem	SURG.00011	
Q4344	Tri-membrane wrap, per square centimeter	Anthem	SURG.00011	
Q4345	Matrix hd allograft dermis, per square centimeter	Anthem	SURG.00011	
Q4346	Shelter dm matrix, per square centimeter	Anthem	SURG.00011	effective 9/1/25
Q4347	Rampart dl matrix, per square centimeter	Anthem	SURG.00011	effective 9/1/25

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

Q4348	Sentry sl matrix, per square centimeter	Anthem	SURG.00011	effective 9/1/25
Q4349	Mantle dl matrix, per square centimeter	Anthem	SURG.00011	effective 9/1/25
Q4350	Palisade dm matrix, per square centimeter	Anthem	SURG.00011	effective 9/1/25
Q4351	Enclose tl matrix, per square centimeter	Anthem	SURG.00011	effective 9/1/25
Q4352	Overlay sl matrix, per square centimeter	Anthem	SURG.00011	effective 9/1/25
Q4353	Xceed tl matrix, per square centimeter	Anthem	SURG.00011	effective 9/1/25
S0201	Partial Hospitalization Services, Less Than 24 Hours, Per Diem	Anthem	Behavioral Health	
S1091	Stent, non-coronary, temporary, with delivery system (propel)	Anthem	SURG.00132	
S2053	Transplantation Of Small Int	Anthem	TRANS.00013	
S2054	Transplantation Of Multivisc	Anthem	TRANS.00013	
S2055	Harvesting Of Donor Multivis	Anthem	TRANS.00013	
S2060	Lobar Lung Transplantation	Anthem	TRANS.00009	
S2061	Donor Lobectomy (Lung)	Anthem	TRANS.00009	
S2065	Simultaneous pancreas kidney transplantation	Anthem	TRANS.00011	
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	Anthem	SURG.00023	
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	Anthem	SURG.00023	
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	Anthem	SURG.00023	
S2080	Laser-assisted uvulopalatoplasty (LAUP)	Anthem	SURG.00129	
S2102	Islet Cell Tissue Transplant	Anthem	TRANS.00010	
S2120	Low density Lipoprotein (Ldl)	Anthem	CG-Med-68	
S2140	Cord Blood Harvesting	Anthem	TRANS.00016	

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

S2142	Cord Blood-Derived Stem-Cell	Anthem	TRANS.00023, TRANS.00024, TRANS.00027, TRANS.00028, TRANS.00029, TRANS.00030, TRANS.00031, TRANS.00034	
S2150	Bone marrow or blood-derived peripheral stem cell harvesting and transplantation, allogenic or autologous, including phe	Anthem	TRANS.00023, TRANS.00024, TRANS.00027, TRANS.00028, TRANS.00029, TRANS.00030, TRANS.00031, TRANS.00034	
S2202	Echosclerotherapy	Anthem	SURG.00037	
S2230	Implantation of magnetic component of semi-implantable hearing device on ossicles in middle ear	Anthem	SURG.00084	
S2235	Implantation of auditory brain stem implant	Anthem	CG-SURG-81	
S3900	Surface electromyography (EMG)	Anthem	MED.00130	
S8040	Topographic Brain Mapping	Anthem	MED.00002	
S9002	Intravaginal motion sensor system, provides biofeedback for pelvic floor muscle rehabilitation device	Anthem	MED.00125	
S9123	Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when CPT codes 99500-99602 can be used)	Anthem	CG-REHAB-08	
S9124	Nursing care, in the home; by licensed practical nurse, per hour	Anthem	CG-REHAB-08	
S9364	Home infusion therapy, total parenteral nutrition (TPN); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs othe	Anthem	CG-MED-89	
S9365	Home infusion therapy, total parenteral nutrition (TPN); 1 liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid for	Anthem	CG-MED-89	

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

S9366	Home infusion therapy, total parenteral nutrition (TPN); more than 1 liter but no more than 2 liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula	Anthem	CG-MED-89	
S9367	Home infusion therapy, total parenteral nutrition (TPN); more than 2 liters but no more than 3 liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula	Anthem	CG-MED-89	
S9368	Home infusion therapy, total parenteral nutrition (TPN); more than 3 liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acids)	Anthem	CG-MED-89	
S9494	Home infusion therapy, antibiotic, antiviral, or antifungal therapy (do not use with home infusion codes for hourly dosing)	Anthem	MED.00013	
S9497	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every three hours	Anthem	MED.00013	
S9500	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 24 hours	Anthem	MED.00013	
S9501	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 12 hours	Anthem	MED.00013	
S9502	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 8 hours	Anthem	MED.00013	
S9503	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every six hours	Anthem	MED.00013	
S9504	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every four hours	Anthem	MED.00013	
S9960	Ambulance service, conventional air services, nonemergency transport, one way (fixed wing)	Anthem	CG-ANC-04	
T1000	Private duty/independent nursing service(s) - licensed, up to 15 minutes	Anthem	CG-REHAB-08	
T1002	RN services, up to 15 minutes	Anthem	CG-REHAB-08	
T1003	LPN/LVN services, up to 15 minutes	Anthem	CG-REHAB-08	

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

T1030	Nursing care, in the home, by registered nurse, per diem	Anthem	CG-REHAB-08	
T1031	Nursing care, in the home, by licensed practical nurse, per diem	Anthem	CG-REHAB-08	
V2787	Astigmatism correcting function of intraocular lens	Anthem	CG-SURG-77, SURG.00061	
V2788	Presbyopia correcting function of intraocular lens	Anthem	CG-SURG-77, SURG.00061	
V2790	Amniotic Membrane	Anthem	SURG.00011	
V5298	Hearing aid, not otherwise classified [when specified as a bone conduction hearing aid using an adhesive adapter behind the ear]	Anthem	CG-SURG-82	
Various	Admissions- direct admit, elective, scheduled require prior Auth. (Except Anthem Essential Choice aka Limited Duration Plan) ALL medical & surgical inpatient admissions - except Hospice require authorization	Anthem		
Various	Transplant services	Anthem		Contact Anthem Transplant unit at 888-574-7215
Various	Behavioral Health Services - Inpatient and Outpatient	Anthem		Contact Behavioral Health at 800-424-4014
Various	Maternity admissions - Vaginal and Cesearan deliveries if more than 2 days or 4 days respectively	Anthem		

### Reviewed by Anthem or a Vendor Depending on Diagnosis:

Code	Code Description	Responsible Party	Criteria/Guideline	Comments
14040	Adjacent Tissue Transfer, Forehead/Cheeks/Chin/Mouth/Neck/Axillae/Genitalia/Hands/Feet; 10 Sq Cm/<	Carelon, Anthem	SURG.00096	Managed by Carelon for Fully Insured and Vendor Program eligible members.
14041	Adjacent Tissue Transfer, Forehead/Cheeks/Chin/Mouth/Neck/Axillae/Genitalia/Hands/Feet;10.1-30.0sqcm	Carelon, Anthem	SURG.00096	Managed by Carelon for Fully Insured and Vendor Program eligible members.
14060	Adjacent Tissue Transfer/Rearrangement, Eyelids/Nose/Ears/Lips; Defect 10 Sq Cm/<	Carelon, Anthem	SURG.00096	Managed by Carelon for Fully Insured and Vendor Program eligible members.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

14061	Adjacent Tissue Transfer/Rearrangement, Eyelids/Nose/Ears/Lips; Defect 10.1-30.0 Sq Cm	Carelon, Anthem	SURG.00096	Managed by Carelon for Fully Insured and Vendor Program eligible members.
15824	Rhytidectomy; forehead	Carelon, Anthem	ANC.00008, SURG.00096	Managed by Carelon for Fully Insured and Vendor Program eligible members.
15826	Rhytidectomy; glabellar frown lines	Carelon, Anthem	ANC.00008, SURG.00096	Managed by Carelon for Fully Insured and Vendor Program eligible members.
20979	Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative)	Carelon, Anthem	Carelon: MSK- Level of Care; CG-DME-45	Managed by Carelon for Fully Insured and Vendor Program eligible members.
22505	Manipulation of spine requiring anesthesia, any region	Carelon, Anthem	Carelon: MSK- Level of Care; CG-DME-45	Managed by Carelon for Fully Insured and Vendor Program eligible members.
22510	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic	Carelon, Anthem	SURG.00067, Carelon:MSK - Level of Care;MCG: W0118	Managed by Carelon for Fully Insured and Vendor Program eligible members.
22511	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral	Carelon, Anthem	SURG.00067, Carelon:MSK - Level of Care;MCG: W0118	Managed by Carelon for Fully Insured and Vendor Program eligible members.
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 f	Carelon, Anthem	SURG.00067, Carelon:MSK - Level of Care;MCG: W0118	Managed by Carelon for Fully Insured and Vendor Program eligible members.
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	Carelon, Anthem	SURG.00067, Carelon:MSK - Level of Care;MCG: W0118	Managed by Carelon for Fully Insured and Vendor Program eligible members.
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	Carelon, Anthem	SURG.00067, Carelon:MSK - Level of Care;MCG: W0118	Managed by Carelon for Fully Insured and Vendor Program eligible members.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

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	Carelon, Anthem	SURG.00067, Carelon:MSK - Level of Care;MCG: W0118	Managed by Carelon for Fully Insured and Vendor Program eligible members.
22526	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level	Carelon, Anthem	SURG.00052	Managed by Carelon for Fully Insured and Vendor Program eligible members.
22527	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; 1 or more additional levels (List separately in addition to code for primary procedure)	Carelon, Anthem	SURG.00052	Managed by Carelon for Fully Insured and Vendor Program eligible members.
22586	Arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with posterior instrumentation, with image guidance, includes bone graft when performed, L5-S1 interspace	Carelon, Anthem	SURG.00111, MCG:S-820, S-820-RRG, S-5810	Managed by Carelon for Fully Insured and Vendor Program eligible members.
22867	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level	Carelon, Anthem	SURG.00092	Managed by Carelon for Fully Insured and Vendor Program eligible members.
22868	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; second level (List separately in addition to code for primary procedure)	Carelon, Anthem	SURG.00092	Managed by Carelon for Fully Insured and Vendor Program eligible members.
22869	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level	Carelon, Anthem	SURG.00092	Managed by Carelon for Fully Insured and Vendor Program eligible members.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

22870	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; second level (List separately in addition to code for primary procedure)	Carelon, Anthem	SURG.00092	Managed by Carelon for Fully Insured and Vendor Program eligible members.
33202	Insertion of epicardial electrode(s); open incision (eg, thoracotomy, median sternotomy, subxiphoid approach)	Carelon, Anthem	CG-SURG-97; Carelon: Expanded Cardiology	Managed by Carelon for Fully Insured and Vendor Program eligible members.
33203	Insertion of epicardial electrode(s); endoscopic approach (eg, thoracoscopy, pericardioscopy)	Carelon, Anthem	CG-SURG-97; Carelon: Expanded Cardiology	Managed by Carelon for Fully Insured and Vendor Program eligible members.
33208	Insertion or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular	Carelon, Anthem	CG-SURG-63; Carelon: Expanded Cardiology	Managed by Carelon for Fully Insured and Vendor Program eligible members.
33214	Upgrade of implanted pacemaker system, conversion of single chamber system to dual chamber system (includes removal of previously placed pulse generator, testing of existing lead, insertion of new lead, insertion of new pulse generator)	Carelon, Anthem	CG-SURG-63; Carelon: Expanded Cardiology	Managed by Carelon for Fully Insured and Vendor Program eligible members.
33216	Insertion of a transvenous electrode; single chamber (1 electrode) permanent pacemaker or single chamber pacing cardioverter-defibrillator	Carelon, Anthem	SURG.00033; Carelon: Expanded Cardiology	Managed by Carelon for Fully Insured and Vendor Program eligible members.
33217	Insertion of a transvenous electrode; dual chamber (2 electrodes) permanent pacemaker or dual chamber pacing cardioverter-defibrillator	Carelon, Anthem	CG-SURG-97; Carelon: Expanded Cardiology	Managed by Carelon for Fully Insured and Vendor Program eligible members.
33224	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, with attachment to previously placed pacemaker or pacing cardioverter-defibrillator pulse generator (including revision of pocket, removal, insertion, and/or replacement of	Carelon, Anthem	CG-SURG-63; Carelon: Expanded Cardiology	Managed by Carelon for Fully Insured and Vendor Program eligible members.
33226	Repositioning of previously implanted cardiac venous system (left ventricular) electrode (including removal, insertion and/or replacement of generator)	Carelon, Anthem	CG-SURG-63; Carelon: Expanded Cardiology	Managed by Carelon for Fully Insured and Vendor Program eligible members.



## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

33228	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; dual lead system	Carelon, Anthem	CG-SURG-63; Carelon: Expanded Cardiology	Managed by Carelon for Fully Insured and Vendor Program eligible members.
33229	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; multiple lead system	Carelon, Anthem	CG-SURG-63; Carelon: Expanded Cardiology	Managed by Carelon for Fully Insured and Vendor Program eligible members.
33230	Insertion Of Pacing Cardioverter-Defibrillator Pulse Generator Only; With Existing Dual Leads	Carelon, Anthem	CG-SURG-97; Carelon: Expanded Cardiology	Managed by Carelon for Fully Insured and Vendor Program eligible members.
33231	Insertion Of Pacing Cardioverter-Defibrillator Pulse Generator Only; With Existing Multiple Leads	Carelon, Anthem	CG-SURG-97; Carelon: Expanded Cardiology	Managed by Carelon for Fully Insured and Vendor Program eligible members.
33240	Insertion of implantable defibrillator pulse generator only; with existing single lead	Carelon, Anthem	CG-SURG-97; Carelon: Expanded Cardiology	Managed by Carelon for Fully Insured and Vendor Program eligible members.
33249	Insertion or repositioning of electrode lead(s) for single or dual chamber pacing cardioverter-defibrillator and insertion of pulse generator	Carelon, Anthem	CG-SURG-63, CG-SURG-97; Carelon: Expanded Cardiology	Managed by Carelon for Fully Insured and Vendor Program eligible members.
33263	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; dual lead system	Carelon, Anthem	CG-SURG-63; Carelon: Expanded Cardiology	Managed by Carelon for Fully Insured and Vendor Program eligible members.
33264	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; multiple lead system	Carelon, Anthem	CG-SURG-63; Carelon: Expanded Cardiology	Managed by Carelon for Fully Insured and Vendor Program eligible members.
33270	Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode, including defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters, when performed	Carelon, Anthem	CG-SURG-97; Carelon: Expanded Cardiology	Managed by Carelon for Fully Insured and Vendor Program eligible members.
33271	Insertion of subcutaneous implantable defibrillator electrode	Carelon, Anthem	CG-SURG-97; Carelon: Expanded Cardiology	Managed by Carelon for Fully Insured and Vendor Program eligible members.
33285	Insertion, subcutaneous cardiac rhythm monitor, including programming	Carelon, Anthem	CG-MED-74	Managed by Carelon for Fully Insured and Vendor Program eligible members.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

33289	Transcatheter implantation of wireless pulmonary artery pressure sensor for long-term hemodynamic monitoring, including deployment and calibration of the sensor, right heart c	Carelon, Anthem	Carelon: Cardioloy MED.00015	Managed by Carelon for Fully Insured and Vendor Program eligible members.
37220	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty	Carelon, Anthem	CG-SURG-49; Carelon: Expanded Cardiology	Managed by Carelon for Fully Insured and Vendor Program eligible members.
37221	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	Carelon, Anthem	CG-SURG-49; Carelon: Expanded Cardiology	Managed by Carelon for Fully Insured and Vendor Program eligible members.
37224	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty	Carelon, Anthem	CG-SURG-49; Carelon: Expanded Cardiology	Managed by Carelon for Fully Insured and Vendor Program eligible members.
37225	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed	Carelon, Anthem	CG-SURG-49; Carelon: Expanded Cardiology	Managed by Carelon for Fully Insured and Vendor Program eligible members.
37226	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	Carelon, Anthem	CG-SURG-49; Carelon: Expanded Cardiology	Managed by Carelon for Fully Insured and Vendor Program eligible members.
37227	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed	Carelon, Anthem	CG-SURG-49; Carelon: Expanded Cardiology	Managed by Carelon for Fully Insured and Vendor Program eligible members.
37228	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty	Carelon, Anthem	CG-SURG-49; Carelon: Expanded Cardiology	Managed by Carelon for Fully Insured and Vendor Program eligible members.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

37229	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed	Carelon, Anthem	CG-SURG-49; Carelon: Expanded Cardiology	Managed by Carelon for Fully Insured and Vendor Program eligible members.
37230	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	Carelon, Anthem	CG-SURG-49; Carelon: Expanded Cardiology	Managed by Carelon for Fully Insured and Vendor Program eligible members.
37231	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed	Carelon, Anthem	CG-SURG-49; Carelon: Expanded Cardiology	Managed by Carelon for Fully Insured and Vendor Program eligible members.
43192	Esophagoscopy, rigid, transoral; with directed submucosal injection(s), any substance	Carelon, Anthem	SURG.00047	Managed by Carelon for Fully Insured and Vendor Program eligible members.
43201	Esophagoscopy, rigid or flexible; with directed submucosal injection(s), any substance	Carelon, Anthem	SURG.00047	Managed by Carelon for Fully Insured and Vendor Program eligible members.
43210	Esophagogastroduodenoscopy, flexible, transoral; with esophagogastric fundoplasty, partial or complete, includes duodenoscopy when performed	Carelon, Anthem	SURG.00047	Managed by Carelon for Fully Insured and Vendor Program eligible members.
43229	Esophagoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	Carelon, Anthem	CG-SURG-101	Managed by Carelon for Fully Insured and Vendor Program eligible members.
43236	Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance	Carelon, Anthem	CG-MED-59; SURG.00047	Managed by Carelon for Fully Insured and Vendor Program eligible members.
43257	Esophagogastroduodenoscopy, flexible, transoral; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treatment of gastroesop	Carelon, Anthem	SURG.00047	Managed by Carelon for Fully Insured and Vendor Program eligible members.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

43270	Esophagogastroduodenoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	Carelon, Anthem	CG-MED-59; CG-SURG-101	Managed by Carelon for Fully Insured and Vendor Program eligible members.
43281	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; without implantation of mesh	Carelon, Anthem	CG-SURG-92	Managed by Carelon for Fully Insured and Vendor Program eligible members.
43282	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; with implantation of mesh	Carelon, Anthem	CG-SURG-92	Managed by Carelon for Fully Insured and Vendor Program eligible members.
43284	Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (i.e., magnetic band), including cruroplasty when performed.	Carelon, Anthem	SURG.00131	Managed by Carelon for Fully Insured and Vendor Program eligible members.
43285	Removal of esophageal sphincter augmentation device	Carelon, Anthem	SURG.00131	Managed by Carelon for Fully Insured and Vendor Program eligible members.
43497	Lower esophageal myotomy, transoral (ie, peroral endoscopic myotomy [POEM])	Carelon, Anthem	SURG.00047	Managed by Carelon for Fully Insured and Vendor Program eligible members.
46948	Hemorrhoidectomy, internal, by transanal hemorrhoidal dearterialization, 2 or more hemorrhoid columns/groups, including ultrasound guidance, with mucopexy, when performed	Carelon, Anthem	SURG.00141	Managed by Carelon for Fully Insured and Vendor Program eligible members.
61790	Creation, Lesion, Stereotactic, Percutaneous, Neurolytic Agent; Gasserian Ganglion	Carelon, Anthem	CG-SURG-89; MSK Program	Managed by Carelon for Fully Insured and Vendor Program eligible members.
61791	Creation, Lesion, Stereotactic, Percutaneous, Neurolytic Agent; Trigeminal Medullary Tract	Carelon, Anthem	CG-SURG-89; MSK Program	Managed by Carelon for Fully Insured and Vendor Program eligible members.
62263	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 2 or more days	Carelon, Anthem	SURG.00072	Managed by Carelon for Fully Insured and Vendor Program eligible members.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

62264	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 1 day	Carelon, Anthem	SURG.00072	Managed by Carelon for Fully Insured and Vendor Program eligible members.
62281	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, cervical or thoracic	Carelon, Anthem	SURG.00072, MCG:S-1040, S-1040-RRG	Managed by Carelon for Fully Insured and Vendor Program eligible members.
62282	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, lumbar, sacral (caudal)	Carelon, Anthem	SURG.00072, MCG:S-1040, S-1040-RRG	Managed by Carelon for Fully Insured and Vendor Program eligible members.
62287	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with discography and/or epidural injection	Carelon, Anthem	SURG.00071	Managed by Carelon for Fully Insured and Vendor Program eligible members.
62290	Injection procedure for discography, each level; lumbar	Carelon, Anthem	CG-SURG-29	Managed by Carelon for Fully Insured and Vendor Program eligible members.
62291	Injection procedure for discography, each level; cervical or thoracic	Carelon, Anthem	Radiology; RAD.00053	Managed by Carelon for Fully Insured and Vendor Program eligible members.
62380	Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc, 1 interspace, lumbar	Carelon, Anthem	SURG.00071, MCG:S-810, S-810-RRG, S-5810	Managed by Carelon for Fully Insured and Vendor Program eligible members.
63185	Laminectomy with rhizotomy; 1 or 2 segments	Carelon, Anthem	CG-SURG-08, Carelon:MSK-Spine Surgery; MCG:W0097, W0100, W0097-RRG, W0100-RRG, S-5310, S-5810	Managed by Carelon for Fully Insured and Vendor Program eligible members.
63190	Laminectomy with rhizotomy; more than 2 segments	Carelon, Anthem	CG-SURG-08, Carelon:MSK-Spine Surgery; MCG:W0097, W0100, W0097-RRG, W0100-RRG, S-5310, S-5810	Managed by Carelon for Fully Insured and Vendor Program eligible members.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural	Carelon, Anthem	CG-SURG-08, Carelon:MSK-Interventional Pain Management;	Managed by Carelon for Fully Insured and Vendor Program eligible members.
64454	Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches, including imaging guidance.	Carelon, Anthem	SURG.00142	Managed by Carelon for Fully Insured and Vendor Program eligible members.
64510	Injection, anesthetic agent; stellate ganglion (cervical sympathetic)	Carelon, Anthem	SURG.00140, Carelon:MSK-Interventional Pain Management;	Managed by Carelon for Fully Insured and Vendor Program eligible members.
64520	Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)	Carelon, Anthem	CG-MED-63; SURG.00140, Carelon:MSK-Interventional Pain Management;	Managed by Carelon for Fully Insured and Vendor Program eligible members.
64600	Destruction, Neurolytic, Trigeminal Nerve; Supraorbital/Infraorbital/Mental/Inferior Alveolar	Carelon, Anthem	CG-SURG-89; MSK Program	Managed by Carelon for Fully Insured and Vendor Program eligible members.
64605	Destruction, Neurolytic, Trigeminal Nerve; 2nd & 3rd Division	Carelon, Anthem	CG-SURG-89; MSK Program	Managed by Carelon for Fully Insured and Vendor Program eligible members.
64610	Destruction, Neurolytic, Trigeminal Nerve; 2nd & 3rd Division W/Radiologic Monitoring	Carelon, Anthem	CG-SURG-89; MSK Program	Managed by Carelon for Fully Insured and Vendor Program eligible members.
64624	Destruction by neurolytic agent, genicular nerve branches including imaging guidance	Carelon, Anthem	SURG.00142	Managed by Carelon for Fully Insured and Vendor Program eligible members.
64628	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral	Carelon, Anthem	SURG.00052	Managed by Carelon for Fully Insured and Vendor Program eligible members.
64629	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; each additional vertebral body, lumbar or sacral (List separately in addition to code for primary procedure)	Carelon, Anthem	SURG.00052	Managed by Carelon for Fully Insured and Vendor Program eligible members.
64640	Destruction by neurolytic agent; other peripheral nerve or branch [when specified as thermal or cryodenervation of occipital nerve]	Carelon, Anthem	SURG.00096; SURG.00100	Managed by Carelon for Fully Insured and Vendor Program eligible members.
64716	Neuroplasty and/or transposition; cranial nerve (specify)	Carelon, Anthem	ANC.00008, SURG.00096	Managed by Carelon for Fully Insured and Vendor Program eligible members.
64722	Decompression; unspecified nerve(s) (specify)	Carelon, Anthem	SURG.00096	Managed by Carelon for Fully Insured and Vendor Program eligible members.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

64732	Transection or avulsion of; supraorbital nerve	Carelon, Anthem	ANC.00008, SURG.00096	Managed by Carelon for Fully Insured and Vendor Program eligible members.
64734	Transection or avulsion of; infraorbital nerve	Carelon, Anthem	ANC.00008, SURG.00096	Managed by Carelon for Fully Insured and Vendor Program eligible members.
64744	Transection or avulsion of; greater occipital nerve	Carelon, Anthem	SURG.00096	Managed by Carelon for Fully Insured and Vendor Program eligible members.
64771	Transection/Avulsion, Other Cranial Nerve, Extradural	Carelon, Anthem	SURG.00096	Managed by Carelon for Fully Insured and Vendor Program eligible members.
64772	Transection/Avulsion, Other Spinal Nerve, Extradural	Carelon, Anthem	SURG.00096	Managed by Carelon for Fully Insured and Vendor Program eligible members.
67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)	Carelon, Anthem	SURG.00096	Managed by Carelon for Fully Insured and Vendor Program eligible members.
72295	Discography, lumbar, radiological supervision and interpretation	Carelon, Anthem	Carelon: Radiology	managed by Carelon for Fully Insured and Vendor Program eligible members.
75571	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Carelon, Anthem	Carelon:Imaging of the Heart	Managed by Carelon for Fully Insured and Vendor Program eligible members.
76376	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; not requiring image postprocessing on an independent works	Carelon, Anthem	CG-MED-51; RAD.00038, Carelon Radiology: Abdomen and Pelvis Imaging, Brain Imaging, Chest Imaging, Extremity Imaging, Head and Neck Imaging, Oncologic Imaging, Spine Imaging, Vascular Imaging	Managed by Carelon for Fully Insured and Vendor Program eligible members.
76377	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; requiring image postprocessing on an independent workstati	Carelon, Anthem	CG-MED-51; RAD.00038, Carelon Radiology: Abdomen and Pelvis Imaging, Brain Imaging, Chest Imaging, Extremity Imaging, Head and Neck Imaging, Oncologic Imaging, Spine Imaging, Vascular Imaging	Managed by Carelon for Fully Insured and Vendor Program eligible members.
72285	Discography, cervical or thoracic, radiological supervision and interpretation	Carelon, Anthem	Radiology; RAD.00053	Managed by Carelon for Fully Insured and Vendor Program eligible members.
77402	Radiation treatment delivery, => 1 MeV; simple	Carelon, Anthem	CG-SURG-31, Carelon: Radiation Oncology	Managed by Carelon for Fully Insured and Vendor Program eligible members.
77407	Radiation treatment delivery, => 1 MeV; intermediate	Carelon, Anthem	CG-SURG-31, Carelon: Radiation Oncology	Managed by Carelon for Fully Insured and Vendor Program eligible members.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

77412	Radiation treatment delivery, => 1 MeV; complex	Carelon, Anthem	CG-SURG-31, Carelon: Radiation Oncology	Managed by Carelon for Fully Insured and Vendor Program eligible members.
81175	ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; fu	Carelon, Anthem	CG-GENE-14, Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members.
81176	ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; ta	Carelon, Anthem	CG-GENE-14, Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members.
81207	Bcr/Abl1 (T(9;22)) (Eg, Chronic Myelogenous Leukemia) Translocation Analysis; Minor Breakpoint, Qualitative Or Quantitative	Carelon, Anthem	CG-GENE-14, Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members.
81208	Bcr/Abl1 (T(9;22)) (Eg, Chronic Myelogenous Leukemia) Translocation Analysis; Other Breakpoint, Qualitative Or Quantitative	Carelon, Anthem	CG-GENE-14, Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members.
81218	CEBPA (CCAAT/enhancer binding protein [C/EBP], alpha) (eg, acute myeloid leukemia), gene analysis, full gene sequence	Carelon, Anthem	CG-GENE-14, Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members.
81222	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; duplication/deletion variants	Carelon, Anthem	CG-GENE-13; GENE.00036	Managed by Carelon for Fully Insured and Vendor Program eligible members.
81223	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; full gene sequence	Carelon, Anthem	CG-GENE-13; GENE.00036	Managed by Carelon for Fully Insured and Vendor Program eligible members.
81224	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; intron 8 poly-T analysis (eg, male infertility)	Carelon, Anthem	CG-GENE-13; GENE.00036	Managed by Carelon for Fully Insured and Vendor Program eligible members.
81233	BTK (Bruton's tyrosine kinase) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, C481S, C481R, C481F)	Carelon, Anthem	CG-GENE-14, Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members.
81236	EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, myelodysplastic syndrome, myeloproliferative neoplasms) gene analysis, full gene sequence	Carelon, Anthem	CG-GENE-14, Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members.



## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

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)	Carelon, Anthem	CG-GENE-14, Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members.
81240	F2 (prothrombin, coagulation factor II) (eg, hereditary hypercoagulability) gene analysis, 20210G>A variant	Carelon, Anthem	CG-GENE-13	Managed by Carelon for Fully Insured and Vendor Program eligible members.
81265	Comparative analysis using Short Tandem Repeat (STR) markers; patient and comparative specimen (eg, pre-transplant recipient and donor germline testing, post-transplant non-hematopoietic recipient germline [eg, buccal swab or other germline tissue sample])	Carelon, Anthem	GENE.00041	Managed by Carelon for Fully Insured and Vendor Program eligible members.
81273	KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, mastocytosis), gene analysis, D816 variant(s)	Carelon, Anthem	CG-GENE-14, Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members.
81291	MTHFR (5,10-methylenetetrahydrofolate reductase) (eg, hereditary hypercoagulability) gene analysis, common variants (eg, 677T, 1298C)	Carelon, Anthem	GENE.00047	Managed by Carelon for Fully Insured and Vendor Program eligible members.
81310	Npm1 (Nucleophosmin) (Eg, Acute Myeloid Leukemia) Gene Analysis, Exon 12 Variants	Carelon, Anthem	CG-GENE-14, Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members.
81313	PCA3/KLK3 (prostate cancer antigen 3 [non-protein coding]/kallikrein-related peptidase 3 [prostate specific antigen]) ratio (eg, prostate cancer)	Carelon, Anthem	GENE.00009	Managed by Carelon for Fully Insured and Vendor Program eligible members.
81315	Pml/Raralpha, (T(15;17)), (Promyelocytic Leukemia/Retinoic Acid Receptor Alpha) (Eg, Promyelocytic Leukemia) Translocation Analysis; Common Breakpoints (Eg, Intron 3 And Intro	Carelon, Anthem	CG-GENE-14, Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members.
81316	Pml/Raralpha, (T(15;17)), (Promyelocytic Leukemia/Retinoic Acid Receptor Alpha) (Eg, Promyelocytic Leukemia) Translocation Analysis; Single Breakpoint (Eg, Intron 3, Intron 6	Carelon, Anthem	CG-GENE-14, Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

81320	PLCG2 (phospholipase C gamma 2) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, R665W, S707F, L845F)	Carelon, Anthem	CG-GENE-14, Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members.
81334	RUNX1 (runt related transcription factor 1) (eg, acute myeloid leukemia, familial platelet disorder with associated myeloid malignancy), gene analysis, targeted sequence analy	Carelon, Anthem	CG-GENE-14, Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members.
81347	SF3B1 (splicing factor [3b] subunit B1) (eg, myelodysplastic syndrome/acute myeloid leukemia) gene analysis, common variants (eg, A672T, E622D, L833F, R625C, R625I)	Carelon, Anthem	CG-GENE-14, Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members.
81348	SRSF2 (serine and arginine-rich splicing factor 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, P95H, P95I)	Carelon, Anthem	CG-GENE-14, Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members.
81357	U2AF1 (U2 small nuclear RNA auxiliary factor 1) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, S34E, S34Y, Q157R, Q157P)	Carelon, Anthem	CG-GENE-14, Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members.
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,	Carelon, Anthem	CG-GENE-14, Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members.
81400	MOLECULAR PATHOLOGY PROCEDURE LEVEL 1	Carelon, Anthem	CG-GENE-13; GENE.00038	Managed by Carelon for Fully Insured and Vendor Program eligible members.
81401	MOLECULAR PATHOLOGY PROCEDURE LEVEL 2	Carelon, Anthem	CG-GENE-07; CG-GENE-13; CG-GENE-14; CG-GENE-15; GENE.00003; GENE.00023; GENE.00036; GENE.00037	Managed by Carelon for Fully Insured and Vendor Program eligible members.
81410	Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome); genomic sequence analysis panel, must include sequencing of at least 9 genes, including FBN1, TGFBR1, TGFBR2, COL3A1	Carelon, Anthem	GENE.00052	Managed by Carelon for Fully Insured and Vendor Program eligible members.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

81411	Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome); duplication/deletion analysis panel, must include analyses for TGFBR1, TGFBR2, MYH11, and COL3A1	Carelon, Anthem	GENE.00052	Managed by Carelon for Fully Insured and Vendor Program eligible members.
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	Carelon, Anthem	GENE.00052	Managed by Carelon for Fully Insured and Vendor Program eligible members.
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, KCN	Carelon, Anthem	GENE.00052	Managed by Carelon for Fully Insured and Vendor Program eligible members.
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	Carelon, Anthem	CG-GENE-23	Managed by Carelon for Fully Insured and Vendor Program eligible members.
81415	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis	Carelon, Anthem	GENE.00052, Carelon:Whole Exome and Whole Genome Sequencing	Managed by Carelon for Fully Insured and Vendor Program eligible members.
81417	Exome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained exome sequence (eg, updated knowledge or unrelated condition/syndrome)	Carelon, Anthem	GENE.00052, Carelon:Whole Exome and Whole Genome Sequencing	Managed by Carelon for Fully Insured and Vendor Program eligible members.
81419	Epilepsy genomic sequence analysis panel, must include analyses for ALDH7A1, CACNA1A, CDKL5, CHD2, GABRG2, GRIN2A, KCNQ2, MECP2, PCDH19, POLG, PRRT2, SCN1A, SCN1B, SCN2A, SCN8A, SLC2A1, SLC9A6, STXBP1, SYNGAP1, TCF4, TPP1, TSC1, TSC2, and ZEB2	Carelon, Anthem	GENE.00052	Managed by Carelon for Fully Insured and Vendor Program eligible members.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

81427	Genome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained genome sequence (eg, updated knowledge or unrelated condition/syndrome)	Carelon, Anthem	GENE.00052, Carelon:Whole Exome and Whole Genome Sequencing	Managed by Carelon for Fully Insured and Vendor Program eligible members.
81430	Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); genomic sequence analysis panel, must include sequencing of at least 60 genes, including CDH23, CLRN1, GJB2, GPR98, MTRNR1, MYO7A, MYO15A, PCDH15, OTOF, SLC26A4, TMC1, TMPRSS3	Carelon, Anthem	GENE.00052	Managed by Carelon for Fully Insured and Vendor Program eligible members.
81431	Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); duplication/deletion analysis panel, must include copy number analyses for STRC and DFNB1 deletions in GJB2 and GJB6 genes	Carelon, Anthem	GENE.00052	Managed by Carelon for Fully Insured and Vendor Program eligible members.
81432	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); genomic sequence analysis panel, must include sequencing of at least 10 genes, always including BRCA1, BRCA2, CDH1, MLH1	Carelon, Anthem	GENE.00052	Managed by Carelon for Fully Insured and Vendor Program eligible members.
81433	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); duplication/deletion analysis panel, must include analyses for BRCA1, BRCA2, MLH1, MSH2, and STK11	Carelon, Anthem	GENE.00052	Managed by Carelon for Fully Insured and Vendor Program eligible members.
81434	Hereditary retinal disorders (eg, retinitis pigmentosa, Leber congenital amaurosis, cone-rod dystrophy), genomic sequence analysis panel, must include sequencing of at least 15 genes, including ABCA4, CNGA1, CRB1, EYS, PDE6A, PDE6B, PRPF31, PRPH2, RDH12	Carelon, Anthem	GENE.00052	Managed by Carelon for Fully Insured and Vendor Program eligible members.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

81435	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis); genomic sequence analysis panel, must include sequencing of at least 10 genes, including APC, BMPR1A, CDH1, MLH1, MSH2, MSH6	Carelon, Anthem	GENE.00052	Managed by Carelon for Fully Insured and Vendor Program eligible members.
81436	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis); duplication/deletion analysis panel, must include analysis of at least 5 genes, including MLH1, MSH2, EPCAM, SMAD4, and STK1	Carelon, Anthem	GENE.00052	Managed by Carelon for Fully Insured and Vendor Program eligible members.
81437	Hereditary neuroendocrine tumor disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma); genomic sequence analysis panel, must include sequencing of at least 6 genes, including MAX, SDHB, SDHC, SDHD	Carelon, Anthem	GENE.00052	Managed by Carelon for Fully Insured and Vendor Program eligible members.
81438	Hereditary neuroendocrine tumor disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma); duplication/deletion analysis panel, must include analyses for SDHB, SDHC, SDHD, and VHL	Carelon, Anthem	GENE.00052	Managed by Carelon for Fully Insured and Vendor Program eligible members.
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, MY	Carelon, Anthem	GENE.00052	Managed by Carelon for Fully Insured and Vendor Program eligible members.
81441	Inherited bone marrow failure syndromes (IBMFS) (eg, Fanconi anemia, dyskeratosis congenita, Diamond-Blackfan anemia, Shwachman-Diamond syndrome, GATA2 deficiency syndrome, co	Carelon, Anthem	GENE.00052	Managed by Carelon for Fully Insured and Vendor Program eligible members.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

81440	Nuclear encoded mitochondrial genes (eg, neurologic or myopathic phenotypes), genomic sequence panel, must include analysis of at least 100 genes, including BCS1L, C10orf2, COQ2, COX10, DGUOK, MPV17, OPA1, PDSS2, POLG, POLG2, <del>RRM2B, SCO1, SCO2, SLC25A4, S</del>	Carelon, Anthem	GENE.00052	Managed by Carelon for Fully Insured and Vendor Program eligible members.
81442	Noonan spectrum disorders (eg, Noonan syndrome, cardio-facio-cutaneous syndrome, Costello syndrome, LEOPARD syndrome, Noonan-like syndrome), genomic sequence analysis panel, must include sequencing of at least 12 genes, including BRAF, CBL, HRAS, KRAS, MA	Carelon, Anthem	GENE.00052	Managed by Carelon for Fully Insured and Vendor Program eligible members.
81443	Genetic testing for severe inherited conditions (eg, cystic fibrosis, Ashkenazi Jewish-associated disorders [eg, Bloom syndrome, Canavan disease, Fanconi anemia type C, mucopolidosis type VI, Gaucher disease, Tay-Sachs disease], beta <del>hemoglobinopathies, n</del>	Carelon, Anthem	GENE.00052	Managed by Carelon for Fully Insured and Vendor Program eligible members.
81445	Targeted genomic sequence analysis panel, solid organ neoplasm, DNA analysis, and RNA analysis when performed, 5-50 genes (eg, ALK, BRAF, CDKN2A, EGFR, ERBB2, KIT, KRAS, NRAS, MET, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), <del>interrogation for sequence varian</del>	Carelon, Anthem	GENE.00052	Managed by Carelon for Fully Insured and Vendor Program eligible members.
81448	Hereditary peripheral neuropathies (eg, Charcot-Marie-Tooth, spastic paraplegia), genomic sequence analysis panel, must include sequencing of at least 5 peripheral neuropathy-related genes (eg, BSCL2, GJB1, MFN2, MPZ, REEP1, SPAST, <del>SPG11, SPTLC1</del> )	Carelon, Anthem	GENE.00052	Managed by Carelon for Fully Insured and Vendor Program eligible members.
81449	Targeted genomic sequence analysis panel, solid organ neoplasm, 5-50 genes (eg, ALK, BRAF, CDKN2A, EGFR, ERBB2, KIT, KRAS, MET, NRAS, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET),	Carelon, Anthem	GENE.00052	Managed by Carelon for Fully Insured and Vendor Program eligible members.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

81450	Targeted genomic sequence analysis panel, hematolymphoid neoplasm or disorder, DNA analysis, and RNA analysis when performed, 5-50 genes (eg, BRAF, CEBPA, DNMT3A, EZH2, FLT3, IDH1, IDH2, JAK2, KRAS, KIT, MLL, NRAS, NPM1, NOTCH1) interrogation for sequence variants	Carelon, Anthem	GENE.00052	Managed by Carelon for Fully Insured and Vendor Program eligible members.
81451	Targeted genomic sequence analysis panel, hematolymphoid neoplasm or disorder, 5-50 genes (eg, BRAF, CEBPA, DNMT3A, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MLL, NOTCH1, NPM1, NRAS)	Carelon, Anthem	GENE.00052	Managed by Carelon for Fully Insured and Vendor Program eligible members.
81455	Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm, DNA analysis, and RNA analysis when performed, 51 or greater genes (eg, ALK, BRAF, CDKN2A, CEBPA, DNMT3A, EGFR, ERBB2, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MLL, NPM1, NR)	Carelon, Anthem	GENE.00052	Managed by Carelon for Fully Insured and Vendor Program eligible members.
81456	Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm or disorder, 51 or greater genes (eg, ALK, BRAF, CDKN2A, CEBPA, DNMT3A, EGFR, ERBB2, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MLL, NPM1, NR)	Carelon, Anthem	GENE.00052	Managed by Carelon for Fully Insured and Vendor Program eligible members.
81457	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, microsatellite instability	Carelon, Anthem	GENE.00052	Managed by Carelon for Fully Insured and Vendor Program eligible members.
81458	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, copy number variants and microsatellite instability	Carelon, Anthem	GENE.00052	Managed by Carelon for Fully Insured and Vendor Program eligible members.
81459	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants, microsatellite	Carelon, Anthem	GENE.00052	Managed by Carelon for Fully Insured and Vendor Program eligible members.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

81460	Whole mitochondrial genome (eg, Leigh syndrome, mitochondrial encephalomyopathy, lactic acidosis, and stroke-like episodes [MELAS], myoclonic epilepsy with ragged-red fibers [MERFF], neuropathy, ataxia, and retinitis pigmentosa [NARP], Leber hereditary op	Carelon, Anthem	GENE.00052	Managed by Carelon for Fully Insured and Vendor Program eligible members.
81462	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis,	Carelon, Anthem	GENE.00052	Managed by Carelon for Fully Insured and Vendor Program eligible members.
81463	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis, copy number variants, and micros	Carelon, Anthem	GENE.00052	Managed by Carelon for Fully Insured and Vendor Program eligible members.
81464	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis,	Carelon, Anthem	GENE.00052	Managed by Carelon for Fully Insured and Vendor Program eligible members.
81465	Whole mitochondrial genome large deletion analysis panel (eg, Kearns-Sayre syndrome, chronic progressive external ophthalmoplegia), including heteroplasmy detection, if performed	Carelon, Anthem	GENE.00052	Managed by Carelon for Fully Insured and Vendor Program eligible members.
81470	X-linked intellectual disability (XLID) (eg, syndromic and non-syndromic XLID); genomic sequence analysis panel, must include sequencing of at least 60 genes, including ARX, ATRX, CDKL5, FGD1, FMR1, HUWE1, IL1RAPL, KDM5C, L1CAM, MECP2, MED12, MID1, OCRI	Carelon, Anthem	GENE.00052	Managed by Carelon for Fully Insured and Vendor Program eligible members.



## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

81471	X-linked intellectual disability (XLID) (eg, syndromic and non-syndromic XLID); duplication/deletion gene analysis, must include analysis of at least 60 genes, including ARX, ATRX, CDKL5, FGD1, FMR1, HUWE1, IL1RAPL, KDM5C, L1CAM, MECP2, MED12, MID1, OCRL,	Carelon, Anthem	GENE.00052	Managed by Carelon for Fully Insured and Vendor Program eligible members.
81493	Coronary artery disease, mRNA, gene expression profiling by real-time RT-PCR of 23 genes, utilizing whole peripheral blood, algorithm reported as a risk score	Carelon, Anthem	GENE.00050	Managed by Carelon for Fully Insured and Vendor Program eligible members.
81504	Oncology (tissue of origin), microarray gene expression profiling of > 2000 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as tissue similarity scores	Carelon, Anthem	GENE.00018	Managed by Carelon for Fully Insured and Vendor Program eligible members.
81506	Endocrinology (type 2 diabetes), biochemical assays of seven analytes (glucose, HbA1c, insulin, hs-CRP, adiponectin, ferritin, interleukin 2-receptor alpha), utilizing serum or plasma, algorithm reporting a risk score	Carelon, Anthem	Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members.
81518	Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 11 genes (7 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithms reported as percentage risk for metastatic recurrence and likelihood of benefit	Carelon, Anthem	CG-GENE-22	Managed by Carelon for Fully Insured and Vendor Program eligible members.
81519	Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 21 genes, utilizing formalin-fixed paraffin embedded tissue, algorithm reported as recurrence score	Carelon, Anthem	CG-GENE-22	Managed by Carelon for Fully Insured and Vendor Program eligible members.
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	Carelon, Anthem	CG-GENE-22	Managed by Carelon for Fully Insured and Vendor Program eligible members.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

81521	Oncology (breast), mRNA, microarray gene expression profiling of 70 content genes and 465 housekeeping genes, utilizing fresh frozen or formalin-fixed paraffin-embedded tissue, algorithm reported as index related to risk of distant metastasis	Carelon, Anthem	CG-GENE-22	Managed by Carelon for Fully Insured and Vendor Program eligible members.
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	Carelon, Anthem	CG-GENE-22	Managed by Carelon for Fully Insured and Vendor Program eligible members.
81525	Oncology (colon), mRNA, gene expression profiling by real-time RT-PCR of 12 genes (7 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a recurrence score	Carelon, Anthem	GENE.00016	Managed by Carelon for Fully Insured and Vendor Program eligible members.
81529	Oncology (cutaneous melanoma), mRNA, gene expression profiling by real-time RT-PCR of 31 genes (28 content and 3 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence risk, including likelihood of sentinel lymph	Carelon, Anthem	GENE.00023	Managed by Carelon for Fully Insured and Vendor Program eligible members.
81540	Oncology (tumor of unknown origin), mRNA, gene expression profiling by real-time RT-PCR of 92 genes (87 content and 5 housekeeping) to classify tumor into main cancer type and subtype, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported	Carelon, Anthem	GENE.00018	Managed by Carelon for Fully Insured and Vendor Program eligible members.
81541	Oncology (prostate), mRNA gene expression profiling by real-time RT-PCR of 46 genes (31 content and 15 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a disease-specific mortality risk score	Carelon, Anthem	GENE.00009	Managed by Carelon for Fully Insured and Vendor Program eligible members.
81542	Oncology (prostate), mRNA, microarray gene expression profiling of 22 content genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as metastasis risk score	Carelon, Anthem	GENE.00009	Managed by Carelon for Fully Insured and Vendor Program eligible members.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

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	Carelon, Anthem	GENE.00009	Managed by Carelon for Fully Insured and Vendor Program eligible members.
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	Carelon, Anthem	GENE.00023	Managed by Carelon for Fully Insured and Vendor Program eligible members.
81554	Pulmonary disease (idiopathic pulmonary fibrosis [IPF]), mRNA, gene expression analysis of 190 genes, utilizing transbronchial biopsies, diagnostic algorithm reported as categorical result (eg, positive or negative for high probability of usual interstitial pneumonia [UIP]) Envisia® Genomic Classifier, Veracyte, Inc	Carelon, Anthem	Carelon: Genetic Testing, GENE.00057	Managed by Carelon for Fully Insured and Vendor Program eligible members.
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 b	Carelon, Anthem	TRANS.00025; Carelon: Genetic Testing	managed by Carelon for Fully Insured and Vendor Program eligible members.
84999	Unlisted chemistry procedure	Carelon, Anthem	CG-GENE-22; GENE.00003; GENE.00016; GENE.00023; GENE.00041; LAB.00011; LAB.00019; LAB.00025; LAB.00028; LAB.00030; TRANS.00025	Managed by Carelon for Fully Insured and Vendor Program eligible members.
90901	Biofeedback training by any modality	Carelon, Anthem	MED.00125, Carelon Rehab: Outpatient Rehabilitative and Habilitative Services	Managed by Carelon for Fully Insured and Vendor Program eligible members.
91112	Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report	Carelon, Anthem	MED.00090	Managed by Carelon for Fully Insured and Vendor Program eligible members.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

93228	External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; review and interpretation with report by a physician or other qualified health care professional	Carelon, Anthem	CG-MED-74	managed by Carelon for Fully Insured and Vendor Program eligible members.
93229	External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; technical support for connection and patient instructions for use, attended surveillance, analysis and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional	Carelon, Anthem	CG-MED-74	Managed by Carelon for Fully Insured and Vendor Program eligible members.
93264	Remote monitoring of a wireless pulmonary artery pressure sensor for up to 30 days, including at least weekly downloads of pulmonary artery pressure recordings, interpretation	Carelon, Anthem	Carelon: Cardiology MED.00115	Managed by Carelon for Fully Insured and Vendor Program eligible members.
93306	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography	Carelon, Anthem	CG-MED-61, Carelon:Echocardiography Imaging;Imaging of the Heart	Managed by Carelon for Fully Insured and Vendor Program eligible members.
93307	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Carelon, Anthem	CG-MED-61, Carelon:Echocardiography Imaging;Imaging of the Heart	Managed by Carelon for Fully Insured and Vendor Program eligible members.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

93308	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study	Carelon, Anthem	CG-MED-61, Carelon:Echocardiography Imaging;Imaging of the Heart	Managed by Carelon for Fully Insured and Vendor Program eligible members.
93580	Percutaneous transcatheter closure of congenital interatrial communication (ie, Fontan fenestration, atrial septal defect) with implant	Carelon, Anthem	SURG.00032, SURG.00096	Managed by Carelon for Fully Insured and Vendor Program eligible members.
93600	Bundle of His recording	Carelon, Anthem	CG-SURG-55	Managed by Carelon for Fully Insured and Vendor Program eligible members.
93602	Intra-atrial recording	Carelon, Anthem	CG-SURG-55	Managed by Carelon for Fully Insured and Vendor Program eligible members.
93603	Right ventricular recording	Carelon, Anthem	CG-SURG-55	Managed by Carelon for Fully Insured and Vendor Program eligible members.
93619	Comprehensive electrophysiologic evaluation with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording, including insertion and repositioning of multiple electrode catheters, without induction or attempted induction of arrhythmia	Carelon, Anthem	CG-SURG-55	Managed by Carelon for Fully Insured and Vendor Program eligible members.
93620	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording	Carelon, Anthem	CG-SURG-55	Managed by Carelon for Fully Insured and Vendor Program eligible members.
93624	Electrophysiologic follow-up study with pacing and recording to test effectiveness of therapy, including induction or attempted induction of arrhythmia	Carelon, Anthem	CG-SURG-55	Managed by Carelon for Fully Insured and Vendor Program eligible members.
93640	Ⓜ Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement;	Carelon, Anthem	CG-SURG-97; Carelon: Expanded Cardiology	Managed by Carelon for Fully Insured and Vendor Program eligible members.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

93641	<p>Ⓢ</p> <p>Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement; with testing of single or dual chamber pacing cardioverter-defibrillator pulse generator</p>	Carelon, Anthem	CG-SURG-97; Carelon: Expanded Cardiology	Managed by Carelon for Fully Insured and Vendor Program eligible members.
93650	Intracardiac catheter ablation of atrioventricular node function, atrioventricular conduction for creation of complete heart block, with or without temporary pacemaker placement	Carelon, Anthem	CG-SURG-55	Managed by Carelon for Fully Insured and Vendor Program eligible members.
93653	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording (when necessary), and His bundle recording (when necessary) with intracardiac catheter ablation of arrhythmogenic focus; with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re-entry	Carelon, Anthem	CG-SURG-55	Managed by Carelon for Fully Insured and Vendor Program eligible members.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

93654	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording (when necessary), and His bundle recording (when necessary) with intracardiac catheter ablation of arrhythmogenic focus; with treatment of ventricular tachycardia or focus of ventricular ectopy including intracardiac electrophysiologic 3D mapping, when performed, and left ventricular pacing and recording, when performed	Carelon, Anthem	CG-SURG-55	Managed by Carelon for Fully Insured and Vendor Program eligible members.
93656	Comprehensive electrophysiologic evaluation including transseptal catheterizations, insertion and repositioning of multiple electrode catheters with intracardiac catheter abla	Carelon, Anthem	CG-MED-64	Managed by Carelon for Fully Insured and Vendor Program eligible members.
93745	Initial set-up and programming by a physician or other qualified health care professional of wearable cardioverter-defibrillator includes initial programming of system. establ	Carelon, Anthem	MED.00055	Managed by Carelon for Fully Insured and Vendor Program eligible members.
95965	Magnetoencephalography (Meg), Record & Analysis; For Spontaneous Brain Magnetic Activity	Carelon, Anthem	CG-MED-76; Radiology Program	Managed by Carelon for Fully Insured and Vendor Program eligible members.
95966	Magnetoencephalography (Meg), Record & Analysis; For Evoked Magnetic Fields, Single Modality	Carelon, Anthem	CG-MED-76; Radiology Program	Managed by Carelon for Fully Insured and Vendor Program eligible members.
95967	Magnetoencephalography (Meg), Record & Analysis; For Evoked Magnetic Fields, Ea Add'l Modality	Carelon, Anthem	CG-MED-76; Radiology Program	Managed by Carelon for Fully Insured and Vendor Program eligible members.
0005U	Oncology (prostate) gene expression profile by real-time RT-PCR of 3 genes (ERG, PCA3, and SPDEF), urine. algorithm reported as risk score	Carelon, Anthem	GENE.00009	Managed by Carelon for Fully Insured and Vendor Program eligible members.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

0007U	Drug test(s), presumptive, with definitive confirmation of positive results, any number of drug classes, urine, includes specimen verification including DNA authentication in comparison to buccal DNA per date of service	Carelon, Anthem	GENE.00041	Managed by Carelon for Fully Insured and Vendor Program eligible members.
0011M	Oncology, prostate cancer, mRNA expression assay of 12 genes (10 content and 2 housekeeping), RT-PCR test utilizing blood plasma and urine, algorithms to predict high-grade prostate cancer risk	Carelon, Anthem	GENE.00009	Managed by Carelon for Fully Insured and Vendor Program eligible members.
0012M	Oncology (urothelial), mRNA, gene expression profiling by real-time quantitative PCR of five genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and CXCR2), utilizing urine, algorithm reported as a risk score for having urothelial carcinoma Cxbladder™ Detect, Pacific Edge Diagnostics USA, Ltd.	Carelon, Anthem	GENE.00056	Managed by Carelon for Fully Insured and Vendor Program eligible members.
0013M	Oncology (urothelial), mRNA, gene expression profiling by real-time quantitative PCR of five genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and CXCR2), utilizing urine, algorithm reported as a risk score for having recurrent urothelial carcinoma Cxbladder™ Monitor, Pacific Edge Diagnostics USA, Ltd	Carelon, Anthem	GENE.00056	Managed by Carelon for Fully Insured and Vendor Program eligible members.
0016M	Oncology (bladder), mRNA, microarray gene expression profiling of 209 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as molecular subtype (luminal, luminal infiltrated, basal, basal claudin-low, neuroendocrine-like) Decipher Bladder TURBT®, Decipher Biosciences, Inc	Carelon, Anthem	GENE.00056	Managed by Carelon for Fully Insured and Vendor Program eligible members.
0016U	Oncology (hematolymphoid neoplasia), RNA, BCR/ABL1 major and minor breakpoint fusion transcripts, quantitative PCR amplification, blood or bone marrow. report of fusion not de	Carelon, Anthem	CG-GENE-14, Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members.



## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

0019U	Oncology, RNA, gene expression by whole transcriptome sequencing, formalin-fixed paraffin embedded tissue or fresh frozen tissue, predictive algorithm reported as potential targets for <u>therapeutic agents</u>	Carelon, Anthem	GENE.00025	Managed by Carelon for Fully Insured and Vendor Program eligible members.
0022U	Targeted genomic sequence analysis panel, non-small cell lung neoplasia, DNA and RNA analysis, 23 genes, interrogation for sequence variants and <u>rearrangements, reported as pr</u>	Carelon, Anthem	GENE.00052	Managed by Carelon for Fully Insured and Vendor Program eligible members.
0029U	Drug metabolism (adverse drug reactions and drug response), targeted sequence analysis (ie, CYP1A2, CYP2C19, CYP2C9, CYP2D6, CYP3A4, CYP3A5, CYP4F2, SLCO1B1, VKORC1 and rs12777823)	Carelon, Anthem	GENE.00010	Managed by Carelon for Fully Insured and Vendor Program eligible members.
0030U	Drug metabolism (warfarin drug response), targeted sequence analysis (ie, CYP2C9, CYP4F2, <u>VKORC1, rs12777823</u> )	Carelon, Anthem	GENE.00010	Managed by Carelon for Fully Insured and Vendor Program eligible members.
0036U	Exome (ie, somatic mutations), paired formalin-fixed paraffin-embedded tumor tissue and normal <u>specimen, sequence analyses</u>	Carelon, Anthem	GENE.00052	Managed by Carelon for Fully Insured and Vendor Program eligible members.
0040U	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis, major breakpoint, <u>quantitative</u>	Carelon, Anthem	CG-GENE-14, Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members.
0045U	Oncology (breast ductal carcinoma in situ), mRNA, gene expression profiling by real-time RT-PCR of 12 genes (7 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence score	Carelon, Anthem	CG-GENE-22	Managed by Carelon for Fully Insured and Vendor Program eligible members.
0047U	Oncology (prostate), mRNA, gene expression profiling by real-time RT-PCR of 17 genes (12 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a risk score	Carelon, Anthem	GENE.00009	Managed by Carelon for Fully Insured and Vendor Program eligible members.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

0048U	Oncology (solid organ neoplasia), DNA, targeted sequencing of protein-coding exons of 468 cancer-associated genes, including interrogation for somatic mutations and microsatellite instability, matched with normal specimens, utilizing formalin-fixed paraff	Carelon, Anthem	GENE.00052	Managed by Carelon for Fully Insured and Vendor Program eligible members.
0049U	NPM1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, quantitative	Carelon, Anthem	CG-GENE-14, Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members.
0050U	Targeted genomic sequence analysis panel, acute myelogenous leukemia, DNA analysis, 194 genes, interrogation for sequence variants, copy number variants or rearrangements	Carelon, Anthem	GENE.00052	Managed by Carelon for Fully Insured and Vendor Program eligible members.
0053U	Oncology (prostate cancer), FISH analysis of 4 genes (ASAP1, HDAC9, CHD1 and PTEN), needle biopsy specimen, algorithm reported as probability of higher tumor grade	Carelon, Anthem	GENE.00009	Managed by Carelon for Fully Insured and Vendor Program eligible members.
0055U	Cardiology (heart transplant), cell-free DNA, PCR assay of 96 DNA target sequences (94 single nucleotide polymorphism targets and two control targets). plasma	Carelon, Anthem	TRANS.00025; Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members.
0069U	Oncology (colorectal), microRNA, RT-PCR expression profiling of miR-31-3p, formalin-fixed paraffin-embedded tissue, algorithm reported as an expression score	Carelon, Anthem	GENE.00016	Managed by Carelon for Fully Insured and Vendor Program eligible members.
0078U	Pain management (opioid-use disorder) genotyping panel, 16 common variants (ie, ABCB1, COMT, DAT1, DBH, DOR, DRD1, DRD2, DRD4, GABA, GAL, HTR2A, HTTLPR, MTHFR, MUOR, OPRK1, OPRM1), buccal swab or other germline tissue sample, algorithm reported as positiv	Carelon, Anthem	GENE.00010	Managed by Carelon for Fully Insured and Vendor Program eligible members.
0079U	Comparative DNA analysis using multiple selected single-nucleotide polymorphisms (SNPs), urine and buccal DNA, for specimen identity verification	Carelon, Anthem	GENE.00041	Managed by Carelon for Fully Insured and Vendor Program eligible members.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

0087U	Cardiology (heart transplant), mRNA gene expression profiling by microarray of 1283 genes, transplant biopsy tissue, allograft rejection and injury algorithm reported as a probability score	Carelon, Anthem	TRANS.00025; Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members.
0089U	Oncology (melanoma), gene expression profiling by RTqPCR, PRAME and LINC00518, superficial collection using adhesive patch(es)	Carelon, Anthem	GENE.00023	Managed by Carelon for Fully Insured and Vendor Program eligible members.
0090U	Oncology (cutaneous melanoma), mRNA gene expression profiling by RT-PCR of 23 genes (14 content and 9 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a categorical result (ie, benign, indeterminate, malignant)	Carelon, Anthem	GENE.00023	Managed by Carelon for Fully Insured and Vendor Program eligible members.
0094U	Genome (eg, unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis	Carelon, Anthem	GENE.00052, Carelon:Whole Exome and Whole Genome Sequencing;	Managed by Carelon for Fully Insured and Vendor Program eligible members.
0101U	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with mRNA analytics to resolve	Carelon, Anthem	GENE.00052, Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members.
0102U	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with mRNA analytics to resolve	Carelon, Anthem	GENE.00052, Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members.
0103U	Hereditary ovarian cancer (eg, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with mRNA analytics to resolve variants of unknown significance when ind	Carelon, Anthem	GENE.00052, Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members.
0112U	Infectious agent detection and identification, targeted sequence analysis (16S and 18S rRNA genes) with drug-resistance gene	Carelon, Anthem	LAB.00050	Managed by Carelon for Fully Insured and Vendor Program eligible members.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

0113U	Oncology (prostate), measurement of PCA3 and TMPRSS2-ERG in urine and PSA in serum following prostatic massage, by RNA amplification and fluorescence-based detection, algorithm reported as risk score	Carelon, Anthem	GENE.00009	Managed by Carelon for Fully Insured and Vendor Program eligible members.
0118U	Transplantation medicine, quantification of donor-derived cell-free DNA using whole genome next-generation sequencing, plasma, reported as percentage of donor-derived cell-free DNA in the total cell-free DNA	Carelon, Anthem	TRANS.00025; Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members.
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)	Carelon, Anthem	GENE.00052	Managed by Carelon for Fully Insured and Vendor Program eligible members.
0130U	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis), targeted mRNA sequence analysis panel (APC, CDH1, CHEK2, MLH1, MSH2, MSH6, MUTYH, PMS2, PTEN, and TP53) (List separately in addition to code for primary procedure)	Carelon, Anthem	Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members.
0131U	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), targeted mRNA sequence analysis panel (13 genes) (List separately in addition to code for primary procedure)	Carelon, Anthem	Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members.
0132U	Hereditary ovarian cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), targeted mRNA sequence analysis panel (17 genes) (List separately in addition to code for primary procedure)	Carelon, Anthem	Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

0134U	Hereditary pan cancer (eg, hereditary breast and ovarian cancer, hereditary endometrial cancer, hereditary colorectal cancer), targeted mRNA sequence analysis panel (18 genes) (List separately in addition to code for primary procedure)	Carelon, Anthem	Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members.
0135U	Hereditary gynecological cancer (eg, hereditary breast and ovarian cancer, hereditary endometrial cancer, hereditary colorectal cancer), targeted mRNA sequence analysis panel (12 genes) (List separately in addition to code for primary procedure)	Carelon, Anthem	Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members.
0152U	Infectious disease (bacteria, fungi, parasites, and DNA viruses), microbial cell-free DNA, plasma, untargeted next-generation sequencing, report for significant positive patho	Carelon, Anthem	LAB.00050	Managed by Carelon for Fully Insured and Vendor Program eligible members.
0170U	Neurology (autism spectrum disorder [ASD]), RNA, next-generation sequencing, saliva, algorithmic analysis, and results reported as predictive probability of ASD diagnosis	Carelon, Anthem	CG-GENE-13	Managed by Carelon for Fully Insured and Vendor Program eligible members.
0173U	Psychiatry (ie, depression, anxiety), genomic analysis panel, includes variant analysis of 14 genes	Carelon, Anthem	GENE.00010	Managed by Carelon for Fully Insured and Vendor Program eligible members.
0175U	Psychiatry (eg, depression, anxiety), genomic analysis panel, variant analysis of 15 genes	Carelon, Anthem	GENE.00010	Managed by Carelon for Fully Insured and Vendor Program eligible members.
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	Carelon, Anthem	GENE.00052	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
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	Carelon, Anthem	SURG.00067, Carelon:MSK-Spine Surgery;MCG: W0118	Managed by Carelon for Fully Insured and Vendor Program eligible members.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

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	Carelon, Anthem	SURG.00067, Carelon:MSK-Spine Surgery;MCG: W0118	Managed by Carelon for Fully Insured and Vendor Program eligible members.
0203U	Autoimmune (inflammatory bowel disease), mRNA, gene expression profiling by quantitative RT-PCR, 17 genes (15 target and 2 reference genes), whole blood, reported as a continuous risk score and classification of inflammatory bowel disease aggressiveness	Carelon, Anthem	GENE.00055	Managed by Carelon for Fully Insured and Vendor Program eligible members.
0239U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free DNA, analysis of 311 or more genes, interrogation for sequence variants, including substitutions, ins	Carelon, Anthem	GENE.00052	Managed by Carelon for Fully Insured and Vendor Program eligible members.
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	Carelon, Anthem	GENE.00052	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0250U	Oncology (solid organ neoplasm), targeted genomic sequence DNA analysis of 505 genes, interrogation for somatic alterations (SNVs [single nucleotide variant], small insertions and deletions, one amplification, and four translocations), microsatellite instability and tumor-mutation burden PGDx elio™ tissue complete, Personal Genome Diagnostics, Inc, Personal Genome Diagnostics, Inc	Carelon, Anthem	Carelon: Genetic Testing, GENE.00052	Managed by Carelon for Fully Insured and Vendor Program eligible members.
0260U	Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical	Carelon, Anthem	Carelon: Genetic Testing, GENE.00052	Managed by Carelon for Fully Insured and Vendor Program eligible members.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

0264U	Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical	Carelon, Anthem	Carelon: Genetic Testing, GENE.00052	Managed by Carelon for Fully Insured and Vendor Program eligible members.
0265U	Rare constitutional and other heritable disorders, whole genome and mitochondrial DNA sequence analysis, blood, frozen and formalin-fixed paraffin-embedded (FFPE) tissue, sali	Carelon, Anthem	Carelon: Genetic Testing, GENE.00052	Managed by Carelon for Fully Insured and Vendor Program eligible members.
0266U	Unexplained constitutional or other heritable disorders or syndromes, tissue-specific gene expression by whole-transcriptome and next-generation sequencing, blood, formalin-fi	Carelon, Anthem	Carelon: Genetic Testing, GENE.00052	Managed by Carelon for Fully Insured and Vendor Program eligible members.
0267U	Rare constitutional and other heritable disorders, identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical g	Carelon, Anthem	Carelon: Genetic Testing, GENE.00052	Managed by Carelon for Fully Insured and Vendor Program eligible members.
0268U	Hematology (atypical hemolytic uremic syndrome [aHUS]), genomic sequence analysis of 15 genes, blood, buccal swab, or amniotic fluid	Carelon, Anthem	Carelon: Genetic Testing, GENE.00052	Managed by Carelon for Fully Insured and Vendor Program eligible members.
0269U	Hematology (autosomal dominant congenital thrombocytopenia), genomic sequence analysis of 14 genes, blood, buccal swab, or amniotic fluid	Carelon, Anthem	Carelon: Genetic Testing, GENE.00052	Managed by Carelon for Fully Insured and Vendor Program eligible members.
0270U	Hematology (congenital coagulation disorders), genomic sequence analysis of 20 genes, blood, buccal swab, or amniotic fluid	Carelon, Anthem	Carelon: Genetic Testing, GENE.00052	Managed by Carelon for Fully Insured and Vendor Program eligible members.
0271U	Hematology (congenital neutropenia), genomic sequence analysis of 23 genes, blood, buccal swab, or amniotic fluid	Carelon, Anthem	Carelon: Genetic Testing, GENE.00052	Managed by Carelon for Fully Insured and Vendor Program eligible members.
0272U	Hematology (genetic bleeding disorders), genomic sequence analysis of 51 genes, blood, buccal swab, or amniotic fluid, comprehensive	Carelon, Anthem	Carelon: Genetic Testing, GENE.00052	Managed by Carelon for Fully Insured and Vendor Program eligible members.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

0273U	Hematology (genetic hyperfibrinolysis, delayed bleeding), genomic sequence analysis of 8 genes (F13A1, F13B, FGA, FGB, FGG, SERPINA1, SERPINE1, SERPINE2, PLAU), blood, buccal	Carelon, Anthem	Carelon: Genetic Testing, GENE.00052	Managed by Carelon for Fully Insured and Vendor Program eligible members.
0274U	Hematology (genetic platelet disorders), genomic sequence analysis of 43 genes, blood, buccal swab, or amniotic fluid	Carelon, Anthem	Carelon: Genetic Testing, GENE.00052	Managed by Carelon for Fully Insured and Vendor Program eligible members.
0274T	Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or forami	Carelon, Anthem	SURG.00071	Managed by Carelon for Fully Insured and Vendor Program eligible members.
0275T	Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or forami	Carelon, Anthem	SURG.00071	Managed by Carelon for Fully Insured and Vendor Program eligible members.
0276U	Hematology (inherited thrombocytopenia), genomic sequence analysis of 23 genes, blood, buccal swab, or amniotic fluid	Carelon, Anthem	Carelon: Genetic Testing, GENE.00052	Managed by Carelon for Fully Insured and Vendor Program eligible members.
0277U	Hematology (genetic platelet function disorder), genomic sequence analysis of 31 genes, blood, buccal swab, or amniotic fluid	Carelon, Anthem	Carelon: Genetic Testing, GENE.00052	Managed by Carelon for Fully Insured and Vendor Program eligible members.
0278U	Hematology (genetic thrombosis), genomic sequence analysis of 12 genes, blood, buccal swab, or amniotic fluid	Carelon, Anthem	Carelon: Genetic Testing, GENE.00052	Managed by Carelon for Fully Insured and Vendor Program eligible members.
0287U	Oncology (thyroid), DNA and mRNA, next-generation sequencing analysis of 112 genes, fine needle aspirate or formalin-fixed paraffin-embedded (FFPE) tissue, algorithmic prediction of cancer recurrence, reported as a categorical risk result (low, intermediate, high)	Carelon, Anthem	Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members.



## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

0297U	Oncology (pan tumor), whole genome sequencing of paired malignant and normal DNA specimens, fresh or formalin-fixed paraffin-embedded (FFPE) tissue, blood or bone marrow, comparative sequence analyses and variant identification Praxis Somatic Whole Genome Sequencing, Praxis Genomics LLC	Carelon, Anthem	Carelon: Genetic Testing, GENE.00052	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0298U	Ⓢ Oncology (pan tumor), whole transcriptome sequencing of paired malignant and normal RNA specimens, fresh or formalin-fixed paraffin-embedded (FFPE) tissue, blood or bone marrow, comparative sequence analyses and expression level and chimeric transcript identification Praxis Somatic Transcriptome, Praxis Genomics LLC	Carelon, Anthem	Carelon: Genetic Testing, GENE.00052	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0299U	Oncology (pan tumor), whole genome optical genome mapping of paired malignant and normal DNA specimens, fresh frozen tissue, blood, or bone marrow, comparative structural variant identification Praxis Somatic Optical Genome Mapping, Praxis Genomics LLC	Carelon, Anthem	Carelon: Genetic Testing, GENE.00052	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0300U	Ⓢ Oncology (pan tumor), whole genome sequencing and optical genome mapping of paired malignant and normal DNA specimens, fresh tissue, blood, or bone marrow, comparative sequence analyses and variant identification Praxis Somatic Combined Whole Genome Sequencing and Optical Genome Mapping, Praxis Genomics LLC	Carelon, Anthem	Carelon: Genetic Testing, GENE.00052	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

0306U	Oncology (minimal residual disease [MRD]), next-generation targeted sequencing analysis, cell-free DNA, initial (baseline) assessment to determine a patient specific panel for future comparisons to evaluate for MRD Invitae PCM Tissue Profiling and MRD Baseline Assay, Invitae Corporation, Invitae Corporation	Carelon, Anthem	GENE.00052	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0307U	Oncology (minimal residual disease [MRD]), next-generation targeted sequencing analysis of a patient-specific panel, cell-free DNA, subsequent assessment with comparison to previously analyzed patient specimens to evaluate for MRD Invitae PCM MRD Monitoring, Invitae Corporation, Invitae Corporation	Carelon, Anthem	GENE.00052	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0318U	Pediatrics (congenital epigenetic disorders), whole genome methylation analysis by microarray for 50 or more genes, blood	Carelon, Anthem	CG-GENE-10, Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members.
0323U	Infectious agent detection by nucleic acid (DNA and RNA), central nervous system pathogen, metagenomic next-generation sequencing, cerebrospinal fluid (CSF), identification of	Carelon, Anthem	GENE.00053, Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members.
0326U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating DNA analysis of 83 or more genes, interrogation for sequence variants, gene copy number a	Carelon, Anthem	GENE.00052, Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members.
0329U	Oncology (neoplasia), exome and transcriptome sequence analysis for sequence variants, gene copy number amplifications and deletions, gene rearrangements, microsatellite insta	Carelon, Anthem	GENE.00052, Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members.
0331U	Oncology (hematolymphoid neoplasia), optical genome mapping for copy number alterations and gene rearrangements utilizing DNA from blood or bone marrow, report of clinically s	Carelon, Anthem	GENE.00052, Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

0332U	Oncology (pan-tumor), genetic profiling of 8 DNA-regulatory (epigenetic) markers by quantitative polymerase chain reaction (qPCR), whole blood, reported as a high or low proba	Carelon, Anthem	GENE.00052, Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members.
0333U	Oncology (liver), surveillance for hepatocellular carcinoma (HCC) in high-risk patients, analysis of methylation patterns on circulating cell-free DNA (cfDNA) plus measurement of serum of AFP/AFP-L3 and oncoprotein des-gamma-carboxy-prothrombin (DCP), algorithm reported as normal or abnormal result	Carelon, Anthem	GENE.00052, Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members.
0334U	Oncology (solid organ), targeted genomic sequence analysis, formalin-fixed paraffin-embedded (FFPE) tumor tissue, DNA analysis, 84 or more genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden	Carelon, Anthem	GENE.00052, Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members.
0335U	Rare diseases (constitutional/heritable disorders), whole genome sequence analysis, including small sequence changes, copy number variants, deletions, duplications, mobile element insertions, uniparental disomy (UPD), inversions, aneuploidy, mitochondrial genome sequence analysis with heteroplasmy and large deletions, short tandem repeat (STR) gene expansions, fetal sample, identification and categorization of genetic variants	Carelon, Anthem	GENE.00052, Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

0336U	Rare diseases (constitutional/heritable disorders), whole genome sequence analysis, including small sequence changes, copy number variants, deletions, duplications, mobile element insertions, uniparental disomy (UPD), inversions, aneuploidy, mitochondrial genome sequence analysis with heteroplasmy and large deletions, short tandem repeat (STR) gene expansions, blood or saliva, identification and categorization of genetic variants, each comparator genome (eg, parent)	Carelon, Anthem	GENE.00052, Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members.
0339U	Oncology (prostate), mRNA expression profiling of HOXC6 and DLX1, reverse transcription polymerase chain reaction (RT-PCR), first-void urine following digital rectal examinati	Carelon, Anthem	GENE.00009, Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members.
0340U	Oncology (pan-cancer), analysis of minimal residual disease (MRD) from plasma, with assays personalized to each patient based on prior next-generation sequencing of the patient's tumor and germline DNA, reported as absence or presence of MRD, with disease-burden correlation, if appropriate	Carelon, Anthem	GENE.00059, Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members.
0343U	Oncology (prostate), exosome-based analysis of 442 small noncoding RNAs (sncRNAs) by quantitative reverse transcription polymerase chain reaction (RT-qPCR), urine, reported as molecular evidence of no-, low-, intermediate- or high-risk of prostate cancer	Carelon, Anthem	GENE.00052; Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members.
0345U	Psychiatry (eg, depression, anxiety, attention deficit hyperactivity disorder [ADHD]), genomic analysis panel, variant analysis of 15 genes, including deletion/duplication ana	Carelon, Anthem	GENE.00010, Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members.
0347U	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 16 gene report, with variant analysis and reported phenotypes	Carelon, Anthem	GENE.00010, Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

0348U	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 25 gene report, with variant analysis and reported phenotypes	Carelon, Anthem	GENE.00010, Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members.
0349U	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 27 gene report, with variant analysis, including reported phenotypes and impacted gene-drug interactions	Carelon, Anthem	GENE.00010, Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members.
0350U	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 27 gene report, with variant analysis and reported phenotypes	Carelon, Anthem	GENE.00010, Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members.
0364U	Oncology (hematolymphoid neoplasm), genomic sequence analysis using multiplex (PCR) and next-generation sequencing with algorithm, quantification of dominant clonal sequence(s), reported as presence or absence of minimal residual disease (MRD) with quantitation of disease burden, when appropriate	Carelon, Anthem	Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0368U	Oncology (colorectal cancer), evaluation for mutations of APC, BRAF, CTNNB1, KRAS, NRAS, PIK3CA, SMAD4, and TP53, and methylation markers (MYO1G, KCNQ5, C9ORF50, FLI1, CLIP4, ZNF132 and TWIST1)	Carelon, Anthem	GENE.00052, Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0378U	RFC1 (replication factor C subunit 1), repeat expansion variant analysis by traditional and repeat-primed PCR, blood, saliva, or buccal swab	Carelon, Anthem		
0379U	Targeted genomic sequence analysis panel, solid organ neoplasm, DNA (523 genes) and RNA (55 genes) by next-generation sequencing, interrogation for sequence variants, gene copy	Carelon, Anthem	Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0380U	Drug metabolism (adverse drug reactions and drug response), targeted sequence analysis, 20 gene variants and CYP2D6 deletion or duplication analysis with reported genotype and	Carelon, Anthem	Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

0388U	Oncology (non-small cell lung cancer), next-generation sequencing with identification of single nucleotide variants, copy number variants, insertions and deletions, and structural variants	Carelon, Anthem	Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0391U	Oncology (solid tumor), DNA and RNA by next-generation sequencing, utilizing formalin-fixed paraffin-embedded (FFPE) tissue, 437 genes, interpretive report for single nucleotide variants	Carelon, Anthem	Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0392U	Drug metabolism (depression, anxiety, attention deficit hyperactivity disorder [ADHD]), gene-drug interactions, variant analysis of 16 genes, including deletion/duplication and copy number variants	Carelon, Anthem	Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0400U	Obstetrics (expanded carrier screening), 145 genes by nextgeneration sequencing, fragment analysis and multiplex ligationdependent probe amplification. DNA reported as carrier status	Carelon, Anthem	Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0401U	Cardiology (coronary heart disease [CAD]), 9 genes (12 variants), targeted variant genotyping, blood, saliva, or buccal swab, algorithm reported as a genetic risk score for a heart attack	Carelon, Anthem	Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0408T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; pulse generator with transvenous electrodes	Carelon, Anthem	SURG.00153	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0409T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; pulse generator only	Carelon, Anthem	SURG.00153	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0410T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; atrial electrode only	Carelon, Anthem	SURG.00153	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

0411T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; ventricular electrode only	Carelon, Anthem	SURG.00153	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0412T	Removal of permanent cardiac contractility modulation system; pulse generator only	Carelon, Anthem	SURG.00153	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0413T	Removal of permanent cardiac contractility modulation system; transvenous electrode (atrial or ventricular)	Carelon, Anthem	SURG.00153	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0414T	Removal and replacement of permanent cardiac contractility modulation system pulse generator only	Carelon, Anthem	SURG.00153	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0415T	Repositioning of previously implanted cardiac contractility modulation transvenous electrode, (atrial or ventricular lead)	Carelon, Anthem	SURG.00153	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0416T	Relocation of skin pocket for implanted cardiac contractility modulation pulse generator	Carelon, Anthem	SURG.00153	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0417T	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, including review and report, implantable cardiac contractility modulation system	Carelon, Anthem	SURG.00153	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0418T	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter; implantable cardiac contractility modulation system	Carelon, Anthem	SURG.00153	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

0420U	Oncology (urothelial), mRNA expression profiling by real-time quantitative PCR of MDK, HOXA13, CDC2, IGFBP5, and CXCR2 in combination with droplet digital PCR (ddPCR) analysis	Carelon, Anthem	GENE.00056	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0422U	Oncology (pan-solid tumor), analysis of DNA biomarker response to anti-cancer therapy using cell-free circulating DNA, biomarker comparison to a previous baseline pre-treatment	Carelon, Anthem	GENE.00052	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0423U	Psychiatry (eg, depression, anxiety), genomic analysis panel, including variant analysis of 26 genes, buccal swab, report including metabolizer status and risk of drug toxicity	Carelon, Anthem	GENE.00010	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0424U	Oncology (prostate), exosome-based analysis of 53 small noncoding RNAs (sncRNAs) by quantitative reverse transcription polymerase chain reaction (RT-qPCR), urine, reported as	Carelon, Anthem	GENE.00052	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0425U	Genome (eg, unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis, each comparator genome (eg, parents, siblings)	Carelon, Anthem	GENE.00052	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0426U	Genome (eg, unexplained constitutional or heritable disorder or syndrome), ultra-rapid sequence analysis	Carelon, Anthem	GENE.00052	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0428U	Oncology (breast), targeted hybrid-capture genomic sequence analysis panel, circulating tumor DNA (ctDNA) analysis of 56 or more genes, interrogation for sequence variants, ge	Carelon, Anthem	GENE.00052	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0434U	Drug metabolism (adverse drug reactions and drug response), genomic analysis panel, variant analysis of 25 genes with reported phenotypes	Carelon, Anthem	GENE.00010	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0438U	Drug metabolism (adverse drug reactions and drug response), buccal specimen, gene-drug interactions, variant analysis of 33 genes, including deletion/duplication analysis of C	Carelon, Anthem	GENE.00010	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.



## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

0505T	Endovenous femoral-popliteal arterial revascularization, with transcatheter placement of intravascular stent graft(s) and closure by any method, including percutaneous or open vascular access, ultrasound guidance for vascular access when performed, all catheterization(s) and intraprocedural roadmapping and imaging guidance necessary to complete the intervention, all associated radiological supervision and interpretation, when performed, with crossing of the occlusive lesion in an extraluminal fashion	Carelon, Anthem	CG-SURG-49, Carelon: Expanded Cardiology	Managed by Carelon for Fully Insured and Vendor Program eligible members.
0510T	Removal of sinus tarsi implant	Carelon, Anthem	SURG.00104	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
0511T	Removal and reinsertion of sinus tarsi implant	Carelon, Anthem	SURG.00104	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
0515T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and <u>interpretation, when performed</u>	Carelon, Anthem	SURG.00152	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
0516T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and <u>interpretation, when performed</u>	Carelon, Anthem	SURG.00152	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
0517T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and <u>interpretation, when performed</u>	Carelon, Anthem	SURG.00152	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
0518T	Removal of only pulse generator component(s) (battery and/or transmitter) of wireless cardiac stimulator for left ventricular pacing	Carelon, Anthem	SURG.00152	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

0519T	Removal and replacement of wireless cardiac stimulator for left ventricular pacing; pulse generator component(s) (battery and/or transmitter)	Carelon, Anthem	SURG.00152	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0520T	Removal and replacement of wireless cardiac stimulator for left ventricular pacing; pulse generator component(s) (battery and/or transmitter). including placement of a new ele	Carelon, Anthem	SURG.00152	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0521T	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording, and disconnection per patient encounter. wireless cardiac stimula	Carelon, Anthem	SURG.00152	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0522T	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values	Carelon, Anthem	SURG.00152	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0525T	Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpr	Carelon, Anthem	CARELON: Cardiology MED.00111	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0526T	Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpr	Carelon, Anthem	CARELON: Cardiology MED.00111	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0527T	Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpr	Carelon, Anthem	CARELON: Cardiology MED.00111	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0528T	Programming device evaluation (in person) of intracardiac ischemia monitoring system with iterative adjustment of programmed values, with analysis, review, and report	Carelon, Anthem	CARELON: Cardiology MED.00111	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0529T	Interrogation device evaluation (in person) of intracardiac ischemia monitoring system with analysis, review, and report	Carelon, Anthem	CARELON: Cardiology MED.00111	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

0530T	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; complete system (electrode and implantable monitor)	Carelon, Anthem	CARELON: Cardiology MED.00111	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0531T	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; electrode only	Carelon, Anthem	CARELON: Cardiology MED.00111	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0532T	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; implantable monitor only	Carelon, Anthem	CARELON: Cardiology MED.00111	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0607T	Remote monitoring of an external continuous pulmonary fluid monitoring system, including measurement of radiofrequency-derived pulmonary fluid levels, heart rate, respiration	Carelon, Anthem	CARELON: Cardiology MED.00134	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0608T	Remote monitoring of an external continuous pulmonary fluid monitoring system, including measurement of radiofrequency-derived pulmonary fluid levels, heart rate, respiration	Carelon, Anthem	CARELON: Cardiology MED.00134	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0620T	Endovascular venous arterialization, tibial or peroneal vein, with transcatheter placement of intravascular stent graft(s) and closure by any method, including percutaneous or	Carelon, Anthem	CG-SURG-49, Carelon: Expanded Cardiology	Managed by Carelon for Fully Insured and Vendor Program eligible members.
0689T	Quantitative ultrasound tissue characterization (non-elastographic), including interpretation and report, obtained without diagnostic ultrasound examination of the same anatomic	Carelon, Anthem	RAD.00067	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0690T	Quantitative ultrasound tissue characterization (non-elastographic), including interpretation and report, obtained with diagnostic ultrasound examination of the same anatomy (	Carelon, Anthem	RAD.00067	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0795T	Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography, right ventric	Carelon, Anthem	Carelon: Cardiology, SURG.00150	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

0796T	Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography, right ventric	Carelon, Anthem	Carelon: Cardiology, SURG.00150	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0797T	Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography, right ventric	Carelon, Anthem	Carelon: Cardiology, SURG.00150	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0798T	Transcatheter removal of permanent dual-chamber leadless pacemaker, including imaging guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography, right ventricul	Carelon, Anthem	Carelon: Cardiology, SURG.00150	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0799T	Transcatheter removal of permanent dual-chamber leadless pacemaker, including imaging guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography, right ventricul	Carelon, Anthem	Carelon: Cardiology, SURG.00150	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0800T	Transcatheter removal of permanent dual-chamber leadless pacemaker, including imaging guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography, right ventricul	Carelon, Anthem	Carelon: Cardiology, SURG.00150	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0801T	Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography,	Carelon, Anthem	Carelon: Cardiology, SURG.00150	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0802T	Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography,	Carelon, Anthem	Carelon: Cardiology, SURG.00150	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0803T	Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography,	Carelon, Anthem	Carelon: Cardiology, SURG.00150	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

0804T	Programming device evaluation (in person) with iterative adjustment of implantable device to test the function of device and to select optimal permanent programmed values, wit	Carelon, Anthem	Carelon: Cardiology, SURG.00150	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0823T	Transcatheter insertion of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography	Carelon, Anthem	Carelon: Cardiology, SURG.00150	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0824T	Transcatheter removal of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography an	Carelon, Anthem	Carelon: Cardiology, SURG.00150	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0825T	Transcatheter removal and replacement of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atria	Carelon, Anthem	Carelon: Cardiology, SURG.00150	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0861T	Removal of pulse generator for wireless cardiac stimulator for left ventricular pacing; both components (battery and transmitter)	Carelon, Anthem	Carelon: Cardiology, SURG.00150	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0862T	Relocation of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; battery component only	Carelon, Anthem	Carelon: Cardiology, SURG.00150	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0863T	Relocation of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; transmitter component only	Carelon, Anthem	Carelon: Cardiology, SURG.00150	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
C1721	Cardioverter-defibrillator, dual chamber (implantable)	Carelon, Anthem	SURG.00033; Carelon: Expanded Cardiology	Managed by Carelon for Fully Insured and Vendor Program eligible members.
C1722	Cardioverter-defibrillator, single chamber (implantable)	Carelon, Anthem	SURG.00033; Carelon: Expanded Cardiology	Managed by Carelon for Fully Insured and Vendor Program eligible members.
C1764	Event recorder, cardiac (implantable)	Carelon, Anthem	CG-MED-74	Managed by Carelon for Fully Insured and Vendor Program eligible members.
C1777	Lead, cardioverter-defibrillator, endocardial single coil (implantable)	Carelon, Anthem	SURG.00033; Carelon: Expanded Cardiology	Managed by Carelon for Fully Insured and Vendor Program eligible members.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

C1821	Interspinous process distraction device (implantable)	Carelon, Anthem	SURG.00092	Managed by Carelon for Fully Insured and Vendor Program eligible members.
C1824	Generator, cardiac contractility modulation (implantable)	Carelon, Anthem	SURG.00153	Managed by Carelon for Fully Insured and Vendor Program eligible members.
C1833	Monitor, cardiac, including intracardiac lead and all system components (implantable)	Anthem	Carelon: Cardioloy MED.00111	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
C1882	Cardioverter-defibrillator, other than single or dual chamber (implantable)	Carelon, Anthem	SURG.00033; Carelon: Expanded Cardiology	Managed by Carelon for Fully Insured and Vendor Program eligible members.
C1895	Lead, cardioverter-defibrillator, endocardial dual coil (implantable)	Carelon, Anthem	SURG.00033; Carelon: Expanded Cardiology	Managed by Carelon for Fully Insured and Vendor Program eligible members.
C1896	Lead, cardioverter-defibrillator, other than endocardial single or dual coil (implantable)	Carelon, Anthem	SURG.00033; Carelon: Expanded Cardiology	Managed by Carelon for Fully Insured and Vendor Program eligible members.
C2624	Implantable wireless pulmonary artery pressure sensor with delivery catheter, including all system components	Carelon, Anthem	Carelon: Cardiology MED.00115	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
C7531	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(ies), unilateral, with transluminal angioplasty with intravascular ultrasound (initial noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation	Carelon, Anthem	CG-SURG-49; Carelon: Expanded Cardiology	Managed by Carelon for Fully Insured and Vendor Program eligible members.
C7534	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(ies), unilateral, with atherectomy, includes angioplasty	Carelon, Anthem	CG-SURG-49; Carelon: Expanded Cardiology	Managed by Carelon for Fully Insured and Vendor Program eligible members.
C7535	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(ies), unilateral, with transluminal stent placement(s), includes angioplasty within the same vessel, when performed, with intravascular ultrasound (initial noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation	Carelon, Anthem	CG-SURG-49; Carelon: Expanded Cardiology	Managed by Carelon for Fully Insured and Vendor Program eligible members.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

C7538	Insertion of new or replacement of permanent pacemaker with ventricular transvenous electrode(s), with insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (eg, for upgrade to dual chamber system)	Carelon, Anthem	CG-SURG-63; Carelon: Expanded Cardiology	Managed by Carelon for Fully Insured and Vendor Program eligible members.
C7539	Insertion of new or replacement of permanent pacemaker with atrial and ventricular transvenous electrode(s), with insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (eg, for upgrade to dual chamber system)	Carelon, Anthem	CG-SURG-63; Carelon: Expanded Cardiology	Managed by Carelon for Fully Insured and Vendor Program eligible members.
C7540	Ⓜ Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator, dual lead system, with insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (eg, for upgrade to dual chamber system)	Carelon, Anthem	CG-SURG-63; Carelon: Expanded Cardiology	Managed by Carelon for Fully Insured and Vendor Program eligible members.
E0490	Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, controlled by hardware remote	Anthem	DME.00043; Carelon Sleep	Managed by Carelon for Fully Insured and Vendor Program eligible members.
E0491	Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in conjunction with the power source and control electronics unit controlled by hard	Anthem	DME.00011; Carelon Sleep	Managed by Carelon for Fully Insured and Vendor Program eligible members.
E0492	Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, controlled by phone application	Anthem	DME.00043; Carelon Sleep	Managed by Carelon for Fully Insured and Vendor Program eligible members.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

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 phon	Anthem	DME.00043; Carelton Sleep	Managed by Carelton for Fully Insured and Vendor Program eligible members.
E0530	Electronic positional obstructive sleep apnea treatment, with sensor, includes all components and accessories, any type	Anthem	DME.00042; Calrelon Sleep	Managed by Carelton for Fully Insured and Vendor Program eligible members.
E0616	Implantable cardiac event recorder with memory, activator, and programmer	Carelton, Anthem	CG-MED-74	Managed by Carelton for Fully Insured and Vendor Program eligible members.
G0448	Insertion or replacement of a permanent pacing cardioverter-defibrillator system with transvenous lead(s), single or dual chamber with insertion of pacing electrode, cardiac venous system, for left ventricular pacing	Carelton, Anthem	CG-SURG-97; Carelton: Expanded Cardiology	Managed by Carelton for Fully Insured and Vendor Program eligible members.
K1030	External recharging system for battery (internal) for use with implanted cardiac contractility modulation generator, replacement only	Carelton, Anthem	SURG.00153	Managed by Carelton for Fully Insured and Vendor Program eligible members.
L8684	Radiofrequency transmitter (external) for use with implantable sacral root neurostimulator receiver for bowel and bladder management, replacement	Carelton, Anthem	MSK program; CG-SURG-08	Managed by Carelton for Fully Insured and Vendor Program eligible members.
S2117	Arthroereisis, subtalar	Carelton, Anthem	SURG.00104	Managed by Carelton for Fully Insured and Vendor Program eligible members.
S2118	Metal-on-metal total hip resurfacing, including acetabular and femoral components	Carelton, Anthem	MSK program	Managed by Carelton for Fully Insured and Vendor Program eligible members.
S2300	Arthroscopy, Shoulder, Surgi	Carelton, Anthem	MSK program; SURG.00043	Managed by Carelton for Fully Insured and Vendor Program eligible members.
S2348	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, using radiofrequency energy, single or multiple levels, lumbar [DISC nucleoplasty]	Carelton, Anthem	SURG.00071	Managed by Carelton for Fully Insured and Vendor Program eligible members.
S3861	Genetic testing, sodium channel, voltage-gated, type V, alpha subunit (SCN5A) and variants for suspected Brugada Syndrome	Carelton, Anthem	CG-GENE-23	Managed by Carelton for Fully Insured and Vendor Program eligible members.
S3865	Comprehensive gene sequence analysis for hypertrophic cardiomyopathy	Carelton, Anthem	CG-GENE-23	Managed by Carelton for Fully Insured and Vendor Program eligible members.



## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

S3866	Genetic analysis for a specific gene mutation for hypertrophic cardiomyopathy (HCM) in an individual with a known HCM mutation in the family	Carelon, Anthem	CG-GENE-23	Managed by Carelon for Fully Insured and Vendor Program eligible members.
S8035	Magnetic Source Imaging	Carelon, Anthem	CG-MED-76; Radiology Program	Managed by Carelon for Fully Insured and Vendor Program eligible members.

Reviewed by Carelon:				
Code	Code Description	Responsible Party	Criteria/Guideline	Comments
00530	Anesthesia for permanent transvenous pacemaker insertion	Carelon	Carelon: Expanded Cardiology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
01941	Anesthesia for percutaneous image-guided neuromodulation or intravertebral procedures (eg, kyphoplasty, vertebroplasty) on the spine or spinal cord: cervical or thoracic	Carelon	Carelon: MSK; CG-MED-78	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
01942	Anesthesia for percutaneous image-guided neuromodulation or intravertebral procedures (eg, kyphoplasty, vertebroplasty) on the spine or spinal cord: lumbar or sacral	Carelon	Carelon: MSK; CG-MED-78	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
19296	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; on date separate from partial mastectomy	Carelon	Carelon: Radiation Oncology and Proton Beam Therapy	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
19298	Placement of radiotherapy after loading brachytherapy catheters (multiple tube and button type) into the breast for interstitial radioelement application following (at the time of or subsequent to) partial mastectomy, includes imaging guidance	Carelon	Carelon: Radiation Oncology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

20555	Placement of needles or catheters into muscle and/or soft tissue for subsequent interstitial radioelement application (at the time of or subsequent to the procedure)	Carelon	Carelon: Radiation Oncology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
20560	Needle insertion(s) without injection(s); 1 or 2 muscle(s)	Carelon	Carelon Rehab: Outpatient Rehabilitative and Habilitative Services; MCG:W0118	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
20561	Needle insertion(s) without injection(s); 3 or more muscles	Carelon	Carelon Rehab: Outpatient Rehabilitative and Habilitative Services; MCG:W0118	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
20930	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure)	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
20931	Allograft, structural, for spine surgery only (List separately in addition to code for primary procedure)	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
20932	Allograft, includes templating, cutting, placement and internal fixation, when performed; osteoarticular, including articular surface and contiguous bone (List separately in addition to code for primary procedure)	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
20933	Allograft, includes templating, cutting, placement and internal fixation, when performed; hemicortical intercalary, partial (ie, hemicylindrical) (List separately in addition to code for primary procedure)	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

20934	Allograft, includes templating, cutting, placement and internal fixation, when performed; intercalary, complete (ie, cylindrical) (List separately in addition to code for primary procedure)	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and <del>MSK-Joint Surgery</del>	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
20936	Autograft for spine surgery only (includes harvesting the graft); local (eg, ribs, spinous process, or laminar fragments) obtained from same incision (List separately in addition to code for primary procedure)	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and <del>MSK-Joint Surgery</del>	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
20937	Autograft for spine surgery only (includes harvesting the graft); morselized (through separate skin or fascial incision) (List separately in addition to code for primary procedure)	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and <del>MSK-Joint Surgery</del>	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
20938	Autograft for spine surgery only (includes harvesting the graft); structural, bicortical or tricortical (through separate skin or fascial incision) (List separately in addition to code for primary procedure)	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and <del>MSK-Joint Surgery</del>	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
20939	Bone marrow aspiration for bone grafting, spine surgery only, through separate skin or fascial incision (List separately in addition to code for primary procedure)	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and <del>MSK-Joint Surgery</del>	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
20974	Electrical stimulation to aid bone healing; noninvasive (nonoperative)	Carelon	Carelon:MSK-Spine Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members.
22206	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); thoracic	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and <del>MSK-Joint Surgery</del>	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

22207	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); lumbar	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
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)	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
22210	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; cervical	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
22212	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; thoracic	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
22214	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
22216	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; each additional vertebral segment (List separately in addition to primary procedure)	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

22220	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; cervical	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
22222	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; thoracic	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
22224	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; lumbar	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
22226	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure)	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
22532	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
22533	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:S-820, S-820.BPG, S-5810	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

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)	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:S-820, S-820.BPG, S-5210	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
22548	Arthrodesis, anterior transoral or extraoral technique, clivus-C1-C2 (atlas-axis), with or without excision of odontoid process	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:S-320, S-320.BPG, S-5210, S-320	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophylectomy and decompression of spinal cord and/or nerve roots; cervical below C2	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:S-320, S-320.BPG, S-5210	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
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)	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:S-320, S-320.BPG, S-5210	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
22554	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:S-320, S-320.BPG, S-5210	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

22556	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
22558	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:S-820, S-820-RRG, S-5310	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
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)	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:W0111, W0111-RRG, S-5310	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
22590	Arthrodesis, posterior technique, craniocervical (occiput-C2)	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:S-330, S-330-RRG, S-5310	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
22595	Arthrodesis, posterior technique, atlas-axis (C1-C2)	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:S-330, S-330-RRG, S-5310	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

22600	Arthrodesis, posterior or posterolateral technique, single level; cervical below C2 segment	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:S-330, S-330-RRG, S-5310	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
22610	Arthrodesis, posterior or posterolateral technique, single level; thoracic (with lateral transverse technique, when performed)	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
22612	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:S-820, S-820-RRG, S-5810	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
22614	Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure)	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:W0112, W0112-RRG, S-5310, W0119	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:S-820, S-820-RRG, S-5810	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.



## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

22632	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; each additional interspace (List separately in addition to code for primary procedure)	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:W0118, S-5810	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
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 and segment; lumbar	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:S-820, S-820-RRG, S-5810	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
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 and segment; each additional interspa	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:S-820, S-820-RRG, S-5810	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
22800	Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:S-1056, P-1056, S-1056-RRG, P-1056-RRG	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
22802	Arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12 vertebral segments	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:S-1056, P-1056, S-1056-RRG, P-1056-RRG	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

22804	Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:S-1056, P-1056, S-1056-RRG, P-1056-RRG	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
22808	Arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3 vertebral segments	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
22810	Arthrodesis, anterior, for spinal deformity, with or without cast; 4 to 7 vertebral segments	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
22812	Arthrodesis, anterior, for spinal deformity, with or without cast; 8 or more vertebral segments	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
22818	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); single or 2 segments	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
22819	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); 3 or more segments	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

22830	Exploration of spinal fusion	Carelon	Carelon MSK: Spine Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
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 proced	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
22841	Internal spinal fixation by wiring of spinous processes (List separately in addition to code for primary procedure)	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
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)	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:S-1056, P-1056, S-1056-RRG, P-1056-RRG	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
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)	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:S-1056, P-1056, S-1056-RRG, P-1056-RRG	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

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)	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:S-1056, P-1056, S-1056-RRG, P-1056-RRG	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
22845	Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
22846	Anterior instrumentation; 4 to 7 vertebral segments (List separately in addition to code for primary procedure)	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
22847	Anterior instrumentation; 8 or more vertebral segments (List separately in addition to code for primary procedure)	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
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)	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

22849	Reinsertion of spinal fixation device	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:S-1056, P-1056, S-1056-RRG, P-1056-RRG	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
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 inter	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
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)	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
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	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), single interspace, lumbar	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
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	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

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	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
22860	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), each additional interspace, lumbar (List separately in addition to code for primary procedure)	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
22862	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
22864	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
22865	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

23105	Arthrotomy; glenohumeral joint, with synovectomy, with or without biopsy	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
23107	Arthrotomy, glenohumeral joint, with joint exploration, with or without removal of loose or foreign body	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
23120	Claviculectomy; partial	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
23130	Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:S-1045, S-1045-PPG	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
23410	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:S-1045, S-1045-PPG	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
23412	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:S-1045, S-1045-PPG	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

23415	Coracoacromial ligament release, with or without acromioplasty	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:S-1045, <del>C-1045-PBG</del>	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
23420	Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:S-1045, <del>C-1045-PBG</del>	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
23430	Tenodesis of long tendon of biceps	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and <del>MSK-Joint Surgery</del>	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
23440	Resection or transplantation of long tendon of biceps	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and <del>MSK-Joint Surgery</del>	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
23450	Capsulorrhaphy, anterior; Putti-Platt procedure or Magnuson type operation	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and <del>MSK-Joint Surgery</del>	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
23455	Capsulorrhaphy, anterior; with labral repair (eg, Bankart procedure)	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and <del>MSK-Joint Surgery</del>	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.



## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

23460	Capsulorrhaphy, anterior, any type; with bone block	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
23462	Capsulorrhaphy, anterior, any type; with coracoid process transfer	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
23465	Capsulorrhaphy, glenohumeral joint, posterior, with or without bone block	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
23466	Capsulorrhaphy, glenohumeral joint, any type multi-directional instability	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
23470	Arthroplasty, glenohumeral joint; hemiarthroplasty	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:S-633, S-633, PRG S-5633	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
23472	Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:S-634, S-634, PRG S-5633	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

23473	Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:S-634, S-634 PPG S-5632	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
23474	Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:S-634, S-634 PPG S-5632	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
23700	Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
24300	Manipulation, Elbow, Under Anesthesia	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; CG-MED-65	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
25259	Manipulation, Wrist, Under Anesthesia	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; CG-MED-65	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

26340	Manipulation, Finger Joint, Under Anesthesia, Each Joint	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; CG-MED-65	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
27096	Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
27120	Acetabuloplasty; (eg, Whitman, Colonna, Haygroves, or cup type)	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
27122	Acetabuloplasty; resection, femoral head (eg, Girdlestone procedure)	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
27125	Hemiarthroplasty, hip, partial (eg, femoral stem prosthesis, bipolar arthroplasty)	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:S-560, S-600, S-560-RRG, S-600-RRG, CMG-011-RF, I-5560, I-5600, S-5560, S-5600, S-560	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:S-560, S-565, S-560-RRG, S-565-RRG, I-5560, S-5560, S-560	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
27132	Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:S-560, S-560-RRG, I-5560, S-5560, S-560	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
27134	Revision of total hip arthroplasty; both components, with or without autograft or allograft	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:S-560, S-560-RRG, I-5560, S-5560, S-560	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
27137	Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:S-560, S-560-RRG, I-5560, S-5560, S-560	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

27138	Revision of total hip arthroplasty; femoral component only, with or without allograft	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:S-560, S-560-RRG, I-5560, S-5560, S-560	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
27275	Manipulation, Hip Joint, Requiring General Anesthesia	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; CG-MED-65	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
27280	Arthrodesis, sacroiliac joint, open, includes obtaining bone graft, including instrumentation, when performed	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
27331	Arthrotomy, knee; including joint exploration, biopsy, or removal of loose or foreign bodies	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:S-710, S-710-RRG	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

27332	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial OR lateral	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:S-710, S-710 PPG	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
27333	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial AND lateral	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:S-710, S-710 PPG	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
27334	Arthrotomy, with synovectomy, knee; anterior OR posterior	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:S-710, S-710 PPG	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
27335	Arthrotomy, with synovectomy, knee; anterior AND posterior including popliteal area	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:S-710, S-710 PPG	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
27345	Excision, Synovial Cyst, Popliteal Space	Carelon	MSK:	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
27403	Arthrotomy with meniscus repair, knee	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:S-710, S-710 PPG	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

27405	Repair, primary, torn ligament and/or capsule, knee; collateral	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:S-710, S-710 PPG	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
27407	Repair, primary, torn ligament and/or capsule, knee; cruciate	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:S-710, S-710 PPG	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
27409	Repair, primary, torn ligament and/or capsule, knee; collateral and cruciate ligaments	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:S-710, S-710 PPG	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
27412	Autologous chondrocyte implantation, knee	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
27415	Osteochondral allograft, knee, open	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
27416	Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft[s])	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

27425	Lateral retinacular release, open	Carelon	Carelon:MSK-Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
27427	Ligamentous reconstruction (augmentation), knee; extra-articular	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
27428	Ligamentous reconstruction (augmentation), knee; intra-articular (open)	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:S-710, S-710 PPG	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
27429	Ligamentous reconstruction (augmentation), knee; intra-articular (open) and extra-articular	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:S-710, S-710 PPG	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
27437	Arthroplasty, patella; without prosthesis	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
27438	Arthroplasty, patella; with prosthesis	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.



## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

27440	Arthroplasty, knee, tibial plateau;	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
27441	Arthroplasty, knee, tibial plateau; with debridement and partial synovectomy	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
27442	Arthroplasty, femoral condyles or tibial plateau(s), knee;	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
27443	Arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement and partial synovectomy	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
27445	Arthroplasty, knee, hinge prosthesis (eg, Walldius type)	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:S-700, S-700-RRG, CMG-012-RF, I-5700, S-5700, S-700	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
27446	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:S-700, S-700-RRG, CMG-012-RF, I-5700, S-5700	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
27486	Revision of total knee arthroplasty, with or without allograft; 1 component	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:S-700, S-700-RRG, CMG-012-RF, I-5700, S-5700, S-700	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
27487	Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:S-700, S-700-RRG, CMG-012-RF, I-5700, S-5700, S-700	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
27488	Removal of prosthesis, including total knee prosthesis, methylmethacrylate with or without insertion of spacer, knee	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
27570	Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)	Carelon	Carelon:MSK-Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
27702	Arthroplasty, ankle; with implant (total ankle)	Carelon	CG-SURG-74, Carelon MSK: Small Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

27703	Arthroplasty, ankle; revision, total ankle	Carelon	CG-SURG-74, Carelon MSK: Small Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
27704	Removal, Ankle Implant	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and <del>MSK-Joint Surgery</del>	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
27860	Manipulation, Ankle Under General Anesthesia	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; CG-MED-65	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
27870	Arthrodesis, ankle, open	Carelon	Carelon MSK: Small Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
28110	Ostectomy, partial excision, fifth metatarsal head (bunionette) (separate procedure)	Carelon	Carelon: MSK-Joint Surgery; MCG:S-495, S-495-RRG	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
28285	Correction, hammertoe (eg, interphalangeal fusion, partial or total phalangectomy)	Carelon	Carelon MSK: Small Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
28286	Correction, cock-up fifth toe, with plastic skin closure (eg, Ruiz-Mora type procedure)	Carelon	Carelon MSK: Small Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
28289	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; without implant	Carelon	Carelon MSK: Small Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

28291	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; with implant	Carelon	Carelon MSK: Small Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
28292	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with resection of proximal phalanx base, when performed, any method	Carelon	Carelon MSK: Small Joint Surgery; MCG:S-260, S-260-RRG	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
28295	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal metatarsal osteotomy, any method	Carelon	Carelon MSK: Small Joint Surgery; MCG:S-260, S-260-RRG	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
28296	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with distal metatarsal osteotomy, any method	Carelon	Carelon MSK: Small Joint Surgery; MCG:S-260, S-260-RRG	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
28297	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with first metatarsal and medial cuneiform joint arthrodesis, any method	Carelon	Carelon MSK: Small Joint Surgery; MCG:S-260, S-260-RRG	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
28298	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal phalanx osteotomy, any method	Carelon	Carelon MSK: Small Joint Surgery; MCG:S-260, S-260-RRG	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
28299	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with double osteotomy, any method	Carelon	Carelon MSK: Small Joint Surgery; MCG:S-260, S-260-RRG	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
28306	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal	Carelon	Carelon MSK: Small Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
28307	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal with autograft (other than first toe)	Carelon	Carelon MSK: Small Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

28308	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; other than first metatarsal, each	Carelon	Carelon MSK: Small Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
28310	Osteotomy, shortening, angular or rotational correction; proximal phalanx, first toe (separate procedure)	Carelon	Carelon MSK: Small Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
28312	Osteotomy, shortening, angular or rotational correction; other phalanges, any toe	Carelon	Carelon MSK: Small Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
28315	Sesamoidectomy, first toe (separate procedure)	Carelon	Carelon MSK: Small Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
28446	Open osteochondral autograft, talus (includes obtaining graft[s])	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and <del>MSK-Joint Surgery</del>	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
28750	Arthrodesis, great toe; metatarsophalangeal joint	Carelon	Carelon MSK: Small Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
29805	Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)	Carelon	Carelon MSK: Joint Surgery; LOC	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
29806	Arthroscopy, shoulder, surgical; capsulorrhaphy	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and <del>MSK-Joint Surgery</del>	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

29807	Arthroscopy, shoulder, surgical; repair of SLAP lesion	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and <del>MSK-Joint Surgery</del>	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
29819	Arthroscopy, shoulder, surgical; with removal of loose body or foreign body	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and <del>MSK-Joint Surgery</del>	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
29820	Arthroscopy, shoulder, surgical; synovectomy, partial	Carelon	Carelon MSK: Joint Surgery; LOC	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <del>eligible for vendor programs.</del>
29821	Arthroscopy, shoulder, surgical; synovectomy, complete	Carelon	Carelon MSK: Joint Surgery; LOC	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <del>eligible for vendor programs.</del>
29822	Arthroscopy, shoulder, surgical; debridement, limited	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and <del>MSK-Joint Surgery</del>	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
29823	Arthroscopy, shoulder, surgical; debridement, extensive	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and <del>MSK-Joint Surgery</del>	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
29824	Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and <del>MSK-Joint Surgery</del>	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

29825	Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and <del>MSK-Joint Surgery</del>	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
29826	Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release, when performed (List separately in addition to code for primary procedure)	Carelon	Carelon MSK: Joint Surgery; LOC; MCG:S-1045, S-1045-RRG	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	Carelon	Carelon MSK: Joint Surgery; LOC; MCG:S-1045, S-1045-RRG	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <del>eligible for vendor programs.</del>
29828	Arthroscopy, shoulder, surgical; biceps tenodesis	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and <del>MSK-Joint Surgery</del>	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
29860	Arthroscopy, hip, diagnostic with or without synovial biopsy (separate procedure)	Carelon	Carelon MSK: Joint Surgery; LOC; MCG:S-572, S-572-RRG	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <del>eligible for vendor programs.</del>
29861	Arthroscopy, hip, surgical; with removal of loose body or foreign body	Carelon	Carelon MSK: Joint Surgery; LOC; MCG:S-572, S-572-RRG	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <del>eligible for vendor programs.</del>
29862	Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or <del>resection of labrum</del>	Carelon	Carelon MSK: Joint Surgery; LOC; MCG:S-572, S-572-RRG	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <del>eligible for vendor programs.</del>
29863	Arthroscopy, hip, surgical; with synovectomy	Carelon	Carelon MSK: Joint Surgery; LOC; MCG:S-572, S-572-RRG	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <del>eligible for vendor programs.</del>

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

29866	Arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty) (includes harvesting of the autograft[s])	Carelon	Carelon MSK: Joint Surgery; LOC	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
29867	Arthroscopy, knee, surgical; osteochondral allograft (eg, mosaicplasty)	Carelon	Carelon MSK: Joint Surgery; LOC	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
29868	Arthroscopy, knee, surgical; meniscal transplantation (includes arthrotomy for meniscal insertion), medial or lateral	Carelon	Carelon MSK: Joint Surgery; LOC; MCG:S-705, S-705-RRG	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
29870	Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:S-705, S-705-RRG	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
29871	Arthroscopy, knee, surgical; for infection, lavage and drainage	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:S-705, S-705-RRG	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
29873	Arthroscopy, knee, surgical; with lateral release	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:S-705, S-705-RRG	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.



## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

29874	Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:S-705, S-705 <del>PPG</del>	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
29875	Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:S-705, S-705 <del>PPG</del>	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
29876	Arthroscopy, knee, surgical; synovectomy, major, 2 or more compartments (eg, medial or lateral)	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:S-705, S-705 <del>PPG</del>	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
29877	Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:S-705, S-705 <del>PPG</del>	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
29879	Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:S-705, S-705 <del>PPG</del>	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

29880	Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:S-705, S-705_PPG	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
29881	Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:S-705, S-705_PPG	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
29882	Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral)	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:S-705, S-705_PPG	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
29883	Arthroscopy, knee, surgical; with meniscus repair (medial AND lateral)	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:S-705, S-705_PPG	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
29884	Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:S-705, S-705_PPG	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

29885	Arthroscopy, knee, surgical; drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion)	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:S-705, S-705, PPC	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
29886	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:S-705, S-705, PPC	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
29887	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:S-705, S-705, PPC	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
29888	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:S-705, S-705, PPC	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
29889	Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:S-705, S-705, PPC	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

29892	Arthroscopically aided repair of large osteochondritis dissecans lesion, talar dome fracture, or tibial plafond fracture, with or without internal fixation (includes arthroscopy)	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:S-72, S-72 <del>PPG</del>	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
29914	Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:S-572, S-572 <del>PPG</del>	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
29915	Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:S-572, S-572 <del>PPG</del>	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
29916	Arthroscopy, hip, surgical; with labral repair	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:S-572, S-572 <del>PPG</del>	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
30220	Insertion, nasal septal prosthesis (button)	Carelon	MCG: SG-HNS	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
31643	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of catheter(s) for intracavitary radioelement application	Carelon	Carelon: Radiation Oncology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

32701	Thoracic target(s) delineation for stereotactic body radiation therapy (SRS/SBRT), (photon or particle beam), entire course of treatment	Carelon	Carelon: Radiation Oncology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
33206	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial	Carelon	Carelon: Expanded Cardiology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
33207	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular	Carelon	Carelon: Expanded Cardiology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
33208	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular	Carelon	Carelon: Expanded Cardiology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
33212	Insertion of pacemaker pulse generator only; single existing single lead	Carelon	Carelon: Expanded Cardiology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
33213	Insertion of pacemaker pulse generator only; with existing dual leads	Carelon	Carelon: Expanded Cardiology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
33214	Upgrade of implanted pacemaker system, conversion of single chamber system to dual chamber system (includes removal of previously placed pulse generator, testing of existing lead, insertion of new lead, insertion of new pulse generator)	Carelon	Carelon: Expanded Cardiology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
33215	Repositioning of previously implanted transvenous pacemaker or ICD (right atrial or right ventricular) electrode	Carelon	Carelon: Expanded Cardiology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
33216	Insertion of a single transvenous electrode, permanent pacemaker or implantable defibrillator	Carelon	Carelon: Expanded Cardiology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

33217	Insertion of 2 transvenous electrodes, permanent pacemaker or implantable defibrillator	Carelon	Carelon: Expanded Cardiology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
33218	Repair of single transvenous electrode, permanent pacemaker or ICD	Carelon	Carelon: Expanded Cardiology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
33220	Repair of 2 transvenous electrodes for permanent pacemaker or ICD	Carelon	Carelon: Expanded Cardiology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
33222	Relocation of skin pocket for pacemaker	Carelon	Carelon: Expanded Cardiology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
33225	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (eg, for upgrade to dual chamber system) (List separately in addition to code for <u>primary pro</u>	Carelon	Carelon: Expanded Cardiology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
33227	Removal of permanent pacemaker pulse generator, testing of existing lead, insertion of new lead, insertion of new pulse generator	Carelon	Carelon: Expanded Cardiology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
33228	Removal of permanent pacemaker pulse generator, testing of existing lead, insertion of new lead, insertion of new pulse generator; dual lead system	Carelon	Carelon: Expanded Cardiology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
33233	Removal of permanent pacemaker pulse generator only	Carelon	Carelon: Expanded Cardiology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
33234	Removal of transvenous pacemaker electrode(s); single lead system, atrial or ventricular	Carelon	Carelon: Expanded Cardiology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

33235	Removal of transvenous pacemaker electrode(s); dual lead system	Carelon	Carelon: Expanded Cardiology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
33236	Removal of permanent epicardial pacemaker and electrodes by thoracotomy; single lead system, atrial or ventricular	Carelon	Carelon: Expanded Cardiology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
33237	Removal of permanent epicardial pacemaker and electrodes by thoracotomy; dual lead system	Carelon	Carelon: Expanded Cardiology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
33238	Removal of permanent transvenous electrode(s) by thoracotomy	Carelon	Carelon: Expanded Cardiology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
33274	Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance (e.g., fluoroscopy, venous ultrasound, ventriculography, femoral venography) and device evaluation (e.g., interrogation or programming), when performed	Carelon	Carelon: Expanded Cardiology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
37222	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty	Carelon	CG-SURG-49	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
37223	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel when performed	Carelon	CG-SURG-49	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
37232	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty	Carelon	CG-SURG-49	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

37233	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	Carelon	CG-SURG-49	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
37234	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	Carelon	CG-SURG-49	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
37235	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed	Carelon	CG-SURG-49	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
41019	Placement of needles, catheters, or other device(s) into the head and/or neck region (percutaneous, transoral, or transnasal) for subsequent interstitial radioelement application	Carelon	Carelon: Radiation Oncology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
42140	Uvulectomy, excision of uvula	Carelon	MCG: SG-HNS	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
43233	Esophagogastroduodenoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)	Carelon	CG-MED-59	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
43235	Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	Carelon	CG-MED-59	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.



## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

43239	Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple	Carelon	CG-MED-59	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
43241	Esophagogastroduodenoscopy, flexible, transoral; with insertion of intraluminal tube or catheter	Carelon	CG-MED-59	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
43243	Esophagogastroduodenoscopy, flexible, transoral; with injection sclerosis of esophageal/gastric varices	Carelon	CG-MED-59	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
43244	Esophagogastroduodenoscopy, flexible, transoral; with band ligation of esophageal/gastric varices	Carelon	CG-MED-59	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
43245	Esophagogastroduodenoscopy, flexible, transoral; with dilation of gastric/duodenal stricture(s) (eg, balloon, bougie)	Carelon	CG-MED-59, MCG:W0169	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
43246	Esophagogastroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrostomy tube	Carelon	CG-MED-59	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
43247	Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body(s)	Carelon	CG-MED-59	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
43248	Esophagogastroduodenoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) through esophagus over guide wire	Carelon	CG-MED-59	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
43249	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus (less than 30 mm diameter)	Carelon	CG-MED-59	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

43250	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	Carelon	CG-MED-59	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
43251	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	Carelon	CG-MED-59	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
43254	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection	Carelon	CG-MED-59	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
43255	Esophagogastroduodenoscopy, flexible, transoral; with control of bleeding, any method	Carelon	CG-MED-59, MCG:M-180, OC-021, CCC-013, M-180-RRG, M-5180	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
43266	Esophagogastroduodenoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	Carelon	CG-MED-59	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
43280	Laparoscopy, surgical, esophagogastric fundoplasty (eg, Nissen, Toupet procedures)	Carelon	CG-SURG-92	Managed by Carelon for Fully Insured and Vendor Program eligible members.
44376	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	Carelon	MCG: W0142	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
45560	Repair of rectocele (separate procedure)	Carelon	MCG:S-1020, S-1020-RRG	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
46601	Anoscopy; diagnostic, with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, including collection of specimen(s) by hr	Carelon	SURG.00116	Managed by Carelon for Fully Insured and Vendor Program eligible members.
46607	Anoscopy; with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, with biopsy, single or multiple	Carelon	SURG.00116	Managed by Carelon for Fully Insured and Vendor Program eligible members.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

49591	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, reducible	Carelon	Carelon: Surgical SOC	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
49592	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, incarcerated or strangulated	Carelon	Carelon: Surgical SOC	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
49593	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, reducible	Carelon	Carelon: Surgical SOC	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
49594	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, incarcerated or strangulated	Carelon	Carelon: Surgical SOC	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

49595	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, reducible	Carelon	Carelon: Surgical SOC	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
49596	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, incarcerated or strangulated	Carelon	Carelon: Surgical SOC	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
49613	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, reducible	Carelon	Carelon: Surgical SOC	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
49614	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, incarcerated or strangulated	Carelon	Carelon: Surgical SOC	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

49615	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, reducible	Carelon	Carelon: Surgical SOC	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
49616	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, incarcerated or strangulated	Carelon	Carelon: Surgical SOC	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
49617	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, reducible	Carelon	Carelon: Surgical SOC	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
49618	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, incarcerated or strangulated	Carelon	Carelon: Surgical SOC	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

55860	Exposure of prostate, any approach, for insertion of radioactive substance;	Carelon	Carelon: Radiation Oncology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
55862	Exposure of prostate, any approach, for insertion of radioactive substance; with lymph node biopsy(s) (limited pelvic lymphadenectomy)	Carelon	Carelon: Radiation Oncology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
55865	Exposure of prostate, any approach, for insertion of radioactive substance; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes	Carelon	Carelon: Radiation Oncology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
55874	Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed	Carelon	Carelon: Radiation Oncology;	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
55875	Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy	Carelon	Carelon: Radiation Oncology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
55920	Placement of needles or catheters into pelvic organs and/or genitalia (except prostate) for subsequent interstitial radioelement application	Carelon	Carelon: Radiation Oncology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
57155	Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy	Carelon	Carelon: Radiation Oncology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
57156	Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy	Carelon	Carelon: Radiation Oncology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
57240	Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele, including cystourethroscopy, when performed	Carelon	MCG:S-1020, S-1020-RRG	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

57250	Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy	Carelon	MCG:S-1020, S-1020-RRG	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs</u> .
57260	Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed;	Carelon	MCG:S-1020, S-1020-RRG	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs</u> .
57268	Repair of enterocele, vaginal approach (separate procedure)	Carelon	MCG:S-1020, S-1020-RRG	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs</u> .
57282	Colpopexy, vaginal; extra-peritoneal approach (sacrospinous, iliococcygeus)	Carelon	MCG:S-1020, S-1020-RRG	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs</u> .
57425	Laparoscopy, surgical, colpopexy (suspension of vaginal apex)	Carelon	MCG:S-1020, S-1020-RRG	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs</u> .
58346	Insertion of Heyman capsules for clinical brachytherapy	Carelon	Carelon: Radiation Oncology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs</u> .
61796	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion	Carelon	Carelon: Radiation Oncology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs</u> .
61798	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion	Carelon	Carelon: Radiation Oncology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs</u> .
62320	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs</u> .

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

62321	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
62322	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
62323	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
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	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:S-340, S-340 PPG, S-5210	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
63003	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; thoracic	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
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	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:S-830, S-830 PPG, S-5810	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.



## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

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)	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:S-830, S-830.PPG, S-5810	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
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	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:S-340, S-340.PPG, S-5310	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
63016	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; thoracic	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
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	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:S-830, S-830.PPG, S-5810	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
63020	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:S-310, S-310.PPG, S-5310	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:S-810, S-810-RRG, S-5810	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
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 primar	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:W0091, W0091-RRG, S-5810	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
63040	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; cervical	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:S-310, S-310-RRG, S-5310	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
63042	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:S-810, S-810-RRG, S-5810	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
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 addi	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:S-310, S-310-RRG, S-5310	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

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 additi	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:S-810, S-810-RRG, S-5810	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
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	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:W0091, W0091-RRG, S-5810	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
63046	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; thoracic	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
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	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:W0100, W0100-RRG, S-5810	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
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 segment, cervical, thoracic, or lu	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:W0100, W0100-RRG, S-5810	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

63050	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments;	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:S-340, S-340 PPG S-5310	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
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-pl	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:S-340, S-340 PPG S-5310	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
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)	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
63053	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; each additional segment (List separately in addition to code for primary procedure)	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
63055	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; thoracic	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

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)	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:W0100, W0100-RRG, S-5810	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
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)	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:W0100, W0100-RRG, S-5810	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
63075	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, single interspace	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:S-310, S-310-RRG, S-5310	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
63076	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, each additional interspace (List separately in addition to code for primary procedure)	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:S-310, S-310-RRG, S-5310	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
63081	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:W0097, W0097-RRG, S-5310	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

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)	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:W0097, W0097-RRG, S-5310	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
63085	Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, single segment	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and <del>MSK-Joint Surgery</del>	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
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)	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and <del>MSK-Joint Surgery</del>	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
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	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:W0100, W0100-RRG, S-5810	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
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)	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:W0100, W0100-RRG, S-5810	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

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	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:W0100, W0100-RRG, S-5810	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
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	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:W0100, W0100-RRG, S-5810	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
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	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and <del>MSK-Joint Surgery</del>	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
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	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:W0100, W0100-RRG, S-5810	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
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 se	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:W0100, W0100-RRG, S-5810	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

63191	Laminectomy with section of spinal accessory nerve	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:W0097, W0097-RRG, S-5310	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
63200	Laminectomy, with release of tethered spinal cord, lumbar	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:S-830, S-830-RRG, S-5810, S-830	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
63250	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; cervical	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:S-340, S-340-RRG, S-5310	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
63252	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracolumbar	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:W0100, W0100-RRG, S-5810	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
63265	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; cervical	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:S-340, S-340-RRG, S-5310	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.



## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

63267	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; lumbar	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:S-830, S-830, PPG, S-5810, S-830	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
63270	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; cervical	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:S-340, S-340, PPG, S-5310	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
63272	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; lumbar	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:S-830, S-830, PPG, S-5810, S-830	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
63275	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, cervical	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:S-340, S-340, PPG, S-5310	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
63277	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, lumbar	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:S-830, S-830, PPG, S-5810, S-830	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

63280	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, cervical	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:S-340, S-240 RRG, S-5210	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
63282	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, lumbar	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:S-830, S-820 RRG, S-5810, S-820	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
63285	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, cervical	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:S-340, S-240 RRG, S-5210	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
63287	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracolumbar	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:W0100, W0100-RRG, S-5810	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
63290	Laminectomy for biopsy/excision of intraspinal neoplasm; combined extradural-intradural lesion, any level	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:W0100, W0100-RRG, S-5810	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

63300	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, cervical	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:W0097, W0097-RRG, S-5310	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
63301	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by transthoracic approach	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and <del>MSK-Joint Surgery</del>	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
63302	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by thoracolumbar approach	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and <del>MSK-Joint Surgery</del>	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
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	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and <del>MSK-Joint Surgery</del>	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
63304	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, cervical	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery; MCG:W0097, W0097-RRG, S-5310	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

63305	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by transthoracic approach	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and <del>MSK-Joint Surgery</del>	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
63306	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by thoracolumbar approach	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and <del>MSK-Joint Surgery</del>	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
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	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and <del>MSK-Joint Surgery</del>	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
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)	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and <del>MSK-Joint Surgery</del>	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
63620	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion	Carelon	Carelon: Radiation Oncology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <del>eligible for vendor programs.</del>
63650	Percutaneous implantation of neurostimulator electrode array, epidural	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and <del>MSK-Joint Surgery</del>	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

63663	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and <del>MSK-Joint Surgery</del>	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
63664	Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	Carelon	Carelon MSK: Pain Management	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and <del>MSK-Joint Surgery</del>	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and <del>MSK-Joint Surgery</del>	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
64479	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and <del>MSK-Joint Surgery</del>	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
64480	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level (List separately in addition to code for primary procedure)	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and <del>MSK-Joint Surgery</del>	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
64484	Injection(s), anesthetic agent 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)	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
64490	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
64491	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level (List separately in addition to code for primary procedure)	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
64492	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
64493	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

64494	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level (List separately in addition to code for primary procedure)	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
64495	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure)	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
64625	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	Carelon	Carelon:MSK-Interventional Pain Management;MCG:W0119	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
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)	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
64635	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and MSK-Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

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)	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine Surgery, MSK-Spine Surgery and <del>MSK-Joint Surgery</del>	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
67218	Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; radiation by implantation of source (includes removal of source)	Carelon	Carelon: Radiation Oncology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <del>eligible for vendor programs.</del>
67911	Correction of lid retraction	Carelon	MCG: SG-HNS	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <del>eligible for vendor programs.</del>
67917	Repair of ectropion; extensive (eg, tarsal strip operations)	Carelon	MCG: SG-HNS	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <del>eligible for vendor programs.</del>
67924	Repair of entropion; extensive (eg, tarsal strip or capsulopalpebral fascia repairs operation)	Carelon	MCG: SG-HNS	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <del>eligible for vendor programs.</del>
67950	Canthoplasty (reconstruction of canthus)	Carelon	MCG: SG-HNS	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <del>eligible for vendor programs.</del>
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	Carelon	MCG: SG-HNS	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
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	Carelon	MCG: SG-HNS	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.



## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

67971	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; up to two-thirds of eyelid, 1 stage or first stage	Carelon	MCG: SG-HNS	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
67975	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; second stage	Carelon	MCG: SG-HNS	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
70336	Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)	Carelon	Carelon: Abdomen & Pelvic Imaging, Brain Imaging, Chest Imaging, Extremity Imaging, Head & Neck Imaging, Oncologic Imaging, Spine Imaging and Vascular Imaging; Cardiac Imaging, Diagnostic Coronary Angiography and Percutaneous Coronary Intervention	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
70450	Computed tomography, head or brain; without contrast material	Carelon	Carelon: Abdomen & Pelvic Imaging, Brain Imaging, Chest Imaging, Extremity Imaging, Head & Neck Imaging, Oncologic Imaging, Spine Imaging and Vascular Imaging; Cardiac Imaging, Diagnostic Coronary Angiography and Percutaneous Coronary Intervention	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
70460	Computed tomography, head or brain; with contrast material(s)	Carelon	Carelon: Imaging of the Brain; Imaging of the head and Neck; Oncologic Imaging; Vascular Imaging	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
70470	Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections	Carelon	Carelon: Imaging of the Brain; Imaging of the head and Neck; Oncologic Imaging; Vascular Imaging	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

70480	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	Carelon	Carelon: Abdomen & Pelvic Imaging, Brain Imaging, Chest Imaging, Extremity Imaging, Head & Neck Imaging, Oncologic Imaging, Spine Imaging and Vascular Imaging; Cardiac Imaging, Diagnostic Coronary Angiography and Percutaneous Coronary Intervention	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
70481	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s)	Carelon	Carelon: Imaging of the Brain; Imaging of the head and Neck; Oncologic Imaging	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
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	Carelon	Carelon: Imaging of the Brain; Imaging of the head and Neck; Oncologic Imaging	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
70486	Computed tomography, maxillofacial area; without contrast material	Carelon	Carelon: Abdomen & Pelvic Imaging, Brain Imaging, Chest Imaging, Extremity Imaging, Head & Neck Imaging, Oncologic Imaging, Spine Imaging and Vascular Imaging; Cardiac Imaging, Diagnostic Coronary Angiography and Percutaneous Coronary Intervention	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
70487	Computed tomography, maxillofacial area; with contrast material(s)	Carelon	Carelon: Imaging of the head and Neck; Oncologic Imaging	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
70488	Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections	Carelon	Carelon: Imaging of the head and Neck; Oncologic Imaging	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

70490	Computed tomography, soft tissue neck; without contrast material	Carelon	Carelon: Abdomen & Pelvic Imaging, Brain Imaging, Chest Imaging, Extremity Imaging, Head & Neck Imaging, Oncologic Imaging, Spine Imaging and Vascular Imaging; Cardiac Imaging, Diagnostic Coronary Angiography and Percutaneous Coronary Intervention	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
70491	Computed tomography, soft tissue neck; with contrast material(s)	Carelon	Carelon: Imaging of the head and Neck; Oncologic Imaging	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
70492	Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections	Carelon	Carelon: Imaging of the head and Neck; Oncologic Imaging	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
70496	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Carelon	Carelon: Abdomen & Pelvic Imaging, Brain Imaging, Chest Imaging, Extremity Imaging, Head & Neck Imaging, Oncologic Imaging, Spine Imaging and Vascular Imaging; Cardiac Imaging, Diagnostic Coronary Angiography and Percutaneous Coronary Intervention	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

70498	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Carelon	Carelon: Abdomen & Pelvic Imaging, Brain Imaging, Chest Imaging, Extremity Imaging, Head & Neck Imaging, Oncologic Imaging, Spine Imaging and Vascular Imaging; Cardiac Imaging, Diagnostic Coronary Angiography and Percutaneous Coronary Intervention	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
70540	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Carelon	Carelon: Abdomen & Pelvic Imaging, Brain Imaging, Chest Imaging, Extremity Imaging, Head & Neck Imaging, Oncologic Imaging, Spine Imaging and Vascular Imaging; Cardiac Imaging, Diagnostic Coronary Angiography and Percutaneous Coronary Intervention	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
70542	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)	Carelon	Carelon: Imaging of the head and Neck; Oncologic Imaging	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
70543	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences	Carelon	Carelon: Imaging of the head and Neck; Oncologic Imaging	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

70544	Magnetic resonance angiography, head; without contrast material(s)	Carelon	Carelon: Abdomen & Pelvic Imaging, Brain Imaging, Chest Imaging, Extremity Imaging, Head & Neck Imaging, Oncologic Imaging, Spine Imaging and Vascular Imaging; Cardiac Imaging, Diagnostic Coronary Angiography and Percutaneous Coronary Intervention	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
70545	Magnetic resonance angiography, head; with contrast material(s)	Carelon	Carelon:Vascular Imaging	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
70546	Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences	Carelon	Carelon:Vascular Imaging	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
70547	Magnetic resonance angiography, neck; without contrast material(s)	Carelon	Carelon: Abdomen & Pelvic Imaging, Brain Imaging, Chest Imaging, Extremity Imaging, Head & Neck Imaging, Oncologic Imaging, Spine Imaging and Vascular Imaging; Cardiac Imaging, Diagnostic Coronary Angiography and Percutaneous Coronary Intervention	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
70548	Magnetic resonance angiography, neck; with contrast material(s)	Carelon	Carelon:Vascular Imaging	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
70549	Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences	Carelon	Carelon:Vascular Imaging	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

70551	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Carelon	Carelon: Abdomen & Pelvic Imaging, Brain Imaging, Chest Imaging, Extremity Imaging, Head & Neck Imaging, Oncologic Imaging, Spine Imaging and Vascular Imaging; Cardiac Imaging, Diagnostic Coronary Angiography and Percutaneous Coronary Intervention	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
70552	Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)	Carelon	Carelon: Imaging of the Brain; Imaging of the head and Neck; Oncologic Imaging; Vascular Imaging	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
70553	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences	Carelon	Carelon: Imaging of the Brain; Imaging of the head and Neck; Oncologic Imaging; Vascular Imaging	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
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	Carelon	Carelon: Abdomen & Pelvic Imaging, Brain Imaging, Chest Imaging, Extremity Imaging, Head & Neck Imaging, Oncologic Imaging, Spine Imaging and Vascular Imaging; Cardiac Imaging, Diagnostic Coronary Angiography and Percutaneous Coronary Intervention	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
70555	Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing	Carelon	Carelon: Imaging of the Brain; Oncologic Imaging	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

71250	Computed tomography, thorax; without contrast material	Carelon	Carelon: Abdomen & Pelvic Imaging, Brain Imaging, Chest Imaging, Extremity Imaging, Head & Neck Imaging, Oncologic Imaging, Spine Imaging and Vascular Imaging; Cardiac Imaging, Diagnostic Coronary Angiography and Percutaneous Coronary Intervention	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
71260	Computed tomography, thorax; with contrast material(s)	Carelon	Carelon: Chest Imaging; Imaging of the Chest; Oncologic Imaging; Vascular Imaging	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
71270	Computed tomography, thorax; without contrast material, followed by contrast material(s) and further sections	Carelon	Carelon: Chest Imaging; Imaging of the Chest; Oncologic Imaging; Vascular Imaging	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
71271	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Carelon	Carelon RBM: Oncologic	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Carelon	Carelon: Abdomen & Pelvic Imaging, Brain Imaging, Chest Imaging, Extremity Imaging, Head & Neck Imaging, Oncologic Imaging, Spine Imaging and Vascular Imaging; Cardiac Imaging, Diagnostic Coronary Angiography and Percutaneous Coronary Intervention	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

71550	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	Carelon	Carelon: Abdomen & Pelvic Imaging, Brain Imaging, Chest Imaging, Extremity Imaging, Head & Neck Imaging, Oncologic Imaging, Spine Imaging and Vascular Imaging; Cardiac Imaging, Diagnostic Coronary Angiography and Percutaneous Coronary Intervention	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
71551	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s)	Carelon	Carelon: Chest Imaging; Imaging of the Chest; Oncologic Imaging; Vascular Imaging	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
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	Carelon	Carelon: Chest Imaging; Imaging of the Chest; Oncologic Imaging; Vascular Imaging	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
71555	Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	Carelon	Carelon: Abdomen & Pelvic Imaging, Brain Imaging, Chest Imaging, Extremity Imaging, Head & Neck Imaging, Oncologic Imaging, Spine Imaging and Vascular Imaging; Cardiac Imaging, Diagnostic Coronary Angiography and Percutaneous Coronary Intervention	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.



## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

72125	Computed tomography, cervical spine; without contrast material	Carelon	Carelon: Abdomen & Pelvic Imaging, Brain Imaging, Chest Imaging, Extremity Imaging, Head & Neck Imaging, Oncologic Imaging, Spine Imaging and Vascular Imaging; Cardiac Imaging, Diagnostic Coronary Angiography and Percutaneous Coronary Intervention	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
72126	Computed tomography, cervical spine; with contrast material	Carelon	Carelon: Imaging of the Spine; Oncologic Imaging	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
72127	Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections	Carelon	Carelon: Imaging of the Spine; Oncologic Imaging	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
72128	Computed tomography, thoracic spine; without contrast material	Carelon	Carelon: Abdomen & Pelvic Imaging, Brain Imaging, Chest Imaging, Extremity Imaging, Head & Neck Imaging, Oncologic Imaging, Spine Imaging and Vascular Imaging; Cardiac Imaging, Diagnostic Coronary Angiography and Percutaneous Coronary Intervention	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
72129	Computed tomography, thoracic spine; with contrast material	Carelon	Carelon: Imaging of the Spine; Oncologic Imaging	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
72130	Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections	Carelon	Carelon: Imaging of the Spine; Oncologic Imaging	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

72131	Computed tomography, lumbar spine; without contrast material	Carelon	Carelon: Abdomen & Pelvic Imaging, Brain Imaging, Chest Imaging, Extremity Imaging, Head & Neck Imaging, Oncologic Imaging, Spine Imaging and Vascular Imaging; Cardiac Imaging, Diagnostic Coronary Angiography and Percutaneous Coronary Intervention	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
72132	Computed tomography, lumbar spine; with contrast material	Carelon	Carelon: Imaging of the Spine; Oncologic Imaging	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
72133	Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections	Carelon	Carelon: Imaging of the Spine; Oncologic Imaging	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
72141	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Carelon	Carelon: Abdomen & Pelvic Imaging, Brain Imaging, Chest Imaging, Extremity Imaging, Head & Neck Imaging, Oncologic Imaging, Spine Imaging and Vascular Imaging; Cardiac Imaging, Diagnostic Coronary Angiography and Percutaneous Coronary Intervention	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
72142	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)	Carelon	Carelon: Imaging of the Spine; Oncologic Imaging	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

72146	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Carelon	Carelon: Abdomen & Pelvic Imaging, Brain Imaging, Chest Imaging, Extremity Imaging, Head & Neck Imaging, Oncologic Imaging, Spine Imaging and Vascular Imaging; Cardiac Imaging, Diagnostic Coronary Angiography and Percutaneous Coronary Intervention	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
72147	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)	Carelon	Carelon: Imaging of the Spine; Oncologic Imaging	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
72148	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Carelon	Carelon: Abdomen & Pelvic Imaging, Brain Imaging, Chest Imaging, Extremity Imaging, Head & Neck Imaging, Oncologic Imaging, Spine Imaging and Vascular Imaging; Cardiac Imaging, Diagnostic Coronary Angiography and Percutaneous Coronary Intervention	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
72149	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)	Carelon	Carelon: Imaging of the Spine; Oncologic Imaging	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
72156	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences: cervical	Carelon	Carelon: Imaging of the Spine; Oncologic Imaging	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
72157	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences: thoracic	Carelon	Carelon: Imaging of the Spine; Oncologic Imaging	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

72158	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences: lumbar	Carelon	Carelon:Imaging of the Spine;Oncologic Imaging	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
72159	Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s)	Carelon	Carelon: Abdomen & Pelvic Imaging, Brain Imaging, Chest Imaging, Extremity Imaging, Head & Neck Imaging, Oncologic Imaging, Spine Imaging and Vascular Imaging; Cardiac Imaging, Diagnostic Coronary Angiography and Percutaneous Coronary Intervention	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
72191	Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Carelon	Carelon: Abdomen & Pelvic Imaging, Brain Imaging, Chest Imaging, Extremity Imaging, Head & Neck Imaging, Oncologic Imaging, Spine Imaging and Vascular Imaging; Cardiac Imaging, Diagnostic Coronary Angiography and Percutaneous Coronary Intervention	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
72192	Computed tomography, pelvis; without contrast material	Carelon	Carelon: Abdomen & Pelvic Imaging, Brain Imaging, Chest Imaging, Extremity Imaging, Head & Neck Imaging, Oncologic Imaging, Spine Imaging and Vascular Imaging; Cardiac Imaging, Diagnostic Coronary Angiography and Percutaneous Coronary Intervention	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

72193	Computed tomography, pelvis; with contrast material(s)	Carelon	Carelon:Imaging of the Abdomen and Pelvis;Oncologic Imaging;Vascular Imaging	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
72194	Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections	Carelon	Carelon:Imaging of the Abdomen and Pelvis;Oncologic Imaging;Vascular Imaging	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
72195	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)	Carelon	Carelon: Abdomen & Pelvic Imaging, Brain Imaging, Chest Imaging, Extremity Imaging, Head & Neck Imaging, Oncologic Imaging, Spine Imaging and Vascular Imaging; Cardiac Imaging, Diagnostic Coronary Angiography and Percutaneous Coronary Intervention	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
72196	Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Carelon	Carelon:Imaging of the Abdomen and Pelvis;Oncologic Imaging;Vascular Imaging	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
72197	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences	Carelon	Carelon:Imaging of the Abdomen and Pelvis;Oncologic Imaging;Vascular Imaging	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
72198	Magnetic resonance angiography, pelvis, with or without contrast material(s)	Carelon	Carelon: Abdomen & Pelvic Imaging, Brain Imaging, Chest Imaging, Extremity Imaging, Head & Neck Imaging, Oncologic Imaging, Spine Imaging and Vascular Imaging; Cardiac Imaging, Diagnostic Coronary Angiography and Percutaneous Coronary Intervention	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

73200	Computed tomography, upper extremity; without contrast material	Carelon	Carelon: Abdomen & Pelvic Imaging, Brain Imaging, Chest Imaging, Extremity Imaging, Head & Neck Imaging, Oncologic Imaging, Spine Imaging and Vascular Imaging; Cardiac Imaging, Diagnostic Coronary Angiography and Percutaneous Coronary Intervention	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
73201	Computed tomography, upper extremity; with contrast material(s)	Carelon	Carelon: Abdomen & Pelvic Imaging, Brain Imaging, Chest Imaging, Extremity Imaging, Head & Neck Imaging, Oncologic Imaging, Spine Imaging and Vascular Imaging; Cardiac Imaging, Diagnostic Coronary Angiography and Percutaneous Coronary Intervention	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
73202	Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections	Carelon	Carelon: Abdomen & Pelvic Imaging, Brain Imaging, Chest Imaging, Extremity Imaging, Head & Neck Imaging, Oncologic Imaging, Spine Imaging and Vascular Imaging; Cardiac Imaging, Diagnostic Coronary Angiography and Percutaneous Coronary Intervention	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

73206	Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Carelon	Carelon: Abdomen & Pelvic Imaging, Brain Imaging, Chest Imaging, Extremity Imaging, Head & Neck Imaging, Oncologic Imaging, Spine Imaging and Vascular Imaging; Cardiac Imaging, Diagnostic Coronary Angiography and Percutaneous Coronary Intervention	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
73218	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)	Carelon	Carelon: Abdomen & Pelvic Imaging, Brain Imaging, Chest Imaging, Extremity Imaging, Head & Neck Imaging, Oncologic Imaging, Spine Imaging and Vascular Imaging; Cardiac Imaging, Diagnostic Coronary Angiography and Percutaneous Coronary Intervention	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
73219	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; with contrast material(s)	Carelon	Carelon: Imaging of the extremities; Oncologic Imaging	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
73220	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Carelon	Carelon: Imaging of the extremities; Oncologic Imaging	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

73221	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Carelon	Carelon: Abdomen & Pelvic Imaging, Brain Imaging, Chest Imaging, Extremity Imaging, Head & Neck Imaging, Oncologic Imaging, Spine Imaging and Vascular Imaging; Cardiac Imaging, Diagnostic Coronary Angiography and Percutaneous Coronary Intervention	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
73222	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; with contrast material(s)	Carelon	Carelon: Imaging of the extremities; Oncologic Imaging	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <del>eligible for vendor programs.</del>
73223	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s), followed by contrast material(s) and further sequences	Carelon	Carelon: Imaging of the extremities; Oncologic Imaging	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <del>eligible for vendor programs.</del>
73225	Magnetic resonance angiography, upper extremity, with or without contrast material(s)	Carelon	Carelon: Abdomen & Pelvic Imaging, Brain Imaging, Chest Imaging, Extremity Imaging, Head & Neck Imaging, Oncologic Imaging, Spine Imaging and Vascular Imaging; Cardiac Imaging, Diagnostic Coronary Angiography and Percutaneous Coronary Intervention	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.



## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

73700	Computed tomography, lower extremity; without contrast material	Carelon	Carelon: Abdomen & Pelvic Imaging, Brain Imaging, Chest Imaging, Extremity Imaging, Head & Neck Imaging, Oncologic Imaging, Spine Imaging and Vascular Imaging; Cardiac Imaging, Diagnostic Coronary Angiography and Percutaneous Coronary Intervention	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
73701	Computed tomography, lower extremity; with contrast material(s)	Carelon	Carelon: Imaging of the extremities; Oncologic Imaging	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
73702	Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections	Carelon	Carelon: Imaging of the extremities; Oncologic Imaging	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
73706	Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Carelon	Carelon: Abdomen & Pelvic Imaging, Brain Imaging, Chest Imaging, Extremity Imaging, Head & Neck Imaging, Oncologic Imaging, Spine Imaging and Vascular Imaging; Cardiac Imaging, Diagnostic Coronary Angiography and Percutaneous Coronary Intervention	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
73718	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)	Carelon	Carelon: Imaging of the extremities; Oncologic Imaging	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
73719	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s)	Carelon	Carelon: Imaging of the extremities; Oncologic Imaging	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

73720	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Carelon	Carelon:Imaging of the extremities;Oncologic Imaging	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
73721	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Carelon	Carelon: Abdomen & Pelvic Imaging, Brain Imaging, Chest Imaging, Extremity Imaging, Head & Neck Imaging, Oncologic Imaging, Spine Imaging and Vascular Imaging; Cardiac Imaging, Diagnostic Coronary Angiography and Percutaneous Coronary Intervention	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
73722	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; with contrast material(s)	Carelon	Carelon:Imaging of the extremities;Oncologic Imaging	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
73723	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences	Carelon	Carelon:Imaging of the extremities;Oncologic Imaging	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
73725	Magnetic resonance angiography, lower extremity, with or without contrast material(s)	Carelon	Carelon: Abdomen & Pelvic Imaging, Brain Imaging, Chest Imaging, Extremity Imaging, Head & Neck Imaging, Oncologic Imaging, Spine Imaging and Vascular Imaging; Cardiac Imaging, Diagnostic Coronary Angiography and Percutaneous Coronary Intervention	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

74150	Computed tomography, abdomen; without contrast material	Carelon	Carelon: Abdomen & Pelvic Imaging, Brain Imaging, Chest Imaging, Extremity Imaging, Head & Neck Imaging, Oncologic Imaging, Spine Imaging and Vascular Imaging; Cardiac Imaging, Diagnostic Coronary Angiography and Percutaneous Coronary Intervention	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
74160	Computed tomography, abdomen; with contrast material(s)	Carelon	Carelon: Imaging of the Abdomen and Pelvis; Oncologic Imaging; Vascular Imaging	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <del>eligible for vendor programs.</del>
74170	Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections	Carelon	Carelon: Imaging of the Abdomen and Pelvis; Oncologic Imaging; Vascular Imaging	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <del>eligible for vendor programs.</del>
74174	Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Carelon	Carelon: Abdomen & Pelvic Imaging, Brain Imaging, Chest Imaging, Extremity Imaging, Head & Neck Imaging, Oncologic Imaging, Spine Imaging and Vascular Imaging; Cardiac Imaging, Diagnostic Coronary Angiography and Percutaneous Coronary Intervention	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

74175	Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Carelon	Carelon: Abdomen & Pelvic Imaging, Brain Imaging, Chest Imaging, Extremity Imaging, Head & Neck Imaging, Oncologic Imaging, Spine Imaging and Vascular Imaging; Cardiac Imaging, Diagnostic Coronary Angiography and Percutaneous Coronary Intervention	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
74176	Computed tomography, abdomen and pelvis; without contrast material	Carelon	Carelon: Abdomen & Pelvic Imaging, Brain Imaging, Chest Imaging, Extremity Imaging, Head & Neck Imaging, Oncologic Imaging, Spine Imaging and Vascular Imaging; Cardiac Imaging, Diagnostic Coronary Angiography and Percutaneous Coronary Intervention	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
74177	Computed tomography, abdomen and pelvis; with contrast material(s)	Carelon	Carelon: Imaging of the Abdomen and Pelvis; Oncologic Imaging; Vascular Imaging	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
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	Carelon	Carelon: Imaging of the Abdomen and Pelvis; Oncologic Imaging; Vascular Imaging	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

74181	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Carelon	Carelon: Abdomen & Pelvic Imaging, Brain Imaging, Chest Imaging, Extremity Imaging, Head & Neck Imaging, Oncologic Imaging, Spine Imaging and Vascular Imaging; Cardiac Imaging, Diagnostic Coronary Angiography and Percutaneous Coronary Intervention	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
74182	Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)	Carelon	Carelon: Imaging of the Abdomen and Pelvis; Oncologic Imaging; Vascular Imaging	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
74183	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences	Carelon	Carelon: Imaging of the Abdomen and Pelvis; Oncologic Imaging; Vascular Imaging	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
74185	Magnetic resonance angiography, abdomen, with or without contrast material(s)	Carelon	Carelon: Abdomen & Pelvic Imaging, Brain Imaging, Chest Imaging, Extremity Imaging, Head & Neck Imaging, Oncologic Imaging, Spine Imaging and Vascular Imaging; Cardiac Imaging, Diagnostic Coronary Angiography and Percutaneous Coronary Intervention	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

74261	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	Carelon	Carelon: Abdomen & Pelvic Imaging, Brain Imaging, Chest Imaging, Extremity Imaging, Head & Neck Imaging, Oncologic Imaging, Spine Imaging and Vascular Imaging; Cardiac Imaging, Diagnostic Coronary Angiography and Percutaneous Coronary Intervention	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
74262	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed	Carelon	Carelon: Imaging of the Abdomen and Pelvis; Oncologic Imaging	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
74263	Computed tomographic (CT) colonography, screening, including image postprocessing	Carelon	Carelon: Abdomen & Pelvic Imaging, Brain Imaging, Chest Imaging, Extremity Imaging, Head & Neck Imaging, Oncologic Imaging, Spine Imaging and Vascular Imaging; Cardiac Imaging, Diagnostic Coronary Angiography and Percutaneous Coronary Intervention	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
74712	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation	Carelon	Carelon: Imaging of the Abdomen and Pelvis	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

75557	Cardiac magnetic resonance imaging for morphology and function without contrast material;	Carelon	Carelon: Abdomen & Pelvic Imaging, Brain Imaging, Chest Imaging, Extremity Imaging, Head & Neck Imaging, Oncologic Imaging, Spine Imaging and Vascular Imaging; Cardiac Imaging, Diagnostic Coronary Angiography and Percutaneous Coronary Intervention	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging	Carelon	Carelon: Imaging of the Heart	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
75561	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences:	Carelon	Carelon: Imaging of the Heart	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences: with stress imaging	Carelon	Carelon: Imaging of the Heart	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
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)	Carelon	Carelon: Abdomen & Pelvic Imaging, Brain Imaging, Chest Imaging, Extremity Imaging, Head & Neck Imaging, Oncologic Imaging, Spine Imaging and Vascular Imaging; Cardiac Imaging, Diagnostic Coronary Angiography and Percutaneous Coronary Intervention	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

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 LV cardiac function, RV structure and function and evaluati	Carelon	Carelon:Imaging of the Heart	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
75574	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluatio	Carelon	Carelon: Abdomen & Pelvic Imaging, Brain Imaging, Chest Imaging, Extremity Imaging, Head & Neck Imaging, Oncologic Imaging, Spine Imaging and Vascular Imaging; Cardiac Imaging, Diagnostic Coronary Angiography and Percutaneous Coronary Intervention	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
75580	N-INVAS EST C FFR AUGMNT SW ALYS CTA I&R PHY/QHP	Carelon	Carelon: Radiology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
75635	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Carelon	Carelon: Abdomen & Pelvic Imaging, Brain Imaging, Chest Imaging, Extremity Imaging, Head & Neck Imaging, Oncologic Imaging, Spine Imaging and Vascular Imaging; Cardiac Imaging, Diagnostic Coronary Angiography and Percutaneous Coronary Intervention	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
76120	Cineradiography/videoradiography, except where specifically included	Carelon	Carelon: Radiology; RAD.00034	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.



## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

76390	Magnetic resonance spectroscopy	Carelon	Carelon: Abdomen & Pelvic Imaging, Brain Imaging, Chest Imaging, Extremity Imaging, Head & Neck Imaging, Oncologic Imaging, Spine Imaging and Vascular Imaging; Cardiac Imaging, Diagnostic Coronary Angiography and Percutaneous Coronary Intervention	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
76391	Magnetic resonance (eg, vibration) elastography	Carelon	Carelon: Imaging of the Abdomen and Pelvis	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
76873	Ultrasound, transrectal; prostate volume study for brachytherapy treatment planning (separate procedure)	Carelon	Carelon: Radiation Oncology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
76965	Ultrasonic guidance for interstitial radioelement application	Carelon	Carelon: Radiation Oncology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
77014	Computed tomography guidance for placement of radiation therapy fields	Carelon	Carelon: Radiation Oncology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
77046	Magnetic resonance imaging, breast, without contrast material; unilateral	Carelon	RAD.00036, Carelon: Chest Imaging; Imaging of the Chest; Oncologic Imaging	Managed by Carelon for Fully Insured and Vendor Program eligible members.
77047	Magnetic resonance imaging, breast, without contrast material; bilateral	Carelon	RAD.00036, Carelon: Chest Imaging; Imaging of the Chest; Oncologic Imaging	Managed by Carelon for Fully Insured and Vendor Program eligible members.
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	Carelon	RAD.00036, Carelon: Chest Imaging; Imaging of the Chest; Oncologic Imaging	Managed by Carelon for Fully Insured and Vendor Program eligible members.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

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	Carelon	RAD.00036, Carelon:Chest Imaging;Imaging of the Chest;Oncologic Imaging	Managed by Carelon for Fully Insured and Vendor Program eligible members.
77078	Computed tomography, bone mineral density study, 1 or more sites, axial skeleton (eg, hips, pelvis, spine)	Carelon	Carelon: Abdomen & Pelvic Imaging, Brain Imaging, Chest Imaging, Extremity Imaging, Head & Neck Imaging, Oncologic Imaging, Spine Imaging and Vascular Imaging; Cardiac Imaging, Diagnostic Coronary Angiography and Percutaneous Coronary Intervention	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
77084	Magnetic resonance (eg, proton) imaging, bone marrow blood supply	Carelon	Carelon: Abdomen & Pelvic Imaging, Brain Imaging, Chest Imaging, Extremity Imaging, Head & Neck Imaging, Oncologic Imaging, Spine Imaging and Vascular Imaging; Cardiac Imaging, Diagnostic Coronary Angiography and Percutaneous Coronary Intervention	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
77295	3-dimensional radiotherapy plan, including dose-volume histograms	Carelon	Carelon: Proton Beam Therapy	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
77301	Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications	Carelon	Carelon: Proton Beam Therapy	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

77316	Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)	Carelon	Carelon: Radiation Oncology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
77317	Brachytherapy isodose plan; intermediate (calculation[s] made from 5 to 10 sources, or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s)	Carelon	Carelon: Radiation Oncology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
77318	Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)	Carelon	Carelon: Radiation Oncology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
77338	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan	Carelon	Carelon: Radiation Oncology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
77370	Special medical radiation physics consultation	Carelon	Carelon: Radiation Oncology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based	Carelon	Carelon: Radiation Oncology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based	Carelon	Carelon: Radiation Oncology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	Carelon	THER-RAD.00012, Carelon: Radiation Oncology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
77385	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple	Carelon	Carelon: Radiation Oncology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

77386	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex	Carelon	Carelon: Radiation Oncology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
77387	Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed	Carelon	Carelon: Radiation Oncology and Proton Beam Therapy	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
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)	Carelon	Carelon: Radiation Oncology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
77424	Intraoperative radiation treatment delivery, x-ray, single treatment session	Carelon	Carelon: Radiation Oncology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
77425	Intraoperative radiation treatment delivery, electrons, single treatment session	Carelon	Carelon: Radiation Oncology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
77432	Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)	Carelon	Carelon: Radiation Oncology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
77435	Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	Carelon	THER-RAD.00012, Carelon: Radiation Oncology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
77469	Intraoperative radiation treatment management	Carelon	Carelon: Radiation Oncology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
77470	Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)	Carelon	Carelon: Radiation Oncology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

77520	Proton treatment delivery; simple, without compensation	Carelon	Carelon: Proton Beam Therapy	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs</u> .
77522	Proton treatment delivery; simple, with compensation	Carelon	Carelon: Radiation Oncology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs</u> .
77523	Proton treatment delivery; intermediate	Carelon	Carelon: Proton Beam Therapy	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs</u> .
77525	Proton treatment delivery; complex	Carelon	Carelon: Proton Beam Therapy	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs</u> .
77761	Intracavitary radiation source application; simple	Carelon	Carelon: Radiation Oncology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs</u> .
77762	Intracavitary radiation source application; intermediate	Carelon	Carelon: Radiation Oncology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs</u> .
77763	Intracavitary radiation source application; complex	Carelon	Carelon: Radiation Oncology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs</u> .
77770	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel	Carelon	Carelon: Radiation Oncology	Managed by Carelon for Fully Insured and Vendor Program eligible members.
77771	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels	Carelon	Carelon: Radiation Oncology	Managed by Carelon for Fully Insured and Vendor Program eligible members.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

77772	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels	Carelon	Carelon: Radiation Oncology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
77778	Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source, when performed	Carelon	Carelon: Radiation Oncology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
77790	Supervision, handling, loading of radiation source	Carelon	Carelon: Radiation Oncology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
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	Carelon	Carelon:Cardiac Imaging	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
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 to	Carelon	Carelon:Cardiac Imaging	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
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 compute	Carelon	Carelon:Cardiac Imaging	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
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):	Carelon	Carelon:Cardiac Imaging	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

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 a	Carelon	Carelon:Cardiac Imaging	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
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 (	Carelon	Carelon:Imaging of the Heart	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
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	Carelon	Carelon: Abdomen & Pelvic Imaging, Brain Imaging, Chest Imaging, Extremity Imaging, Head & Neck Imaging, Oncologic Imaging, Spine Imaging and Vascular Imaging; Cardiac Imaging, Diagnostic Coronary Angiography and Percutaneous Coronary Intervention	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
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)	Carelon	Carelon:Imaging of the Heart	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
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) an	Carelon	Carelon:Imaging of the Heart	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study;	Carelon	Carelon: Abdomen & Pelvic Imaging, Brain Imaging, Chest Imaging, Extremity Imaging, Head & Neck Imaging, Oncologic Imaging, Spine Imaging and Vascular Imaging; Cardiac Imaging, Diagnostic Coronary Angiography and Percutaneous Coronary Intervention	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
78466	Myocardial imaging, infarct avid, planar; qualitative or quantitative	Carelon	Carelon: Imaging of the Heart	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
78468	Myocardial imaging, infarct avid, planar; with ejection fraction by first pass technique	Carelon	Carelon: Imaging of the Heart	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
78469	Myocardial imaging, infarct avid, planar; tomographic SPECT with or without quantification	Carelon	Carelon: Abdomen & Pelvic Imaging, Brain Imaging, Chest Imaging, Extremity Imaging, Head & Neck Imaging, Oncologic Imaging, Spine Imaging and Vascular Imaging; Cardiac Imaging, Diagnostic Coronary Angiography and Percutaneous Coronary Intervention	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.



## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

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	Carelon	Carelon: Abdomen & Pelvic Imaging, Brain Imaging, Chest Imaging, Extremity Imaging, Head & Neck Imaging, Oncologic Imaging, Spine Imaging and Vascular Imaging; Cardiac Imaging, Diagnostic Coronary Angiography and Percutaneous Coronary Intervention	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
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	Carelon	Carelon: Imaging of the Heart	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
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	Carelon	Carelon: Imaging of the Heart	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
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	Carelon	Carelon: Imaging of the Heart	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
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)	Carelon	Carelon: Imaging of the Heart	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
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)	Carelon	Carelon: Imaging of the Heart	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

78494	Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction, with or without quantitative processing	Carelon	Carelon:Imaging of the Heart	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
78608	Brain imaging, positron emission tomography (PET); metabolic evaluation	Carelon	Carelon: Abdomen & Pelvic Imaging, Brain Imaging, Chest Imaging, Extremity Imaging, Head & Neck Imaging, Oncologic Imaging, Spine Imaging and Vascular Imaging; Cardiac Imaging, Diagnostic Coronary Angiography and Percutaneous Coronary Intervention	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
78609	Brain imaging, positron emission tomography (PET); perfusion evaluation	Carelon	Carelon:Imaging of the Brain;Oncologic Imaging	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
78803	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), single area (eg, head, neck, chest, pelvis), single day i	Carelon	Carelon:Therapeutic Radiopharmaceuticals	Managed by Carelon for Fully Insured and Vendor Program eligible members.
78803	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed)	Carelon	Carelon: Radiation Oncology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
78811	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)	Carelon	Carelon:Chest Imaging;Imaging of the Chest;Imaging of the extremities;Imaging of the Spine;Oncologic Imaging	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

78812	Positron emission tomography (PET) imaging; skull base to mid-thigh	Carelon	Carelon: Chest Imaging; Imaging of the Chest; Imaging of the extremities; Imaging of the Spine; Oncologic Imaging	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
78813	Positron emission tomography (PET) imaging; whole body	Carelon	Carelon: Abdomen & Pelvic Imaging, Brain Imaging, Chest Imaging, Extremity Imaging, Head & Neck Imaging, Oncologic Imaging, Spine Imaging and Vascular Imaging; Cardiac Imaging, Diagnostic Coronary Angiography and Percutaneous Coronary Intervention	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
78814	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)	Carelon	Carelon: Chest Imaging; Imaging of the Chest; Imaging of the extremities; Imaging of the Spine; Oncologic Imaging	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
78815	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh	Carelon	Carelon: Chest Imaging; Imaging of the Chest; Imaging of the extremities; Imaging of the Spine; Oncologic Imaging	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
78816	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Carelon	Carelon: Chest Imaging; Imaging of the Chest; Imaging of the extremities; Imaging of the Spine; Oncologic Imaging	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
79101	Radiopharmaceutical therapy, by intravenous administration	Carelon	Carelon: Radiation Oncology and Proton Beam Therapy; CC-0112 ; CC-0118	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
79101	Radiopharmaceutical Therapy, By Intravenous Administration	Carelon	Carelon: Radiation Oncology; SURG.00143	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

79403	Radiopharmaceutical therapy, radiolabeled monoclonal antibody by intravenous infusion	Carelon	Carelon: Radiation Oncology and Proton Beam Therapy; CC-0118	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
79403	Radiopharmaceutical Therapy, Radiolabeled Monoclonal Antibody By Intravenous Infusion	Carelon	Carelon: Radiation Oncology; SURG.00143	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
81120	IDH1 (isocitrate dehydrogenase 1 [NADP+], soluble) (eg, glioma), common variants (eg, R132H, R132C)	Carelon	CG-GENE-14	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
81121	IDH2 (isocitrate dehydrogenase 2 [NADP+], mitochondrial) (eg, glioma), common variants (eg, R140W, R172M)	Carelon	CG-GENE-14	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
81161	DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy) deletion analysis, and duplication analysis, if performed	Carelon	CG-GENE-05; CG-GENE-13	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
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)	Carelon	CG-GENE-16	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
81163	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full <u>sequence analysis</u>	Carelon	CG-GENE-16	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
81164	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large <u>gene rearrangements</u> )	Carelon	CG-GENE-16	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
81165	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	Carelon	CG-GENE-16	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

81166	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, <u>detection of large gene rearrangements</u> )	Carelon	CG-GENE-16	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
81167	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, <u>detection of large gene rearrangements</u> )	Carelon	CG-GENE-16	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
81170	ABL1 (ABL proto-oncogene 1, non-receptor tyrosine kinase) (eg, acquired imatinib tyrosine kinase inhibitor resistance), gene analysis, variants in the <u>kinase domain</u>	Carelon	CG-GENE-07	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
81171	AFF2 (AF4/FMR2 family, member 2 [FMR2]) (eg, fragile X mental retardation 2 [FRAXE]) gene analysis; evaluation to detect abnormal (eg, <u>expanded</u> ) alleles	Carelon	CG-GENE-13	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
81172	AFF2 (AF4/FMR2 family, member 2 [FMR2]) (eg, fragile X mental retardation 2 [FRAXE]) gene analysis; characterization of alleles (eg, <u>expanded size and methylation status</u> )	Carelon	CG-GENE-13	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
81173	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; full gene sequence	Carelon	CG-GENE-13	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
81174	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; known familial variant	Carelon	CG-GENE-13	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
81177	ATN1 (atrophin 1) (eg, dentatorubral-pallidoluysian atrophy) gene analysis, evaluation to detect abnormal (eg, <u>expanded</u> ) alleles	Carelon	CG-GENE-13	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
81178	ATXN1 (ataxin 1) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, <u>expanded</u> ) alleles	Carelon	CG-GENE-13	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

81179	ATXN2 (ataxin 2) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Carelon	CG-GENE-13	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
81180	ATXN3 (ataxin 3) (eg, spinocerebellar ataxia, Machado-Joseph disease) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Carelon	CG-GENE-13	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
81181	ATXN7 (ataxin 7) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Carelon	CG-GENE-13	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
81182	ATXN8OS (ATXN8 opposite strand [non-protein coding]) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Carelon	CG-GENE-13	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
81183	ATXN10 (ataxin 10) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Carelon	CG-GENE-13	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
81184	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	Carelon	CG-GENE-13	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
81185	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; full gene sequence	Carelon	CG-GENE-13	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
81186	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; known familial variant	Carelon	CG-GENE-13	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
81187	CNBP (CCHC-type zinc finger nucleic acid binding protein) (eg, myotonic dystrophy type 2) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Carelon	CG-GENE-13	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

81188	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	Carelon	CG-GENE-13	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
81189	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; full gene sequence	Carelon	CG-GENE-13	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
81190	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; known familial variant(s)	Carelon	CG-GENE-13	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
81191	NTRK1 (neurotrophic receptor tyrosine kinase 1) (eg, solid tumors) translocation analysis	Carelon	CG-GENE-14	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
81192	NTRK2 (neurotrophic receptor tyrosine kinase 2) (eg, solid tumors) translocation analysis	Carelon	CG-GENE-14	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
81193	NTRK3 (neurotrophic receptor tyrosine kinase 3) (eg, solid tumors) translocation analysis	Carelon	CG-GENE-14	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
81194	NTRK (neurotrophic-tropomyosin receptor tyrosine kinase 1, 2, and 3) (eg, solid tumors) translocation analysis	Carelon	CG-GENE-14	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
81200	ASPA (aspartoacylase) (eg, Canavan disease) gene analysis, common variants (eg, E285A, Y231X)	Carelon	CG-GENE-13	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
81201	APC (adenomatous polyposis coli) (eg, familial adenomatous polyposis [FAP], attenuated FAP) gene analysis; full gene sequence	Carelon	CG-GENE-15	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

81202	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; known familial variants	Carelon	CG-GENE-15	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
81203	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; duplication/deletion variants	Carelon	CG-GENE-15	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
81204	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; characterization of alleles (eg, expanded size or methylation status)	Carelon	CG-GENE-13	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
81205	BCKDHB (branched-chain keto acid dehydrogenase E1, beta polypeptide) (eg, maple syrup urine disease) gene analysis, common variants (eg, R183P, G278S, F422X)	Carelon	CG-GENE-13	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
81209	BLM (Bloom syndrome, RecQ helicase-like) (eg, Bloom syndrome) gene analysis, 2281del6ins7 variant	Carelon	CG-GENE-13	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
81210	BRAF (B-Raf proto-oncogene, serine/threonine kinase) (eg, colon cancer, melanoma), gene analysis, V600 variant(s)	Carelon	CG-GENE-14	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
81212	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; 185delAG, 5385insC, 6174delT variants	Carelon	CG-GENE-16	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
81215	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	Carelon	CG-GENE-16	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
81216	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	Carelon	CG-GENE-16	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>



## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

81217	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	Carelon	CG-GENE-16	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs</u> .
81219	CALR (calreticulin) (eg, myeloproliferative disorders), gene analysis, common variants in exon 9	Carelon	CG-GENE-01	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs</u> .
81220	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; common variants (eg, ACMG/ACOG guidelines)	Carelon	Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs</u> .
81221	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; known familial variants	Carelon	CG-GENE-13	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs</u> .
81225	CYP2C19 (cytochrome P450, family 2, subfamily C, polypeptide 19) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *8, *17)	Carelon	CG-GENE-11	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs</u> .
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)	Carelon	CG-GENE-11	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs</u> .
81227	CYP2C9 (cytochrome P450, family 2, subfamily C, polypeptide 9) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *5, *6)	Carelon	CG-GENE-11	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs</u> .
81228	Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number variants (eg, bacterial artificial chromosome [BAC] or oligo-based comparative genomic hybridization [CGH] microarray analysis)	Carelon	CG-GENE-10	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs</u> .

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

81229	Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants for chromosomal abnormalities	Carelon	CG-GENE-10	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
81230	CYP3A4 (cytochrome P450 family 3 subfamily A member 4) (eg, drug metabolism), gene analysis, common variant(s) (eg, *2, *22)	Carelon	CG-GENE-11	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
81231	CYP3A5 (cytochrome P450 family 3 subfamily A member 5) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *7)	Carelon	CG-GENE-11	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
81232	DPYD (dihydropyrimidine dehydrogenase) (eg, 5-fluorouracil/5-FU and capecitabine drug metabolism), gene analysis, common variant(s) (eg, *2A, *4, *5, *6)	Carelon	CG-GENE-11	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
81234	DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; evaluation to detect abnormal (expanded) alleles	Carelon	CG-GENE-13	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
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)	Carelon	CG-GENE-14	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
81239	DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; characterization of alleles (eg, expanded size)	Carelon	CG-GENE-13	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
81241	F5 (coagulation factor V) (eg, hereditary hypercoagulability) gene analysis, Leiden variant	Carelon	CG-GENE-13	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
81242	FANCC (Fanconi anemia, complementation group C) (eg, Fanconi anemia, type C) gene analysis, common variant (eg, IVS4+4A>T)	Carelon	CG-GENE-13; CG-GENE-14	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

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	Carelon	Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
81244	FMR1 (fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; characterization of alleles (eg, expanded size and promoter methylation status)	Carelon	CG-GENE-13	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
81245	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; internal tandem duplication (ITD) variants (ie, exons 14, 15)	Carelon	CG-GENE-14	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
81246	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; tyrosine kinase domain (TKD) variants (eg, D835, I836)	Carelon	CG-GENE-14	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
81247	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; common variant(s) (eg, A, A-)	Carelon	Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
81248	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; known familial variant(s)	Carelon	Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
81249	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; full gene sequence	Carelon	Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
81250	G6PC (glucose-6-phosphatase, catalytic subunit) (eg, Glycogen storage disease, type 1a, von Gierke disease) gene analysis, common variants (eg, R83C, Q347X)	Carelon	CG-GENE-13	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
81251	GBA (glucosidase, beta, acid) (eg, Gaucher disease) gene analysis, common variants (eg, N370S, 84GG, L444P, IVS2+1G>A)	Carelon	CG-GENE-13	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

81252	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; full gene sequence	Carelon	CG-GENE-13	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
81253	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; known familial variants	Carelon	CG-GENE-13	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
81254	GJB6 (gap junction protein, beta 6, 30kDa, connexin 30) (eg, nonsyndromic hearing loss) gene analysis, common variants (eg, 309kb [del(GJB6-D13S1830)] and 232kb [del(GJB6-D13S1854)])	Carelon	CG-GENE-13	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
81255	HEXA (hexosaminidase A [alpha polypeptide]) (eg, Tay-Sachs disease) gene analysis, common variants (eg, 1278insTATC, 1421+1G>C, G269S)	Carelon	CG-GENE-13	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
81256	HFE (hemochromatosis) (eg, hereditary hemochromatosis) gene analysis, common variants (eg, C282Y, H63D)	Carelon	CG-GENE-13	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
81257	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; common deletions or variant (eg, Southeast Asian, Thai, Filipino, Mediterranean, alpha3.7, alpha4.2, alpha20.5, Constant S	Carelon	CG-GENE-13	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
81258	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; known familial variant	Carelon	CG-GENE-13	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
81259	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; full gene sequence	Carelon	CG-GENE-13	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

81260	IKBKAP (inhibitor of kappa light polypeptide gene enhancer in B-cells, kinase complex-associated protein) (eg, familial dysautonomia) gene analysis, common variants (eg, 2507+6T>C, R696P)	Carelon	CG-GENE-13	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
81261	Igh@ (Immunoglobulin Heavy Chain Locus) (Eg, Leukemias And Lymphomas, B-Cell), Gene Rearrangement Analysis To Detect Abnormal Clonal Population(S); Amplified Methodology (Eg,	Carelon	Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
81262	Igh@ (Immunoglobulin Heavy Chain Locus) (Eg, Leukemias And Lymphomas, B-Cell), Gene Rearrangement Analysis To Detect Abnormal Clonal Population(S); Direct Probe Methodology (E	Carelon	Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
81263	Igh@ (Immunoglobulin Heavy Chain Locus) (Eg, Leukemia And Lymphoma, B-Cell), Variable Region Somatic Mutation Analysis	Carelon	Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
81264	Igk@ (Immunoglobulin Kappa Light Chain Locus) (Eg, Leukemia And Lymphoma, B-Cell), Gene Rearrangement Analysis, Evaluation To Detect Abnormal Clonal Population(S)	Carelon	Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
81266	Comparative analysis using Short Tandem Repeat (STR) markers; each additional specimen (eg, additional cord blood donor, additional fetal samples from different cultures, or additional zygosity in multiple birth pregnancies) [when specified as a specimen provenance assay such as know error DSPA]	Carelon	GENE.00041	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
81269	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; duplication/deletion variants	Carelon	CG-GENE-13	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
81270	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) gene analysis, p.Val617Phe (V617F) variant	Carelon	CG-GENE-01	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

81271	HTT (huntingtin) (eg, Huntington disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	Carelon	CG-GENE-13	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
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)	Carelon	CG-GENE-14	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
81274	HTT (huntingtin) (eg, Huntington disease) gene analysis; characterization of alleles (eg, expanded size)	Carelon	CG-GENE-13	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
81275	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; variants in exon 2 (eg, codons 12 and 13)	Carelon	CG-GENE-14	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
81276	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; additional variant(s) (eg, codon 61, codon 146)	Carelon	CG-GENE-14	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
81277	Cytogenomic neoplasia (genome-wide) microarray analysis, interrogation of genomic regions for copy number and loss-of-heterozygosity variants for chromosomal abnormalities	Carelon	Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
81278	IGH@/BCL2 (t(14;18)) (eg, follicular lymphoma) translocation analysis, major breakpoint region (MBR) and minor cluster region (mcr) breakpoints, qualitative or quantitative	Carelon	Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
81279	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) targeted sequence analysis (eg, exons 12 and 13)	Carelon	CG-GENE-01	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
81283	IFNL3 (interferon, lambda 3) (eg, drug response), gene analysis, rs12979860 variant	Carelon	Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

81284	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; evaluation to detect abnormal (expanded) alleles	Carelon	CG-GENE-13	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
81285	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; characterization of alleles (eg, expanded size)	Carelon	CG-GENE-13	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
81286	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; full gene sequence	Carelon	CG-GENE-13	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
81287	MGMT (O-6-methylguanine-DNA methyltransferase) (eg, glioblastoma multiforme) promoter methylation analysis	Carelon	Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
81288	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; promoter methylation analysis	Carelon	CG-GENE-15	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
81289	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; known familial variant(s)	Carelon	CG-GENE-13	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
81290	MCOLN1 (mucolipin 1) (eg, Mucopolipidosis, type IV) gene analysis, common variants (eg, IVS3-2A>G, del6.4kb)	Carelon	CG-GENE-13	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
81292	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Carelon	CG-GENE-15	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
81293	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Carelon	CG-GENE-15	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

81294	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Carelon	CG-GENE-15	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
81295	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Carelon	CG-GENE-15	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
81296	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Carelon	CG-GENE-15	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
81297	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Carelon	CG-GENE-15	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
81298	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Carelon	CG-GENE-15	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
81299	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Carelon	CG-GENE-15	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
81300	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Carelon	CG-GENE-15	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
81301	Microsatellite Instability Analysis (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Of Markers For Mismatch Repair Deficiency (Eg, Bat25, Bat26), Includes Com	Carelon	Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
81302	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; full sequence analysis	Carelon	CG-GENE-13	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.



## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

81303	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; known familial variant	Carelon	CG-GENE-13	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs</u> .
81304	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; duplication/deletion variants	Carelon	CG-GENE-13	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs</u> .
81305	MYD88 (myeloid differentiation primary response 88) (eg, Waldenstrom's macroglobulinemia, lymphoplasmacytic leukemia) gene analysis, p.Leu265Pro (L265P) variant	Carelon	Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs</u> .
81306	NUDT15 (nudix hydrolase 15) (eg, drug metabolism) gene analysis, common variant(s) (eg, *2, *3, *4, *5, *6)	Carelon	Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs</u> .
81307	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; full gene sequence	Carelon	CG-GENE-14	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs</u> .
81308	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; known familial variant	Carelon	CG-GENE-14	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs</u> .
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)	Carelon	CG-GENE-13; CG-GENE-14	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs</u> .
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 ( <u>eg, codon 61</u> )	Carelon	CG-GENE-14	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs</u> .
81312	PABPN1 (poly[A] binding protein nuclear 1) (eg, oculopharyngeal muscular dystrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Carelon	CG-GENE-13	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs</u> .

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

81314	PDGFRA (platelet-derived growth factor receptor, alpha polypeptide) (eg, gastrointestinal stromal tumor [GIST]), gene analysis, targeted sequence analysis (eg, exons 12, 18)	Carelon	CG-GENE-14	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
81317	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Carelon	CG-GENE-15	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
81318	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Carelon	CG-GENE-15	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
81319	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Carelon	CG-GENE-15	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
81321	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; full sequence analysis	Carelon	CG-GENE-08	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
81322	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; known familial variant	Carelon	CG-GENE-08	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
81323	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; duplication/deletion variant	Carelon	CG-GENE-08	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
81324	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; duplication/deletion analysis	Carelon	GENE.00033	Managed by Carelon for Fully Insured and Vendor Program eligible members.
81325	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; full sequence analysis	Carelon	GENE.00033	Managed by Carelon for Fully Insured and Vendor Program eligible members.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

81326	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; known familial variant	Carelon	GENE.00033	Managed by Carelon for Fully Insured and Vendor Program eligible members.
81327	SEPT9 (Septin9) (eg, colorectal cancer) promoter methylation analysis	Carelon	Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
81328	SLCO1B1 (solute carrier organic anion transporter family, member 1B1) (eg, adverse drug reaction), gene analysis, common variant(s) (eg, *5)	Carelon	GENE.00038	Managed by Carelon for Fully Insured and Vendor Program eligible members.
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	Carelon	Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
81330	SMPD1(sphingomyelin phosphodiesterase 1, acid lysosomal) (eg, Niemann-Pick disease, Type A) gene analysis, common variants (eg, R496L, L302P, fsP330)	Carelon	CG-GENE-13	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
81331	SNRPN/UBE3A (small nuclear ribonucleoprotein polypeptide N and ubiquitin protein ligase E3A) (eg, Prader-Willi syndrome and/or Angelman syndrome), methylation analysis	Carelon	CG-GENE-13	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
81332	SERPINA1 (serpin peptidase inhibitor, clade A, alpha-1 antiproteinase, antitrypsin, member 1) (eg, alpha-1-antitrypsin deficiency), gene analysis, common variants (eg, *S and *Z)	Carelon	CG-GENE-13	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
81333	TGFBI (transforming growth factor beta-induced) (eg, corneal dystrophy) gene analysis, common variants (eg, R124H, R124C, R124L, R555W, R555Q)	Carelon	CG-GENE-13	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
81335	TPMT (thiopurine S-methyltransferase) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3)	Carelon	CG-GENE-11	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

81336	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; full gene sequence	Carelon	CG-GENE-13	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
81337	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; known familial sequence variant(s)	Carelon	CG-GENE-13	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
81338	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; common variants (eg, W515A, W515K, W515L, W515R)	Carelon	CG-GENE-01	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
81339	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; sequence analysis, exon 10	Carelon	CG-GENE-01	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
81340	Trb@ (T Cell Antigen Receptor, Beta) (Eg, Leukemia And Lymphoma), Gene Rearrangement Analysis To Detect Abnormal Clonal Population(S); Using Amplification Methodology (Eg, Pol	Carelon	Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
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, Sout	Carelon	Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
81342	Trg@ (T Cell Antigen Receptor, Gamma) (Eg, Leukemia And Lymphoma), Gene Rearrangement Analysis, Evaluation To Detect Abnormal Clonal Population(S)	Carelon	Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
81343	PPP2R2B (protein phosphatase 2 regulatory subunit Bbeta) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Carelon	CG-GENE-13	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
81344	TBP (TATA box binding protein) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Carelon	CG-GENE-13	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

81345	TERT (telomerase reverse transcriptase) (eg, thyroid carcinoma, glioblastoma multiforme) gene analysis, targeted sequence analysis (eg, promoter region)	Carelon	Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
81346	TYMS (thymidylate synthetase) (eg, 5-fluorouracil/5-FU drug metabolism), gene analysis, common variant(s) (eg, tandem repeat variant)	Carelon	CG-GENE-11	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
81350	UGT1A1 (UDP glucuronosyltransferase 1 family, polypeptide A1) (eg, drug metabolism, hereditary unconjugated hyperbilirubinemia [Gilbert syndrome]) gene analysis, common variants (eg, *28 *36 *37)	Carelon	CG-GENE-11	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
81351	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; full gene sequence	Carelon	CG-GENE-18	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
81352	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; targeted sequence analysis (eg, 4 oncology)	Carelon	CG-GENE-18	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
81353	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; known familial variant	Carelon	CG-GENE-18	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
81355	VKORC1 (vitamin K epoxide reductase complex, subunit 1) (eg, warfarin metabolism), gene analysis, common variant(s) (eg, -1639G>A, c.173+1000C>T)	Carelon	CG-GENE-11	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
81361	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); common variant(s) (eg, HbS, HbC, HbE)	Carelon	CG-GENE-13	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
81362	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); known familial variant(s)	Carelon	CG-GENE-13	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

81363	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); duplication/deletion variant(s)	Carelon	CG-GENE-13	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs</u> .
81364	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); full gene sequence	Carelon	CG-GENE-13	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs</u> .
81379	Hla Class I Typing, High Resolution (Ie, Alleles Or Allele Groups); Complete (Ie, Hla-A, -B, And -C)	Carelon	Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs</u> .
81380	Hla Class I Typing, High Resolution (Ie, Alleles Or Allele Groups); One Locus (Eg, Hla-A, -B, Or -C), Each	Carelon	Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs</u> .
81381	HLA Class I typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, B*57:01P), each	Carelon	CG-GENE-11	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs</u> .
81402	MOLECULAR PATHOLOGY PROCEDURE LEVEL 3	Carelon	CG-GENE-13	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs</u> .
81403	MOLECULAR PATHOLOGY PROCEDURE LEVEL 4	Carelon	CG-GENE-13; CG-GENE-14; CG-GENE-15	Managed by Carelon for Fully Insured and Vendor Program eligible members.
81404	MOLECULAR PATHOLOGY PROCEDURE LEVEL 5	Carelon	CG-GENE-02; CG-GENE-13; CG-GENE-14; CG-GENE-17; CG-GENE-23; GENE.00033; GENE.00036	Managed by Carelon for Fully Insured and Vendor Program eligible members.
81405	MOLECULAR PATHOLOGY PROCEDURE LEVEL 6	Carelon	CG-GENE-10; CG-GENE-13; CG-GENE-14; CG-GENE-18	Managed by Carelon for Fully Insured and Vendor Program eligible members.
81406	MOLECULAR PATHOLOGY PROCEDURE LEVEL 7	Carelon	CG-GENE-13; CG-GENE-14; CG-GENE-15	Managed by Carelon for Fully Insured and Vendor Program eligible members.
81407	MOLECULAR PATHOLOGY PROCEDURE LEVEL 8	Carelon	CG-GENE-09; CG-GENE-13; CG-GENE-23	Managed by Carelon for Fully Insured and Vendor Program eligible members.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

81408	MOLECULAR PATHOLOGY PROCEDURE LEVEL 9	Carelon	CG-GENE-05; CG-GENE-13; CG-GENE-14; CG-GENE-23; GENE.00037	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
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)	Carelon	GENE.00052; CG-GENE-13	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
81426	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator genome (eg, parents, siblings) (List separately in addition to code for primary procedure)	Carelon	GENE.00052	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
81479	Unlisted molecular pathology procedure	Carelon	CG-GENE-11, CG-GENE-13, CG-GENE-14, CG-GENE-16, CG-GENE-19, CG-GENE-21, GENE.00009, GENE.00010, GENE.00020, GENE.00025, GENE.00041, GENE.00049, GENE.00051, GENE.00052, GENE.00055, GENE.00056, GENE.00058, GENE.00059, LAB.00025, LAB.00033, LAB.00038, LAB.00039, LAB.00042,	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
81523	Oncology (breast), mRNA, next-generation sequencing gene expression profiling of 70 content genes and 31 housekeeping genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as index related to risk to distant metastasis	Carelon	Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
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)	Carelon	CG-GENE-04	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

81206	Bcr/Abl1 (T(9;22)) (Eg, Chronic Myelogenous Leukemia) Translocation Analysis; Major Breakpoint, Qualitative Or Quantitative	Carelon	Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Carelon	Carelon Rehab: Outpatient Rehabilitative and Habilitative Services	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals	Carelon	Carelon Rehab: Outpatient Rehabilitative and Habilitative Services	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
92521	Evaluation of speech fluency (eg, stuttering, cluttering)	Carelon	Carelon Rehab: Outpatient Rehabilitative and Habilitative Services	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
92522	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria)	Carelon	Carelon Rehab: Outpatient Rehabilitative and Habilitative Services	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
92523	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive an	Carelon	Carelon Rehab: Outpatient Rehabilitative and Habilitative Services	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
92524	Behavioral and qualitative analysis of voice and resonance	Carelon	CG-BEH-01, Carelon Rehab: Outpatient Rehabilitative and Habilitative Services	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
92526	Treatment of swallowing dysfunction and/or oral function for feeding	Carelon	Carelon Rehab: Outpatient Rehabilitative and Habilitative Services	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
92605	Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient: first hour	Carelon	Carelon Rehab: Outpatient Rehabilitative and Habilitative Services	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>



## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

92606	Therapeutic service(s) for the use of non-speech-generating device, including programming and modification	Carelon	Carelon Rehab: Outpatient Rehabilitative and Habilitative Services	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
92607	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour	Carelon	Carelon Rehab: Outpatient Rehabilitative and Habilitative Services	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
92608	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure)	Carelon	Carelon Rehab: Outpatient Rehabilitative and Habilitative Services	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
92609	Therapeutic services for the use of speech-generating device, including programming and modification	Carelon	Carelon Rehab: Outpatient Rehabilitative and Habilitative Services	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
92610	Evaluation of oral and pharyngeal swallowing function	Carelon	Carelon Rehab: Outpatient Rehabilitative and Habilitative Services	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
92611	Motion fluoroscopic evaluation of swallowing function by cine or video recording	Carelon	Carelon Rehab: Outpatient Rehabilitative and Habilitative Services	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
92618	Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure)	Carelon	Carelon Rehab: Outpatient Rehabilitative and Habilitative Services	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
92626	Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); first hour	Carelon	Carelon Rehab: Outpatient Rehabilitative and Habilitative Services	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

92627	Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); each additional 15 minutes (List sepa	Carelon	Carelon Rehab: Outpatient Rehabilitative and Habilitative Services	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
92630	Auditory rehabilitation; prelingual hearing loss	Carelon	Carelon Rehab: Outpatient Rehabilitative and Habilitative Services	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
92633	Auditory rehabilitation; postlingual hearing loss	Carelon	Carelon Rehab: Outpatient Rehabilitative and Habilitative Services	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
92920	Percutaneous transluminal coronary angioplasty; single major coronary artery or branch	Carelon	Carelon Imaging: Abdomen & Pelvic, Brain, Chest, Extremity, Head & Neck, Oncologic, Spine, Vascular, Cardiac, Diagnostic Coronary Angiography and Percutaneous Coronary Intervention; MCG ISC(GRG)Angioplasty,Percutaneo us Coronary Intervention	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
92924	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch	Carelon	Carelon Imaging: Abdomen & Pelvic, Brain, Chest, Extremity, Head & Neck, Oncologic, Spine, Vascular, Cardiac, Diagnostic Coronary Angiography and Percutaneous Coronary Intervention; MCG ISC(GRG)Angioplasty,Percutaneo us Coronary Intervention	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

92928	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch	Carelon	Carelon Imaging: Abdomen & Pelvic, Brain, Chest, Extremity, Head & Neck, Oncologic, Spine, Vascular, Cardiac, Diagnostic Coronary Angiography and Percutaneous Coronary Intervention; MCG ISC(GRG)Angioplasty,Percutaneous Coronary Intervention	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
92933	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch	Carelon	Carelon Imaging: Abdomen & Pelvic, Brain, Chest, Extremity, Head & Neck, Oncologic, Spine, Vascular, Cardiac, Diagnostic Coronary Angiography and Percutaneous Coronary Intervention; MCG ISC(GRG)Angioplasty,Percutaneous Coronary Intervention	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
92937	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel	Carelon	Carelon Imaging: Abdomen & Pelvic, Brain, Chest, Extremity, Head & Neck, Oncologic, Spine, Vascular, Cardiac, Diagnostic Coronary Angiography and Percutaneous Coronary Intervention; MCG ISC(GRG)Angioplasty,Percutaneous Coronary Intervention	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

92943	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel	Carelon	Carelon Imaging: Abdomen & Pelvic, Brain, Chest, Extremity, Head & Neck, Oncologic, Spine, Vascular, Cardiac, Diagnostic Coronary Angiography and Percutaneous Coronary Intervention; MCG ISC(GRG)Angioplasty,Percutaneous Coronary Intervention	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
92972	Percutaneous transluminal coronary lithotripsy (List separately in addition to code for primary procedure)	Carelon	Carelon: Cardiology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
93303	Transthoracic echocardiography for congenital cardiac anomalies; complete	Carelon	Carelon:Echocardiography Imaging;Imaging of the Heart	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
93304	Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study	Carelon	Carelon:Echocardiography Imaging;Imaging of the Heart	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
93312	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	Carelon	Carelon: Abdomen & Pelvic Imaging, Brain Imaging, Chest Imaging, Extremity Imaging, Head & Neck Imaging, Oncologic Imaging, Spine Imaging and Vascular Imaging; Cardiac Imaging, Diagnostic Coronary Angiography and Percutaneous Coronary Intervention	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
93313	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); placement of transesophageal probe only	Carelon	Carelon:Echocardiography Imaging;Imaging of the Heart	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

93314	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); image acquisition, interpretation and report only	Carelon	Carelon:Echocardiography Imaging;Imaging of the Heart	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
93315	Transesophageal echocardiography for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report	Carelon	Carelon:Echocardiography Imaging;Imaging of the Heart	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
93316	Transesophageal echocardiography for congenital cardiac anomalies; placement of transesophageal probe only	Carelon	Carelon:Echocardiography Imaging;Imaging of the Heart	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
93317	Transesophageal echocardiography for congenital cardiac anomalies; image acquisition, interpretation and report only	Carelon	Carelon:Echocardiography Imaging;Imaging of the Heart	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
93350	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation	Carelon	Carelon: Abdomen & Pelvic Imaging, Brain Imaging, Chest Imaging, Extremity Imaging, Head & Neck Imaging, Oncologic Imaging, Spine Imaging and Vascular Imaging; Cardiac Imaging, Diagnostic Coronary Angiography and Percutaneous Coronary Intervention	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
93351	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation	Carelon	Carelon:Echocardiography Imaging;Imaging of the Heart	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
93454	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;	Carelon	Carelon:Diagnostic Coronary Angiography	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

93455	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, ven	Carelon	Carelon: Abdomen & Pelvic Imaging, Brain Imaging, Chest Imaging, Extremity Imaging, Head & Neck Imaging, Oncologic Imaging, Spine Imaging and Vascular Imaging; Cardiac Imaging, Diagnostic Coronary Angiography and Percutaneous Coronary Intervention	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
93456	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization	Carelon	Carelon: Diagnostic Coronary Angiography	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
93457	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, ven	Carelon	Carelon: Diagnostic Coronary Angi	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
93458	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ven	Carelon	Carelon: Diagnostic Coronary Angiography	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
93459	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ven	Carelon	Carelon: Diagnostic Coronary Angiography	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

93460	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) fo	Carelon	Carelon:Diagnostic Coronary Angiography	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
93461	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) fo	Carelon	Carelon: Abdomen & Pelvic Imaging, Brain Imaging, Chest Imaging, Extremity Imaging, Head & Neck Imaging, Oncologic Imaging, Spine Imaging and Vascular Imaging; Cardiac Imaging, Diagnostic Coronary Angiography and Percutaneous Coronary Intervention	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
93609	Intraventricular and/or intra-arterial mapping of tachycardia site(s) with catheter manipulation to record from multiple sites to identify origin of tachycardia	Carelon	CG-SURG-55	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
93613	Intracardiac electrophysiologic 3-dimensional mapping	Carelon	CG-SURG-55	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
93621	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left atrial pacing and recording from coronary sinus or left atrium	Carelon	CG-SURG-55	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
93622	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left ventricular pacing and recording	Carelon	CG-SURG-55	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

93655	Intracardiac catheter ablation of a discrete mechanism of arrhythmia which is distinct from the primary ablated mechanism, including repeat diagnostic maneuvers, to treat a spontaneous or induced arrhythmia	Carelon	CG-SURG-55	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
93657	Additional linear or focal intracardiac catheter ablation of the left or right atrium for treatment of atrial fibrillation remaining after completion of pulmonary vein isolation	Carelon	CG-MED-64	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
93880	Duplex scan of extracranial arteries; complete bilateral study	Carelon	Carelon: Abdomen & Pelvic Imaging, Brain Imaging, Chest Imaging, Extremity Imaging, Head & Neck Imaging, Oncologic Imaging, Spine Imaging and Vascular Imaging; Cardiac Imaging, Diagnostic Coronary Angiography and Percutaneous Coronary Intervention	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
93882	Duplex scan of extracranial arteries; unilateral or limited study	Carelon	Carelon:Vascular Imaging	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
93922	Limited bilateral noninvasive physiologic studies of upper or lower extremity arteries, (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus bidirectional, Doppler waveform recording	Carelon	Carelon:Vascular Imaging	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.



## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

93923	Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, 3 or more levels (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental blood pressure	Carelon	Carelon: Abdomen & Pelvic Imaging, Brain Imaging, Chest Imaging, Extremity Imaging, Head & Neck Imaging, Oncologic Imaging, Spine Imaging and Vascular Imaging; Cardiac Imaging, Diagnostic Coronary Angiography and Percutaneous Coronary Intervention	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
93924	Noninvasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing, (ie, bidirectional Doppler waveform or volume plethysmography recording and analysis at rest with ankle/brachial indices immediately after and at	Carelon	Carelon:Vascular Imaging	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
93925	Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study	Carelon	Carelon: Abdomen & Pelvic Imaging, Brain Imaging, Chest Imaging, Extremity Imaging, Head & Neck Imaging, Oncologic Imaging, Spine Imaging and Vascular Imaging; Cardiac Imaging, Diagnostic Coronary Angiography and Percutaneous Coronary Intervention	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
93926	Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study	Carelon	Carelon:Vascular Imaging	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

93930	Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study	Carelon	Carelon: Abdomen & Pelvic Imaging, Brain Imaging, Chest Imaging, Extremity Imaging, Head & Neck Imaging, Oncologic Imaging, Spine Imaging and Vascular Imaging; Cardiac Imaging, Diagnostic Coronary Angiography and Percutaneous Coronary Intervention	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
93931	Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study	Carelon	Carelon:Vascular Imaging	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
93978	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study	Carelon	Carelon: Abdomen & Pelvic Imaging, Brain Imaging, Chest Imaging, Extremity Imaging, Head & Neck Imaging, Oncologic Imaging, Spine Imaging and Vascular Imaging; Cardiac Imaging, Diagnostic Coronary Angiography and Percutaneous Coronary Intervention	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
93979	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study	Carelon	Carelon:Vascular Imaging	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
94667	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; initial demonstration and/or evaluation	Carelon	Carelon Rehab: Outpatient Rehabilitative and Habilitative Services	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
94668	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; subsequent	Carelon	Carelon Rehab: Outpatient Rehabilitative and Habilitative Services	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

95782	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	Carelon	Carelon:Sleep Clinical Guidelines	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
95783	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bi-level ventilation, attended by a technologist	Carelon	Carelon:Sleep Clinical Guidelines	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
95800	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time	Carelon	Carelon: Sleep Clinical Guidelines	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
95801	Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)	Carelon	Carelon:Sleep Clinical Guidelines	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
95805	Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness	Carelon	Carelon: Sleep Clinical Guidelines	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
95806	Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)	Carelon	Carelon:Sleep Clinical Guidelines	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
95807	Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist	Carelon	Carelon:Sleep Clinical Guidelines	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
95808	Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist	Carelon	Carelon: Sleep Clinical Guidelines	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
95810	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	Carelon	Carelon:Sleep Clinical Guidelines	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

95811	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by	Carelon	Carelon: Sleep Clinical Guidelines	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
96001	Comprehensive computer-based motion analysis by video-taping and 3D kinematics; with dynamic plantar pressure measurements during walking	Carelon	Carelon Rehab: Outpatient Rehabilitative and Habilitative Services	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
97010	Application of a modality to 1 or more areas; hot or cold packs	Carelon	Carelon Rehab: Outpatient Rehabilitative and Habilitative Services	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
97012	Application of a modality to 1 or more areas; traction, mechanical	Carelon	Carelon Rehab: Outpatient Rehabilitative and Habilitative Services	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
97014	Application of a modality to 1 or more areas; electrical stimulation (unattended)	Carelon	Carelon Rehab: Outpatient Rehabilitative and Habilitative Services	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
97016	Application of a modality to 1 or more areas; vasopneumatic devices	Carelon	Carelon Rehab: Outpatient Rehabilitative and Habilitative Services	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
97018	Application of a modality to 1 or more areas; paraffin bath	Carelon	Carelon Rehab: Outpatient Rehabilitative and Habilitative Services	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
97022	Application of a modality to 1 or more areas; whirlpool	Carelon	Carelon Rehab: Outpatient Rehabilitative and Habilitative Services	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
97024	Application of a modality to 1 or more areas; diathermy (eg, microwave)	Carelon	Carelon Rehab: Outpatient Rehabilitative and Habilitative Services	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

97026	Application of a modality to 1 or more areas; infrared	Carelon	Carelon Rehab: Outpatient Rehabilitative and Habilitative Services	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
97028	Application of a modality to 1 or more areas; ultraviolet	Carelon	Carelon Rehab: Outpatient Rehabilitative and Habilitative Services	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
97032	Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes	Carelon	Carelon Rehab: Outpatient Rehabilitative and Habilitative Services	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
97033	Application of a modality to 1 or more areas; iontophoresis, each 15 minutes	Carelon	CG-MED-28; CG-SURG-09, Carelon Rehab: Outpatient Rehabilitative and Habilitative Services	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
97034	Application of a modality to 1 or more areas; contrast baths, each 15 minutes	Carelon	Carelon Rehab: Outpatient Rehabilitative and Habilitative Services	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
97035	Application of a modality to 1 or more areas; ultrasound, each 15 minutes	Carelon	Carelon Rehab: Outpatient Rehabilitative and Habilitative Services	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
97036	Application of a modality to 1 or more areas; Hubbard tank, each 15 minutes	Carelon	Carelon Rehab: Outpatient Rehabilitative and Habilitative Services	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	Carelon	Carelon Rehab: Outpatient Rehabilitative and Habilitative Services	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
97112	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing	Carelon	Carelon Rehab: Outpatient Rehab	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

97113	Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises	Carelon	Carelon Rehab: Outpatient Rehab	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
97116	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Carelon	Carelon Rehab: Outpatient Rehabilitative and Habilitative Services	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
97124	Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)	Carelon	Carelon Rehab: Outpatient Rehabilitative and Habilitative Services	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
97129	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensato	Carelon	Carelon Rehab: Outpatient Rehabilitative and Habilitative Services	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
97130	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensato	Carelon	Carelon Rehab: Outpatient Rehabilitative and Habilitative Services	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
97140	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	Carelon	Carelon Rehab: Outpatient Rehabilitative and Habilitative Services	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
97150	Therapeutic procedure(s), group (2 or more individuals)	Carelon	Carelon Rehab: Outpatient Rehabilitative and Habilitative Services	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
97161	Physical therapy evaluation; low complexity, requiring components	Carelon	Carelon Rehab: Outpatient Rehabilitative and Habilitative Services	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
97162	Physical therapy evaluation; moderate complexity requiring components	Carelon	Carelon Rehab: Outpatient Rehabilitative and Habilitative Services	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

97163	Physical therapy evaluation; high complexity requiring components	Carelon	Carelon Rehab: Outpatient Rehabilitative and Habilitative Services	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
97164	Re-evaluation of physical therapy established plan of care, requiring these components: An examination including a review of history and use of <u>standardized tests and measures is required; and</u>	Carelon	Carelon Rehab: Outpatient Rehabilitative and Habilitative Services	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
97165	Occupational therapy evaluation; low complexity requiring components	Carelon	Carelon Rehab: Outpatient Rehabilitative and Habilitative Services	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
97166	Occupational therapy evaluation; moderate complexity requiring components	Carelon	Carelon Rehab: Outpatient Rehabilitative and Habilitative Services	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
97167	Occupational therapy evaluation; high complexity requiring components	Carelon	Carelon Rehab: Outpatient Rehabilitative and Habilitative Services	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
97168	Re-evaluation of occupational therapy established plan of care, requiring these components: An assessment of changes in patient functional or <u>medical status with revised plan of care; An update</u>	Carelon	Carelon Rehab: Outpatient Rehabilitative and Habilitative Services	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	Carelon	Carelon Rehab: Outpatient Rehabilitative and Habilitative Services	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) <u>patient contact, each 15 minutes</u>	Carelon	Carelon Rehab: Outpatient Rehabilitative and Habilitative Services	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
97535	Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and <u>instructions in use of assistive technology</u>	Carelon	Carelon Rehab: Outpatient Rehabilitative and Habilitative Services	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

97537	Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task	Carelon	Carelon Rehab: Outpatient Rehabilitative and Habilitative Services	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
97542	Wheelchair management (eg, assessment, fitting, training), each 15 minutes	Carelon	Carelon Rehab: Outpatient Rehabilitative and Habilitative Services	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
97545	Work hardening/conditioning; initial 2 hours	Carelon	Carelon Rehab: Outpatient Rehabilitative and Habilitative Services	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
97546	Work hardening/conditioning; each additional hour (List separately in addition to code for primary procedure)	Carelon	Carelon Rehab: Outpatient Rehabilitative and Habilitative Services	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
97750	Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes	Carelon	Carelon Rehab: Outpatient Rehabilitative and Habilitative Services	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
97755	Assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one	Carelon	Carelon Rehab: Outpatient Rehabilitative and Habilitative Services	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
97760	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s)	Carelon	Carelon Rehab: Outpatient Rehabilitative and Habilitative Services	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
97761	Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes	Carelon	Carelon Rehab: Outpatient Rehabilitative and Habilitative Services	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
97763	Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk, subsequent orthotic(s)/prosthetic(s) encounter, each 15 minutes	Carelon	Carelon Rehab: Outpatient Rehabilitative and Habilitative Services	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.



## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

0006M	Oncology (hepatic), mRNA expression levels of 161 genes, utilizing fresh hepatocellular carcinoma tumor tissue, with alpha-fetoprotein level, algorithm reported as a risk class	Carelon	Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0007M	Oncology (gastrointestinal neuroendocrine tumors), real-time PCR expression analysis of 51 genes, utilizing whole peripheral blood, algorithm reported as a nomogram of tumor grade	Carelon	Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0017M	Oncology (diffuse large B-cell lymphoma [DLBCL]), mRNA, gene expression profiling by fluorescent probe hybridization of 20 genes, formalin-fixed paraffin-embedded tissue, algorithm	Carelon	Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0001U	Red blood cell antigen typing, DNA, human erythrocyte antigen gene analysis of 35 antigens from 11 blood groups, utilizing whole blood, common RBC alleles reported	Carelon	Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0017U	Oncology (hematolymphoid neoplasia), JAK2 mutation, DNA, PCR amplification of exons 12-14 and sequence analysis, blood or bone marrow, report of JAK2 mutation not detected or detected	Carelon	CG-GENE-01	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0018U	Oncology (thyroid), microRNA profiling by RT-PCR of 10 microRNA sequences, utilizing fine needle aspirate, algorithm reported as a positive or negative result for moderate to high risk of	Carelon	CG-GENE-04	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
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	Carelon	CG-GENE-14	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
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	Carelon	CG-GENE-04	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0027U	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) gene analysis, targeted sequence analysis exons 12-15	Carelon	CG-GENE-01	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

0031U	CYP1A2 (cytochrome P450 family 1, subfamily A, member 2)(eg, drug metabolism) gene analysis, common variants (ie, *1F, *1K, *6, *7)	Carelon	CG-GENE-11	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0032U	COMT (catechol-O-methyltransferase)(drug metabolism) gene analysis, c.472G>A (rs4680) variant	Carelon	CG-GENE-11	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0033U	HTR2A (5-hydroxytryptamine receptor 2A), HTR2C (5-hydroxytryptamine receptor 2C) (eg, citalopram metabolism) gene analysis, common variants (ie, HTR2A rs7997012 [c.614-2211T>C], HTR2C	Carelon	CG-GENE-11	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
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, *1	Carelon	Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0046U	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia) internal tandem duplication (ITD) variants, quantitative	Carelon	CG-GENE-14	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
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,	Carelon	CG-GENE-11	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
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)	Carelon	CG-GENE-11	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
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	Carelon	CG-GENE-11	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0073U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, CYP2D7-2D6 hybrid gene) (List separately in addition to code for	Carelon	CG-GENE-11	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

0074U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, non-duplicated gene when duplication/multiplication is trans) (List	Carelon	CG-GENE-11	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0075U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, 5' gene duplication/multiplication) (List separately in	Carelon	CG-GENE-11	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0076U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, 3' gene duplication/multiplication) (List separately in	Carelon	CG-GENE-11	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0095T	Removal of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (List separately in addition to code for primary procedure)	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
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)	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
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	Carelon	CG-GENE-14	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0120U	Oncology (B-cell lymphoma classification), mRNA, gene expression profiling by fluorescent probe hybridization of 58 genes (45 content and 13 housekeeping genes). formalin-fixe	Carelon	Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0136U	ATM (ataxia telangiectasia mutated) (eg, ataxia telangiectasia) mRNA sequence analysis (List separately in addition to code for primary procedure)	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0138U	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) mRNA sequence analysis (List separately in addition to co	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

0153U	Oncology (breast), mRNA, gene expression profiling by next-generation sequencing of 101 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a triple negative breast	Carelon	CG-GENE-22	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0154U	FGFR3 (fibroblast growth factor receptor 3) gene analysis (ie, p.R248C [c.742C>T], p.S249C [c.746C>G], p.G370C [c.1108G>T], p.Y373C [c.1118A>G], FGFR3-TACC3v1, and FGFR3-TACC3v3)	Carelon	CG-GENE-14	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0155U	PIK3CA (phosphatidylinositol-4,5-bisphosphate 3-kinase, catalytic subunit alpha) (eg, breast cancer) gene analysis (ie, p.C420R, p.E542K, p.E545A, p.E545D [g.1635G>T only], p.E545G, p.E545K,	Carelon	CG-GENE-14	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0156U	Copy number (eg, intellectual disability, dysmorphism), sequence analysis	Carelon	Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0164T	Removal of total disc arthroplasty, (artificial disc), anterior approach, each additional interspace, lumbar (List separately in addition to code for primary procedure)	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0165T	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, lumbar (List separately in addition to code for primary procedure)	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0169U	NUDT15 (nudix hydrolase 15) and TPMT (thiopurine S-methyltransferase) (eg, drug metabolism) gene analysis, common variants	Carelon	Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0171U	Targeted genomic sequence analysis panel, acute myeloid leukemia, myelodysplastic syndrome, and myeloproliferative neoplasms, DNA analysis, 23 genes, interrogation for sequence variants,	Carelon	CG-GENE-19	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
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	Carelon	CG-GENE-16	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

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	Carelon	CG-GENE-14	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0204U	Oncology (thyroid), mRNA, gene expression analysis of 593 genes (including BRAF, RAS, RET, PAX8, and NTRK) for sequence variants and rearrangements, utilizing fine needle aspirate, reported as detected	Carelon	CG-GENE-04	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0205U	Ophthalmology (age-related macular degeneration), analysis of 3 gene variants (2 CFH gene, 1 ARMS2 gene), using PCR and MALDI-TOF, buccal swab, reported as positive or negative for	Carelon	GENE.00037	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0207U	Neurology (Alzheimer disease); quantitative imaging of phosphorylated ERK1 and ERK2 in response to bradykinin treatment by in situ immunofluorescence, using cultured skin	Carelon	GENE.00003	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0209U	Cytogenomic constitutional (genome-wide) analysis, interrogation of genomic regions for copy number, structural changes and areas of homozygosity for chromosomal abnormalities	Carelon	CG-GENE-10	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0211U	Oncology (pan-tumor), DNA and RNA by next-generation sequencing, utilizing formalin-fixed paraffin-embedded tissue, interpretative report for single nucleotide variants, copy number alterations,	Carelon	GENE.00052	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0212U	Rare diseases (constitutional/heritable disorders), whole genome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene	Carelon	GENE.00052	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0213T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; single level	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0213U	Rare diseases (constitutional/heritable disorders), whole genome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene	Carelon	GENE.00052	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

0214T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; second level (List separately in	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0214U	Rare diseases (constitutional/heritable disorders), whole exome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene	Carelon	GENE.00052	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0215T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; third and any additional level(s)	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0215U	Rare diseases (constitutional/heritable disorders), whole exome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene	Carelon	GENE.00052	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0216T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; single level	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0216U	Neurology (inherited ataxias), genomic DNA sequence analysis of 12 common genes including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants	Carelon	GENE.00052	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0217T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; second level (List separately in	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0217U	Neurology (inherited ataxias), genomic DNA sequence analysis of 51 genes including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in	Carelon	GENE.00052	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0218T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; third and any additional level(s)	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

0218U	Neurology (muscular dystrophy), DMD gene sequence analysis, including small sequence changes, deletions, duplications, and variants in non-uniquely mappable regions, blood or saliva.	Carelon	CG-GENE-05; CG-GENE-13	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0221T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; lumbar	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0222T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; each additional	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0229U	BCAT1 (Branched chain amino acid transaminase 1) or IKZF1 (IKAROS family zinc finger 1) (eg, colorectal cancer) promoter methylation analysis	Carelon	CG-GENE-14	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0230U	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation), full sequence analysis, including small sequence changes in exonic and intronic regions.	Carelon	CG-GENE-13	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0231U	CACNA1A (calcium voltage-gated channel subunit alpha 1A) (eg, spinocerebellar ataxia), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications.	Carelon	CG-GENE-13	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0232U	CSTB (cystatin B) (eg, progressive myoclonic epilepsy type 1A, Unverricht-Lundborg disease), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications.	Carelon	CG-GENE-13	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0233U	FXN (frataxin) (eg, Friedreich ataxia), gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expansions, mobile element	Carelon	CG-GENE-13	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0234U	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions.	Carelon	CG-GENE-13, LAB.00040	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

0235U	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome), full gene analysis, including small sequence changes in exonic and intronic regions.	Carelon	CG-GENE-08	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0236U	SMN1 (survival of motor neuron 1, telomeric) and SMN2 (survival of motor neuron 2, centromeric) (eg, spinal muscular atrophy) full gene analysis, including small sequence changes in exonic and	Carelon	CG-GENE-13	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0237U	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia), genomic sequence analysis panel	Carelon	GENE.00052	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0238U	Oncology (Lynch syndrome), genomic DNA sequence analysis of MLH1, MSH2, MSH6, PMS2, and EPCAM, including small sequence changes in exonic and intronic regions, deletions, duplications,	Carelon	GENE.00052	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0244U	Oncology (solid organ), DNA, comprehensive genomic profiling, 257 genes, interrogation for single-nucleotide variants, insertions/deletions, copy number alterations, gene rearrangements,	Carelon	GENE.00052	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
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	Carelon	CG-GENE-04	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0254U	Reproductive medicine (preimplantation genetic assessment), analysis o	Carelon	Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0258U	Autoimmune (psoriasis), mRNA, next-generation sequencing, gene expression profiling of 50-100 genes, skin-surface collection using adhesive patch, algorithm reported as likeli	Carelon	Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0285U	Oncology, response to radiation, cell-free DNA, quantitative branched chain DNA amplification, plasma, reported as a radiation toxicity score	Carelon	Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.



## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

0286U	CEP72 (centrosomal protein, 72-KDa), NUDT15 (nudix hydrolase 15) and TPMT (thiopurine S-methyltransferase) (eg, drug metabolism) gene analysis, common variants	Carelon	Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0288U	Oncology (lung), mRNA, quantitative PCR analysis of 11 genes (BAG1, BRCA1, CDC6, CDK2AP1, ERBB3, FUT3, IL11, LCK, RND3, SH3BGR, WNT3A) and 3 reference genes (ESD, TBP, YAP1).	Carelon	Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0289U	Neurology (Alzheimer disease), mRNA, gene expression profiling by RNA sequencing of 24 genes, whole blood, algorithm reported as predictive risk score	Carelon	Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0290U	Pain management, mRNA, gene expression profiling by RNA sequencing of 36 genes, whole blood, algorithm reported as predictive risk score	Carelon	Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0291U	Psychiatry (mood disorders), mRNA, gene expression profiling by RNA sequencing of 144 genes, whole blood, algorithm reported as predictive risk score	Carelon	Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0292U	Psychiatry (stress disorders), mRNA, gene expression profiling by RNA sequencing of 72 genes, whole blood, algorithm reported as predictive risk score	Carelon	Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0293U	Psychiatry (suicidal ideation), mRNA, gene expression profiling by RNA sequencing of 54 genes, whole blood, algorithm reported as predictive risk score	Carelon	Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0294U	Longevity and mortality risk, mRNA, gene expression profiling by RNA sequencing of 18 genes, whole blood, algorithm reported as predictive risk score	Carelon	Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0296U	Oncology (oral and/or oropharyngeal cancer), gene expression profiling by RNA sequencing at least 20 molecular features (eg, human and/or microbial mRNA), saliva, algorithm re	Carelon	Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

0313U	Oncology (pancreas), DNA and mRNA next-generation sequencing analysis of 74 genes and analysis of CEA (CEACAM5) gene expression, pancreatic cyst fluid, algorithm reported as a	Carelon	Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0319U	Nephrology (renal transplant), RNA expression by select transcriptome sequencing, using pretransplant peripheral blood, algorithm reported as a risk score for early acute reje	Carelon	Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0320U	Nephrology (renal transplant), RNA expression by select transcriptome sequencing, using posttransplant peripheral blood, algorithm reported as a risk score for acute cellular	Carelon	Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0331T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment;	Carelon	Carelon: Radiology	Managed by Carelon for Fully Insured and Vendor Program eligible members.
0332T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment; with tomographic SPECT	Carelon	Carelon: Radiology	Managed by Carelon for Fully Insured and Vendor Program eligible members.
0335T	Extra-osseous subtalar joint implant for talotarsal stabilization	Carelon	SURG.00104	Managed by Carelon for Fully Insured and Vendor Program eligible members.
0348T	Radiologic examination, radiostereometric analysis (RSA); spine, (includes cervical, thoracic and lumbosacral, when performed)	Carelon	Carelon: Radiology	Managed by Carelon for Fully Insured and Vendor Program eligible members.
0349T	Radiologic examination, radiostereometric analysis (RSA); upper extremity(ies), (includes shoulder, elbow, and wrist, when performed)	Carelon	Carelon: Radiology	Managed by Carelon for Fully Insured and Vendor Program eligible members.
0350T	Radiologic examination, radiostereometric analysis (RSA); lower extremity(ies), (includes hip, proximal femur, knee, and ankle, when performed)	Carelon	Carelon: Radiology	Managed by Carelon for Fully Insured and Vendor Program eligible members.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

0362U	Oncology (papillary thyroid cancer), gene-expression profiling via targeted hybrid captureenrichment RNA sequencing of 82 content genes and 10 housekeeping genes, formalin-fi	Carelon	Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0389U	Pediatric febrile illness (Kawasaki disease [KD]), interferon alpha-inducible protein 27 (IFI27) and mast cell-expressed membrane protein 1 (MCEMP1), RNA, using reverse transc	Carelon	Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0396U	Obstetrics (pre-implantation genetic testing), evaluation of 300000 DNA single-nucleotide polymorphisms (SNPs) by microarray, embryonic tissue, algorithm reported as a probabi	Carelon	Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0433U	Oncology (prostate), 5 DNA regulatory markers by quantitative PCR, whole blood, algorithm, including prostate-specific antigen, reported as likelihood of cancer	Carelon	Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0437U	Psychiatry (anxiety disorders), mRNA, gene expression profiling by RNA sequencing of 15 biomarkers, whole blood, algorithm reported as predictive risk score	Carelon	Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0502T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software	Carelon	Carelon: Abdomen & Pelvic Imaging, Brain Imaging, Chest Imaging, Extremity Imaging, Head & Neck Imaging, Oncologic	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0503T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software	Carelon	Carelon: Abdomen & Pelvic Imaging, Brain Imaging, Chest Imaging, Extremity Imaging, Head & Neck Imaging, Oncologic	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0552T	Low-level laser therapy, dynamic photonic and dynamic thermokinetic energies, provided by a physician or other qualified health care professional	Carelon	Carelon Rehab: Outpatient Rehabilitative and Habilitative Services	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0633T	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast material	Carelon	Carelon Radiology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

0634T	Computed tomography, breast, including 3D rendering, when performed, unilateral; with contrast material(s)	Carelon	Carelon Radiology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
0635T	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast, followed by contrast material(s)	Carelon	Carelon Radiology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
0636T	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast material(s)	Carelon	Carelon Radiology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
0637T	Computed tomography, breast, including 3D rendering, when performed, bilateral; with contrast material(s)	Carelon	Carelon Radiology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
0638T	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast, followed by contrast material(s)	Carelon	Carelon Radiology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
0648T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmissio	Carelon	Carelon Radiology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
0652T	Esophagogastroduodenoscopy, flexible, transnasal; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	Carelon	Carelon: Surgical SOC, CG-MED-59	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
0653T	Esophagogastroduodenoscopy, flexible, transnasal; with biopsy, single or multiple	Carelon	Carelon: Surgical SOC, CG-MED-59	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
0654T	Esophagogastroduodenoscopy, flexible, transnasal; with insertion of intraluminal tube or catheter	Carelon	Carelon: Surgical SOC, CG-MED-59	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

0707T	Injection(s), bone-substitute material (eg, calcium phosphate) into subchondral bone defect (ie, bone marrow lesion, bone bruise, stress injury, microtrabecular fracture),	Carelon	Carelon: MSK	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0745T	Cardiac focal ablation utilizing radiation therapy for arrhythmia; noninvasive arrhythmia localization and mapping of arrhythmia site (nidus), derived from anatomical image data (eg, CT, MRI, or	Carelon	Carelon: Cardiology THER-RAD.00012	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0746T	Cardiac focal ablation utilizing radiation therapy for arrhythmia; conversion of arrhythmia localization and mapping of arrhythmia site (nidus) into a multidimensional radiation treatment plan	Carelon	Carelon: Cardiology THER-RAD.00012	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
0747T	Cardiac focal ablation utilizing radiation therapy for arrhythmia; delivery of radiation therapy, arrhythmia	Carelon	Carelon: Cardiology THER-RAD.00012	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
A4604	Tubing with integrated heating element for use with positive airway pressure device	Carelon	Carelon: Sleep Clinical Guidelines	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
A7027	Combination oral/nasal mask, used with continuous positive airway pressure device, each	Carelon	Carelon: Sleep Clinical Guidelines	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
A7028	Oral cushion for combination oral/nasal mask, replacement only, each	Carelon	Carelon: Sleep Clinical Guidelines	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
A7029	Nasal pillows for combination oral/nasal mask, replacement only, pair	Carelon	Carelon: Sleep Clinical Guidelines	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
A7030	Full face mask used with positive airway pressure device, each	Carelon	Carelon: Sleep Clinical Guidelines	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

A7031	Face mask interface, replacement for full face mask, each	Carelon	Carelon:Sleep Clinical Guidelines	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
A7032	Cushion for use on nasal mask interface, replacement only, each	Carelon	Carelon:Sleep Clinical Guidelines	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
A7033	Pillow for use on nasal cannula type interface, replacement only, pair	Carelon	Carelon:Sleep Clinical Guidelines	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
A7034	Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap	Carelon	Carelon:Sleep Clinical Guidelines	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
A7035	Headgear used with positive airway pressure device	Carelon	Carelon:Sleep Clinical Guidelines	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
A7036	Chinstrap used with positive airway pressure device	Carelon	Carelon:Sleep Clinical Guidelines	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
A7037	Tubing used with positive airway pressure device	Carelon	Carelon:Sleep Clinical Guidelines	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
A7038	Filter, disposable, used with positive airway pressure device	Carelon	Carelon:Sleep Clinical Guidelines	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
A7039	Filter, nondisposable, used with positive airway pressure device	Carelon	Carelon:Sleep Clinical Guidelines	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

A7044	Oral interface used with positive airway pressure device, each	Carelon	Carelon:Sleep Clinical Guidelines	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
A7045	Exhalation port with or without swivel used with accessories for positive airway devices, replacement only	Carelon	Carelon:Sleep Clinical Guidelines	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
A7046	Water chamber for humidifier, used with positive airway pressure device, replacement, each	Carelon	Carelon:Sleep Clinical Guidelines	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
A9513	Lutetium Lu 177, dotatate, therapeutic, 1 mCi	Carelon	Carelon:Therapeutic Radiopharmaceuticals;CC-0118	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
A9543	Yttrium Y-90 ibritumomab tiuxetan, therapeutic, per treatment dose, up to 40 mCi	Carelon	Carelon:Therapeutic Radiopharmaceuticals;CC-0118	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
A9582	Iodine I-123 iobenguane, diagnostic, per study dose, up to 15 millicuries [AdreView; when specified for use in myocardial imaging]	Carelon	Carelon: Radiology	Managed by Carelon for Fully Insured and Vendor Program eligible members.
A9590	Iodine I-131, iobenguane, 1 mCi	Carelon	Carelon:Therapeutic Radiopharmaceuticals	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
A9606	Radium RA-223 dichloride, therapeutic, per mCi	Carelon	Carelon:Therapeutic Radiopharmaceuticals;CC-0112	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
A9607	Lutetium Lu 177 vipivotide tetraxetan, therapeutic, 1 millicurie	Carelon	Carelon: Oncology CC-0118	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

A9699	Radiopharmaceutical, therapeutic, not otherwise classified	Carelon	Carelon:Therapeutic Radiopharmaceuticals;CC-0118	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
C1605	Pacemaker, leadless, dual chamber (right atrial and right ventricular implantable components), rate-responsive, including all necessary components for implantation	Carelon	Carelon: Cardiology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
C1785	Pacemaker, dual-chamber, rate-responsive (implantable)	Carelon	Carelon Expanded Cardiology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
C1786	Pacemaker, single-chamber, rate-responsive (implantable)	Carelon	Carelon Expanded Cardiology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
C2619	Pacemaker, dual-chamber, non-rate-responsive (implantable)	Carelon	Carelon Expanded Cardiology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
C2620	Pacemaker, single-chamber, non-rate-responsive (implantable)	Carelon	Carelon Expanded Cardiology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
C2621	Pacemaker, other than single or dual-chamber (implantable)	Carelon	Carelon Expanded Cardiology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
C7517	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, with iliac and/or femoral artery angiograph	Carelon	Carelon Expanded Cardiology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
C7552	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;	Carelon	Carelon Expanded Cardiology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>



## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

C7553	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;	Carelon	Carelon Expanded Cardiology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
C8903	Magnetic resonance imaging with contrast, breast; unilateral	Carelon	Carelon: Radiology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
C8905	Magnetic resonance imaging without contrast followed by with contrast, breast; unilateral	Carelon	Carelon: Radiology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
C8906	Magnetic resonance imaging with contrast, breast; bilateral	Carelon	Carelon: Radiology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
C8908	Magnetic resonance imaging without contrast followed by with contrast, breast; bilateral	Carelon	Carelon: Radiology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
C9091	Fyarro (sirolimus albumin bound)	Carelon	CC-0205	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
C9095	Inj, tebentafusp-tebn, 1 mcg	Carelon	CC-0211	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
C9147	Imjudo (tremelimumab-actl)	carelon	CC-0223	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
C9148	Tecvayli (teclistamab-cqyv)	Carelon	CC-0222	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

C9167	Injection, apadamtase alfa, 10 units	Carelon	CC-0252	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
C9168	Injection, mirikizumab-mrkz, 1 mg	Carelon	CC-0050	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
C9169	Injection, nogapendekin alfa inbakicept-pmln, for intravesical use, 1 microgram	Carelon	CC-0264	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
C9170	Injection, tarlatamab-dlle, 1 mg	Carelon	CC-0263	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
C9302	Injection, zanidatamab-hrii, 2 mg	Carelon	CC-0275	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
C9303	Injection, zolbetuximab-clzb, 1 mg	Carelon	CC-0275	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
C9359	Porous purified collagen matrix bone void filler (Integra Mozaik Osteoconductive Scaffold Putty, Integra OS Osteoconductive Scaffold Putty), per 0.5 cc	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
C9362	Porous purified collagen matrix bone void filler (Integra Mozaik Osteoconductive Scaffold Strip), per 0.5 cc	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
C9600	Percutaneous transcatheter placement of drug eluting intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch	Carelon	Carelon Percutaneous Coronary Intervention (PCI)	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

C9601	Percutaneous transcatheter placement of drug-eluting intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in	Carelon	Carelon Percutaneous Coronary Intervention (PCI)	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
C9602	Percutaneous transluminal coronary atherectomy, with drug eluting intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch	Carelon	Carelon Percutaneous Coronary Intervention (PCI)	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
C9603	Percutaneous transluminal coronary atherectomy, with drug-eluting intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (list	Carelon	Carelon Percutaneous Coronary Intervention (PCI)	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
C9604	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy	Carelon	Carelon Percutaneous Coronary Intervention (PCI)	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
C9605	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy	Carelon	Carelon Percutaneous Coronary Intervention (PCI)	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
C9607	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent,	Carelon	Carelon Percutaneous Coronary Intervention (PCI)	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
C9608	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent,	Carelon	Carelon Percutaneous Coronary Intervention (PCI)	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
C9764	Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy, includes angioplasty within the sam	Carelon	Carelon: Cardiology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
C9765	Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy, and transluminal stent placement(s)	Carelon	Carelon: Cardiology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

C9766	Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy and atherectomy. includes angioplast	Carelon	Carelon: Cardiology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
C9767	Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy and transluminal stent placement(s).	Carelon	Carelon: Cardiology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
C9772	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies), with intravascular lithotripsy, includes angioplasty within the same vessel (s), when perfo	Carelon	Carelon: Cardiology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
C9773	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy, and transluminal stent placement(s). includes angioplasty	Carelon	Carelon: Cardiology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
C9774	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel	Carelon	Carelon: Cardiology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
C9775	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and transluminal stent placement(s), and atherectomy, includ	Carelon	Carelon: Cardiology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
C9781	Arthroscopy, shoulder, surgical; with implantation of subacromial spacer (e.g., balloon), includes debridement (e.g., limited or extensive), subacromial decompression, acromio	Carelon	Carelon: MSK	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
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	Carelon	Carelon: Sleep Clinical Guidelines	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
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	Carelon	Carelon: Sleep Clinical Guidelines	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

E0485	Oral device/appliance used to reduce upper airway collapsibility, adjustable or nonadjustable, prefabricated, includes fitting and adjustment	Carelon	Carelon: Sleep Disorder Management	Managed by Carelon for Fully Insured and Vendor Program eligible members.
E0486	Oral device/appliance used to reduce upper airway collapsibility, adjustable or nonadjustable, custom fabricated, includes fitting and adjustment	Carelon	Carelon: Sleep Clinical Guidelines	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
E0561	Humidifier, nonheated, used with positive airway pressure device	Carelon	Carelon: Sleep Clinical Guidelines	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
E0562	Humidifier, heated, used with positive airway pressure device	Carelon	Carelon: Sleep Clinical Guidelines	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
E0601	Continuous positive airway pressure (CPAP) device	Carelon	Carelon: Sleep Clinical Guidelines	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
E0748	Osteogenesis stimulator, electrical, noninvasive, spinal applications	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
G0260	Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agent, with or without arthrography	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
G0281	Electrical stimulation, (unattended), to one or more areas, for chronic Stage III and Stage IV pressure ulcers, arterial ulcers, diabetic ulcers, and venous stasis ulcers <u>not demonstrating measurable signs of</u>	Carelon	Carelon Rehab: Outpatient Rehabilitative and Habilitative Services	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
G0282	Electrical stimulation, (unattended), to one or more areas, for wound care other than described in G0281	Carelon	Carelon Rehab: Outpatient Rehabilitative and Habilitative Services	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

G0283	Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care	Carelon	Carelon Rehab: Outpatient Rehabilitative and Habilitative Services	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
G0289	Arthroscopy, knee, surgical, for removal of loose body, foreign body, debridement/shaving of articular cartilage (chondroplasty) at the time of <u>other surgical knee arthroscopy in a different</u>	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
G0295	Electromagnetic therapy, to one or more areas, for wound care other than described in G0329 or for other uses	Carelon	Carelon Rehab: Outpatient Rehabilitative and Habilitative Services	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
G0329	Electromagnetic therapy, to one or more areas for chronic Stage III and Stage IV pressure ulcers, arterial ulcers, diabetic ulcers and venous stasis <u>ulcers not demonstrating measurable signs of</u>	Carelon	Carelon Rehab: Outpatient Rehabilitative and Habilitative Services	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
G0339	Image guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session or first session of <u>fractionated treatment</u>	Carelon	Carelon: Radiation Oncology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
G0340	Image guided robotic linear accelerator-based stereotactic radiosurgery, delivery including collimator changes and custom plugging, <u>fractionated treatment, all lesions, per session,</u>	Carelon	Carelon: Radiation Oncology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
G0398	Home sleep study test (HST) with type II portable monitor, unattended; minimum of 7 channels: EEG, EOG, EMG, ECG/heart rate, airflow, respiratory effort and <u>oxygen saturation</u>	Carelon	Carelon: Sleep Clinical Guidelines	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
G0399	Home sleep test (HST) with type III portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow, 1 ECG/heart rate and <u>1 oxygen saturation</u>	Carelon	Carelon: Sleep Clinical Guidelines	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
G0400	Home sleep test (HST) with type IV portable monitor, unattended; minimum of 3 channels	Carelon	Carelon: Sleep Clinical Guidelines	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

G0458	Low dose rate (LDR) prostate brachytherapy services, composite rate	Carelon	Carelon: Radiation Oncology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
G6001	Ultrasonic guidance for placement of radiation therapy fields	Carelon	Carelon: Radiation Oncology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
G6002	Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy	Carelon	Carelon: Radiation Oncology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
G6003	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: up to 5 mev	Carelon	Carelon: Radiation Oncology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
G6004	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 6-10 mev	Carelon	Carelon: Radiation Oncology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
G6005	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 11-19 mev	Carelon	Carelon: Radiation Oncology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
G6006	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 20 mev or greater	Carelon	Carelon: Radiation Oncology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
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	Carelon	Carelon: Radiation Oncology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
G6008	Radiation treatment delivery, two separate treatment areas, three or more ports on a single treatment area, use of multiple blocks: 6-10 mev	Carelon	Carelon: Radiation Oncology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

G6009	Radiation treatment delivery, two separate treatment areas, three or more ports on a single treatment area, use of multiple blocks: 11-19 mev	Carelon	Carelon: Radiation Oncology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
G6010	Radiation treatment delivery, two separate treatment areas, three or more ports on a single treatment area, use of multiple blocks: 20 mev or <u>greater</u>	Carelon	Carelon: Radiation Oncology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
G6011	Radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, <u>compensators, electron beam: up to 5 mev</u>	Carelon	Carelon: Radiation Oncology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
G6012	Radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, <u>compensators, electron beam: 6-10 mev</u>	Carelon	Carelon: Radiation Oncology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
G6013	Radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, <u>compensators, electron beam: 11-19 mev</u>	Carelon	Carelon: Radiation Oncology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
G6014	Radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, <u>compensators, electron beam; 20 mev or greater</u>	Carelon	Carelon: Radiation Oncology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
G6015	Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, <u>per treatment session</u>	Carelon	Carelon: Radiation Oncology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
G6016	Compensator-based beam modulation treatment delivery of inverse planned treatment using three or more high resolution (milled or cast) <u>compensator, convergent beam modulated fields,</u>	Carelon	Carelon: Radiation Oncology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
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), <u>each fraction of treatment</u>	Carelon	Carelon: Radiation Oncology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>



## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

G9143	Warfarin responsiveness testing by genetic technique using any method, any number of specimen(s)	Carelon	CG-GENE-11	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
G9840	RAS (KRAS and NRAS) gene mutation testing performed before initiation of anti-EGFR MoAb	Carelon	Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
G9841	RAS (KRAS and NRAS) gene mutation testing not performed before initiation of anti-EGFR MoAb	Carelon	Carelon: Genetic Testing	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
J0207	Injection, amifostine, 500 mg	Carelon	CC-0155	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
J0208	Pedmark (sodium thiosulfate injection)	Carelon	CC-0224	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
J0589	Injection, daxibotulinumtoxina-lanm, 1 unit	Carelon	CC-0032	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
J0641	Injection, levoleucovorin, not otherwise specified, 0.5 mg	Carelon	CC-0104	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
J0642	Injection, levoleucovorin (Khapzory), 0.5 mg	Carelon	CC-0104	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
J0870	Rytelo (imetelstat)	Carelon	CC-0266	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

J1323	Injection, elranatamab-bcmm, 1 mg [Elrexio]	Carelon	CC-0248	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
J1448	Injection, trilaciclib, 1 mg	Carelon	CC-0192	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
J1454	Injection, fosnetupitant 235 mg and palonosetron 0.25 mg	Carelon	CC-0074	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
J1823	Injection, inebilizumab-cdon, 1 mg	Carelon	CC-0170	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
J2277	Injection, motixafortide, 0.25 mg	Carelon	CC-0253	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
J2777	Injection, faricimab-svoa, 0.1 mg	Carelon	CC-0072	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
J2802	Nplate (romiplostim)	Carelon	CC-0111	Carelon reviews for Oncology diagnoses. CarelonRX will review for all other diagnoses for Vendor Program eligible members. No authorization is required for non-Oncology
J2860	Injection, siltuximab, 10 mg	Carelon	CC-0113	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
J3055	Injection, talquetamab-tgvs, 0.25 mg [Talvey]	Carelon	CC-0249	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

J3263	Loqtorzi (toripalimab-tpzi)	Carelon	CC-0255	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
J7330	Autologous cultured chondrocytes, implant	Carelon	Carelon MSK: Joint Surgery	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
J7355	Injection, travoprost, intracameral implant, 1 mcg	Carelon	CC-0258	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
J9015	Injection, aldesleukin, per single use vial	Carelon	Medical Oncology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
J9019	Injection, asparaginase (Erwinaze), 1,000 IU	Carelon	CC-0096	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
J9021	Rylaze (asparaginase erwinia chrysanthemi (recombinant)-rywn)	Carelon	CC-0096	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
J9022	Injection, atezolizumab, 10 mg	Carelon	CC-0128	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
J9023	Injection, avelumab, 10 mg	Carelon	CC-0129	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
J9024	Injection, atezolizumab, 5 mg and hyaluronidase-tqjs	Carelon	CC-0128	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

J9026	Imdelltra (tarlatamab-dlle)	Carelon	CC-0263	Carelon reviews for Oncology diagnoses. CarelonRX will review for all other diagnoses for Vendor Program eligible members. No authorization is required for non-Oncology
J9028	Anktiva (nogapendekin alfa inbekicept-pmln)	Carelon	CC-0264	Carelon reviews for Oncology diagnoses. CarelonRX will review for all other diagnoses for Vendor Program eligible members. No authorization is required for non-Oncology
J9033	Injection, bendamustine HCl (Treanda), 1 mg	Carelon	CC-0116	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J9034	Injection, bendamustine HCl (Bendeka), 1 mg	Carelon	CC-0116	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J9036	Injection, bendamustine hydrochloride, (Belrapzo/bendamustine), 1 mg	Carelon	CC-0116	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J9037	Injection, belantamab mafodotin-blmf, 0.5 mg	Carelon	Medical Oncology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J9039	Injection, blinatumomab, 1 mcg	Carelon	CC-0126	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J9042	Injection, brentuximab vedotin, 1 mg	Carelon	CC-0092	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J9043	Injection, cabazitaxel, 1 mg	Carelon	CC-0114	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

J9047	Injection, carfilzomib, 1 mg	Carelon	CC-0120	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
J9055	Injection, cetuximab, 10 mg	Carelon	CC-0106	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
J9056	Injection, bendamustine hydrochloride (vivimusta), 1 mg	Carelon	CC-0116	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
J9057	Injection, copanlisib, 1 mg	Carelon	CC-0133	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
J9058	Injection, bendamustine hydrochloride (apotex), 1 mg	Carelon	CC-0116	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
J9059	Injection, bendamustine hydrochloride (baxter), 1 mg	Carelon	CC-0116	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
J9061	Rybrevant (amivantamab-ymjwper)	Carelon	CC-0201	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
J9063	Injection, mirvetuximab soravtansine-gynx, 1 mg	Carelon	CC-0226	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
J9064	Inj, cabazitaxel (Sandoz)	Carelon	CC-0114	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

J9118	Injection, calaspargase pegol-mknl, 10 units	Carelon	CC-0096; CC-0138	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
J9119	Injection, cemiplimab-rwlc, 1 mg	Carelon	CC-0145	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
J9144	Injection, daratumumab, 10 mg and hyaluronidase-fihj	Carelon	CC-0127	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
J9145	Injection, daratumumab, 10 mg	Carelon	CC-0127	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
J9161	Injection, denileukin diftitox-cxdl, 1 mcg	Carelon	CC-0268	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
J9173	Injection, durvalumab, 10 mg	Carelon	CC-0130	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
J9176	Injection, elotuzumab, 1 mg	Carelon	CC-0117	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
J9177	Injection, enfortumab vedotin-ejfv, 0.25 mg	Carelon	CC-0157	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
J9179	Injection, eribulin mesylate, 0.1 mg	Carelon	CC-0108	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

J9203	Injection, gemtuzumab ozogamicin, 0.1 mg	Carelon	CC-0132	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
J9207	Injection, ixabepilone, 1 mg	Carelon	CC-0090	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
J9216	Injection, interferon, gamma 1-b, 3 million units	Carelon	CC-0085	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
J9223	Injection, lurbinectedin, 0.1 mg	Carelon	CC-0171	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
J9227	Injection, isatuximab-irfc, 10 mg	Carelon	CC-0161	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
J9228	Injection, ipilimumab, 1 mg	Carelon	CC-0119	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
J9229	Injection, inotuzumab ozogamicin, 0.1 mg	Carelon	CC-0131	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
J9259	Injection, paclitaxel protein-bound particles (american regent) not therapeutically equivalent to j9264, 1 mg	Carelon		Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
J9264	Injection, paclitaxel protein-bound particles, 1 mg	Carelon	CC-0099	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

J9266	Injection, pegaspargase, per single dose vial	Carelon	CC-0096	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
J9269	Injection, tagraxofusp-erzs, 10 mcg	Carelon	CC-0088	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
J9271	Injection, pembrolizumab, 1 mg	Carelon	CC-0124	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
J9272	Injection, dostarlimab-gxly, 10 mg	Carelon	Medical Oncology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
J9273	Tivdak (tisotumab vedotin-tftv)	Carelon	CC-0204	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
J9281	Mitomycin pyelocalyceal instillation, 1 mg	Carelon	CC-0164	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
J9292	Pemetrexed (Avyxa) 505 (b)(2) (pemetrexed disodium)	Carelon	CC-0094	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
J9294	Pemetrexed (hospira)	Carelon	CC-0094	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
J9296	Pemetrexed (accord)	Carelon	CC-0094	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>



## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

J9297	Pemetrexed (sandoz)	Carelon	CC-0094	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
J9298	Opdualag (nivolumab and relatlimab-rmbw)	Carelon	CC-0216	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
J9299	Injection, nivolumab, 1 mg	Carelon	CC-0125	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
J9301	Injection, obinutuzumab, 10 mg	Carelon	CC-0121	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
J9303	Injection, panitumumab, 10 mg	Carelon	CC-0105	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
J9305	Injection, pemetrexed, NOS, 10 mg	Carelon	CC-0094	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
J9306	Injection, pertuzumab, 1 mg	Carelon	CC-0110	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
J9308	Injection, ramucirumab, 5 mg	Carelon	CC-0123	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
J9309	Injection, polatuzumab vedotin-piiq, 1 mg	Carelon	CC-0157	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

J9313	Injection, moxetumomab pasudotox-tdfk, 0.01 mg	Carelon	CC-0144	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
J9314	Pemetrexed Agents	Carelon	CC-0094	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
J9316	Injection, pertuzumab, trastuzumab, and hyaluronidase-zzxf, per 10 mg	Carelon	CC-0169	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
J9317	Injection, sacituzumab govitecan-hziy, 2.5 mg	Carelon	CC-0165	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
J9318	Injection, romidepsin, nonlyophilized, 0.1 mg	Carelon	CC-0100	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
J9319	Injection, romidepsin, lyophilized, 0.1 mg	Carelon	CC-0100	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
J9322	Injection, pemetrexed (bluepoint) not therapeutically equivalent to j9305, 10 mg	Carelon		Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
J9323	Injection, pemetrexed (hospira) not therapeutically equivalent to j9305, 10 mg	Carelon	CC-0094	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
J9325	Injection, talimogene laherparepvec, per 1 million plaque forming units	Carelon	CC-0135	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

J9331	Injection, sirolimus protein-bound particles, 1 mg	Carelon	CC-0205	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
J9345	Injection, retifanlimab-dlwr, 1 mg	Carelon	CC-0240	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
J9347	Injection, tremelimumab-actl, 1 mg	Carelon	CC-0223	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
J9349	Injection, tafasitamab-cxix, 2 mg	Carelon	Medical Oncology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
J9350	Injection, mosunetuzumab-axgb, 1 mg	Carelon	CC-0232	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
J9354	Injection, ado-trastuzumab emtansine, 1 mg	Carelon	CC-0115	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
J9358	Injection, fam-trastuzumab deruxtecan-nxki, 1 mg	Carelon	CC-0158	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
J9359	Zynlonta (loncastuximab tesirine-lpyl)	Carelon	CC-0196	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
J9380	Injection, teclistamab-cqyv, 0.5 mg	Carelon	CC-0222	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

J9393	Faslodex (fulvestrant)	Carelon	CC-0103	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
J9394	Faslodex (fulvestrant)	Carelon	CC-0103	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
J9395	Injection, fulvestrant, 25 mg	Carelon	CC-0103	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
J9400	Injection, ziv-aflibercept, 1 mg	Carelon	CC-0109	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
J9999	Rytelo (imetelstat)	Carelon	CC-0266	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
Q2043	Sipuleucel-T, minimum of 50 million autologous CD54+ cells activated with PAP-GM-CSF, including leukapheresis and all other preparatory procedures, per infusion	Carelon	CC-0134	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
Q2049	Injection, doxorubicin HCl, liposomal, imported Lipodox, 10 mg	Carelon	CC-0098	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
Q2050	Injection, doxorubicin HCl, liposomal, not otherwise specified, 10 mg	Carelon	CC-0098	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
Q3001	Radioelements for brachytherapy, any type, each	Carelon	Carelon: Radiation Oncology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

Q5112	Injection, trastuzumab-dttb, biosimilar, (Ontruzant), 10 mg	Carelon	CC-0166	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
Q5113	Injection, trastuzumab-pkrb, biosimilar, (herzuma), 10 mg	Carelon	CC-0166	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
Q5114	Injection, trastuzumab-dkst, biosimilar, (Ogivri), 10 mg	Carelon	CC-0166	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
Q5115	Injection, rituximab-abbs, biosimilar, (Truxima), 10 mg	Carelon	CC-0167	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
Q5116	Injection, trastuzumab-qyyp, biosimilar, (trazimera), 10 mg	Carelon	CC-0166	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
Q5119	Injection, rituximab-pvvr, biosimilar, (RUXIENCE), 10 mg	Carelon	CC-0167	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
Q5122	Injection, pegfilgrastim-apgf, biosimilar, (Nyvepria), 0.5 mg	Carelon	CC-0002	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
Q5129	Vegzelma (bevacizumab-adcd)	Carelon	CC-0107	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
Q5133	Injection, tocilizumab-bavi (Tofidence), biosimilar, 1 mg	Carelon	CC-0066	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

Q5146	Hercessi (trastuzumab-strf)	Carelon	CC-0166	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
S2112	Arthroscopy, knee, surgical for harvesting of cartilage (chondrocyte cells)	Carelon	Carelon: MSK-Joint Surgery, MSK-Level-of-Care, MSK-Interventional Pain Management, MSK-Spine	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
S3800	Genetic testing for amyotrophic lateral sclerosis (ALS)	Carelon	CG-GENE-13	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
S3840	DNA analysis for germline mutations of the RET proto-oncogene for susceptibility to multiple endocrine neoplasia type 2	Carelon	CG-GENE-17	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
S3841	Genetic testing for retinoblastoma	Carelon	CG-GENE-14	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
S3842	Genetic testing for Von Hippel-Lindau disease	Carelon	CG-GENE-14	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
S3844	DNA analysis of the connexin 26 gene (GJB2) for susceptibility to congenital, profound deafness	Carelon	CG-GENE-13	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
S3845	Genetic testing for alpha-thalassemia	Carelon	CG-GENE-13	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
S3846	Genetic testing for hemoglobin E beta-thalassemia	Carelon	CG-GENE-13	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

S3849	Genetic testing for Niemann-Pick disease	Carelon	CG-GENE-13	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
S3850	Genetic testing for sickle cell anemia	Carelon	CG-GENE-13	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
S3853	Genetic testing for myotonic muscular dystrophy	Carelon	CG-GENE-13	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
S3870	Comparative genomic hybridization (CGH) microarray testing for developmental delay, autism spectrum disorder and/or intellectual disability	Carelon	CG-GENE-10	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
S8030	Scleral application of tantalum ring(s) for localization of lesions for proton beam therapy	Carelon	Carelon: Radiation Oncology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
S8092	Electron beam computed tomography (also known as ultrafast CT, cine CT)	Carelon	Carelon: Radiology	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
S8940	Equestrian/hippotherapy, per session	Carelon	REHAB.00003, Carelon Rehab: Outpatient Rehabilitative and Habilitative Services	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
S8948	Application of a modality (requiring constant provider attendance) to one or more areas; low-level laser; each 15 minutes	Carelon	Carelon Rehab: Outpatient Rehabilitative and Habilitative Services	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
S8950	Complex lymphedema therapy, each 15 minutes	Carelon	Carelon Rehab: Outpatient Rehabilitative and Habilitative Services	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

S8990	Physical or manipulative therapy performed for maintenance rather than restoration	Carelon	Carelon Rehab: Outpatient Rehabilitative and Habilitative Services	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
S9090	Vertebral axial decompression, per session	Carelon	SURG.00008, Carelon Rehab: Outpatient Rehabilitative and Habilitative Services	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
S9152	Speech therapy, re-evaluation	Carelon	CG-BEH-01, Carelon Rehab: Outpatient Rehabilitative and Habilitative Services	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
V5362	Speech screening	Carelon	Carelon Rehab: Outpatient Rehabilitative and Habilitative Services	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
V5363	Language screening	Carelon	Carelon Rehab: Outpatient Rehabilitative and Habilitative Services	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>
V5364	Dysphagia screening	Carelon	Carelon Rehab: Outpatient Rehabilitative and Habilitative Services	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not <u>eligible for vendor programs.</u>

<p style="text-align: center;"><b>Reviewed by CarlonRX:</b></p> <p style="text-align: center;"><b>Codes that are only reviewed/prior authorized by CarlonRX. All codes are part of the SpecialtyRx program.</b></p>				
Code	Code Description	Responsible Party	Criteria/Guideline	Comments



## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

90281	Immune globulin (Ig), human, for intramuscular use	CarelonRX	CC-0003; CC-0039	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
90283	Immune globulin (IgIV), human, for intravenous use	CarelonRX	CC-0003	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
90284	Immune globulin (SCIg), human, for use in subcutaneous infusions, 100 mg, each	CarelonRX	CC-0003	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
90378	Respiratory syncytial virus, monoclonal antibody, recombinant, for intramuscular use, 50 mg, each	CarelonRX	CC-0007	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
90380	Respiratory syncytial virus, monoclonal antibody, seasonal dose; 0.5 mL dosage, for intramuscular use	CarelonRx	CC-0247	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
90381	Respiratory syncytial virus, monoclonal antibody, seasonal dose; 1 mL dosage, for intramuscular use	CarelonRx	CC-0247	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
B4105	RelizorbIn-line cartridge containing digestive enzyme(s) for enteral feeding, each	CarelonRX	CC-0198	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
C9047	Injection, caplacizumab-yhdp, 1 mg	CarelonRX	CC-0137	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
C9090	Ryplazim (plasminogen, human-tvmh);	CarelonRX	CC-0203	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

C9094	Inj, sutimlimab-jome, 10 mg	CarelonRX	CC-0210	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
C9097	Inj, faricimab-svoa, 0.1 mg	CarelonRX	CC-0072	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
C9151	Injection, pegcetacoplan, 1 mg	CarelonRx	CC-0234	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
C9157	Injection, tofersen, 1 mg [Qalsody] (tofersen)	CarelonRx	CC-0237	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
C9160	Injection, daxibotulinumtoxina-lanm, 1 unit	CarelonRx	CC-0032	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
C9161	Eylea HD (aflibercept)	CarelonRx	CC-0072	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
C9162	Injection, avacincaptad pegol, 0.1 mg	CarelonRx	CC-0245	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
C9166	Injection, secukinumab, IV, 1 mg	CarelonRx	CC-0042	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
C9173	Nypozi (filgrastim-txid)	CarelonRx	CC-0002	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

C9257	Injection, bevacizumab, 0.25 mg	CarelonRX	CC-0072	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
C9304	Injection, marstacimab-hncq, 0.5 mg	CarelonRX	CC-0419	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
G2082	Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other <u>qualified health care professional and provision of</u>	CarelonRx	CC-0086	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
G2083	Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other <u>qualified health care professional and provision of</u>	CarelonRx	CC-0086	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J0129	Injection, abatacept, 10 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	CarelonRX	CC-0078	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J0139	Humira (adalimumab)	Carelon	CC-0062	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J0172	Injection, aducanumab-avwa, 2 mg	CarelonRX	CC-0200	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J0174	Injection, lecanemab-irmb, 1 mg	CarelonRx	CC-0228	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J0175	Injection, donanemab-azbt, 2 mg	CarelonRx	CC-0265	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

J0177	Injection, aflibercept HD, 1 mg	CarelonRx	CC-0072	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J0178	Injection, aflibercept, 1 mg	CarelonRX	CC-0072	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J0179	Injection, brolocizumab-dbl, 1 mg	CarelonRX	CC-0072	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J0180	Injection, agalsidase beta, 1 mg	CarelonRX	CC-0021	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J0202	Injection, alemtuzumab, 1 mg	CarelonRX	CC-0009	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J0217	Injection, velmanase alfa-tycv, 1 mg	CarelonRx	CC-0231	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J0218	Xenpozyme (olipudase alfa)	CarelonRx	CC-0220	Managed by CarelonRx for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J0219	Nexvazyme (avalglucosidase alfa-ngpf)	CarelonRX	CC-0018	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J0221	Injection, alglucosidase alfa, (Lumizyme), 10 mg	CarelonRX	CC-0018	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

J0222	Injection, patisiran, 0.1 mg	CarelonRX	CC-0082; CC-0084	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J0223	Injection, givosiran, 0.5 mg	CarelonRX	CC-0154	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J0224	Injection, lumasiran, 0.5 m	CarelonRX	CC-0185	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J0225	Amvuttra (Injection, vutrisiran, 1 mg);	CarelonRX	CC-0217	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J0256	Injection, alpha 1-proteinase inhibitor (human), not otherwise specified, 10 mg	CarelonRX	CC-0073	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J0257	Injection, alpha 1 proteinase inhibitor (human), (GLASSIA), 10 mg	CarelonRX	CC-0073	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J0485	Injection, belatacept, 1 mg	CarelonRX	CC-0076	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J0490	Injection, belimumab, 10 mg	CarelonRX	CC-0028	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J0491	Saphnelo (anifrolumab-fnia)	CarelonRX	CC-0202	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

J0517	Injection, benralizumab, 1 mg	CarelonRX	CC-0043	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J0567	Injection, cerliponase alfa, 1 mg	CarelonRX	CC-0012	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J0584	Injection, burosumab-twza, 1 mg	CarelonRX	CC-0081	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J0585	Injection, onabotulinumtoxinA, 1 unit	CarelonRX	CC-0032	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J0586	Injection, abobotulinumtoxinA, 5 units	CarelonRX	CC-0032	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J0587	Injection, rimabotulinumtoxinB, 100 units	CarelonRX	CC-0032	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J0588	Injection, incobotulinumtoxinA, 1 unit	CarelonRX	CC-0032	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J0593	Injection, lanadelumab-flyo, 1 mg (code may be used for Medicare when drug administered under direct supervision of a physician, not for use when drug is self-administered)	CarelonRX	CC-0034	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J0596	Injection, C1 esterase inhibitor (recombinant), Ruconest, 10 units	CarelonRX	CC-0034	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

J0597	Injection, C1 esterase inhibitor (human), Berinert, 10 units	CarelonRX	CC-0034	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J0598	Injection, C1 esterase inhibitor (human), Cinryze, 10 units	CarelonRX	CC-0034	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J0599	Injection, C1 esterase inhibitor (human), (Haegarda), 10 units	CarelonRX	CC-0034	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J0638	Injection, canakinumab, 1 mg	CarelonRX	CC-0064	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J0717	Injection, certolizumab pegol, 1 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	CarelonRX	CC-0062	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J0741	Injection, cabotegravir and rilpivirine, 2 mg/3 mg	CarelonRX	CC-0194	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J0775	Injection, collagenase, clostridium histolyticum, 0.01 mg	CarelonRX	CC-0017	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J0791	Injection, crizanlizumab-tmca, 5 mg	CarelonRX	CC-0153	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J0800	Injection, corticotropin, up to 40 units	CarelonRX	CC-0004	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

J0801	Injection, corticotropin (Acthar Gel), up to 40 units	CarelonRx	CC-0004	Managed by CarelonRx for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J0802	Injection, corticotropin (ANI), up to 40 units	CarelonRx	CC-0004	Managed by CarelonRx for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J0887	Injection, epoetin beta, 1 mcg, (for ESRD on dialysis)	CarelonRX	CC-0001	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J0888	Injection, epoetin beta, 1 mcg, (for non-ESRD use)	CarelonRX	CC-0001	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J0896	Injection, luspatercept-aamt, 0.25 mg	CarelonRX	CC-0156	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J1072	Injection, testosterone cypionate (Azmiro), 1 mg	Carelon RX	CC-0026	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J1203	Injection, cipaglucosidase alfa-atga, 5 mg	CarelonRx	CC-0018	Managed by CarelonRx for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J1290	Injection, ecallantide, 1 mg	CarelonRX	CC-0034	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J1299	Injection, eculizumab, 2 mg	CarelonRX	CC-0041	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.



## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

J1300	Injection, eculizumab, 10 mg	CarelonRX	CC-0041	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J1301	Injection, edaravone, 1 mg	CarelonRX	CC-0049	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J1302	Sutimlimab-jome (Enjaymo)	CarelonRX	CC-0210	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J1303	Injection, ravulizumab-cwvz, 10 mg	CarelonRX	CC-0041	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J1304	Injection, tofersen, 1 mg	CarelonRx	CC-0237	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J1305	Injection, evinacumab-dgnb, 5 mg	CarelonRX	CC-0193	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J1306	Injection, inclisiran, 1 mg	CarelonRX	CC-0209	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J1307	Piasky (crovalimab-akkz)	CarelonRX	CC-0041	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J1322	Injection, elosulfase alfa, 1 mg	CarelonRX	CC-0022	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

J1325	Injection, epoprostenol, 0.5 mg	CarelonRX	CC-0067	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J1426	Injection, casimersen, 10 mg	CarelonRX	CC-0189	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J1427	Injection, viltolarsen, 10 mg	CarelonRX	CC-0172	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J1428	Injection, eteplirsen, 10 mg	CarelonRX	CC-0044	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J1429	Injection, golodirsen, 10 mg	CarelonRX	CC-0152	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J1437	Injection, ferric derisomaltose, 10 mg	CarelonRX	CC-0182	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J1438	Injection, etanercept, 25 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	CarelonRX	CC-0062	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J1439	Injection, ferric carboxymaltose, 1 mg	CarelonRX	CC-0182	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J1440	Fecal microbiota, live - jsln, 1 ml	CarelonRx	CC-0233	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

J1458	Injection, galsulfase, 1 mg	CarelonRX	CC-0023	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J1459	Injection, immune globulin (Privigen), intravenous, nonlyophilized (e.g., liquid), 500 mg	CarelonRX	CC-0003	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J1595	Injection, glatiramer acetate, 20 mg	CarelonRX	CC-0014	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J1602	Injection, golimumab, 1 mg, for intravenous use	CarelonRX	CC-0062	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J1628	Injection, guselkumab, 1 mg	CarelonRX	CC-0050	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J1632	Injection, brexanolone, 1 mg	CarelonRX	CC-0140	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J1675	Injection, histrelin acetate, 10 mcg	CarelonRX	CC-0061; CC-0102	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J1743	Injection, idursulfase, 1 mg	CarelonRX	CC-0024	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J1744	Injection, icatibant, 1 mg	CarelonRX	CC-0034	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

J1745	Injection, infliximab, excludes biosimilar, 10 mg	CarelonRX	CC-0062	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J1746	Injection, ibalizumab-uiyk, 10 mg	CarelonRX	CC-0047	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J1747	Spevigo (spesolimab-sbzo)	CarelonRx	CC-0221	Managed by CarelonRx for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J1748	Zymfentra (infliximab-dyyb)	CarelonRx	CC-0062	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J1750	Injection, iron dextran, 50 mg	CarelonRX	CC-0182	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J1756	Injection, iron sucrose, 1 mg	CarelonRX	CC-0182	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J1786	Injection, imiglucerase, 10 units	CarelonRX	CC-0051	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J1826	Injection, interferon beta-1a, 30 mcg	CarelonRX	CC-0014	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J1830	Injection interferon beta-1b, 0.25 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	CarelonRX	CC-0014	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

J1931	Injection, laronidase, 0.1 mg	CarelonRX	CC-0025	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J1951	Injection, leuprolide acetate for depot suspension (fensolvi), 0.25 m	CarelonRX	CC-0061	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J1954	Gonadotropin Releasing Hormone Analogs for the treatment of non-oncologic indications	CarelonRX	CC-0061	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J1961	Injection, lenacapavir, 1 mg	CarelonRX	CC-0229	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J2170	Injection, mecaseprin, 1 mg	CarelonRX	CC-0045	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J2182	Injection, mepolizumab, 1 mg	CarelonRX	CC-0043	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J2267	Omvo (mirikizumab-mrkz)	CarelonRx	CC-0050	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J2278	Injection, ziconotide, 1 mcg	CarelonRX	CC-0040	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J2323	Injection, natalizumab, 1 mg	CarelonRX	CC-0020	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

J2326	Injection, nusinersen, 0.1 mg	CarelonRX	CC-0048	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J2327	Monoclonal Antibodies to Interleukin-23	CarelonRX	CC-0050	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J2329	Injection, ublituximab-xiiy, 1mg	CarelonRX	CC-0227	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J2350	Injection, ocrelizumab, 1 mg	CarelonRX	CC-0011	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J2351	Injection, ocrelizumab, 1 mg and hyaluronidase-ocsq	CarelonRX	CC-0011	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J2356	Injection, tezepelumab-ekko, 1 mg	CarelonRX	CC-0212	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J2357	Injection, omalizumab, 5 mg	CarelonRX	CC-0033	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J2502	Injection, pasireotide long acting, 1 mg	CarelonRx	CC-0236	Managed by CarelonRx for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J2507	Injection, pegloticase, 1 mg	CarelonRX	CC-0057	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

J2508	Injection, pegunigalsidase alfa-iwxj, 1 mg	CarelonRx	CC-0241	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J2778	Injection, ranibizumab, 0.1 mg	CarelonRX	CC-0072	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J2781	Injection, pegcetacoplan, intravitreal, 1 mg	CarelonRx	CC-0234	Managed by CarelonRx for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J2782	Injection, avacincaptad pegol, 0.1 mg	CarelonRx	CC-0245	Managed by CarelonRx for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J2786	Injection, reslizumab, 1 mg	CarelonRX	CC-0043	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J2793	Injection, rilonacept, 1 mg	CarelonRX	CC-0064	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J2796	Injection, romiplostim, 10 mcg	CarelonRx	CC-0111	Managed by CarelonRx for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J2840	Injection, sebelipase alfa, 1 mg	CarelonRX	CC-0037	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J2916	Injection, sodium ferric gluconate complex in sucrose injection, 12.5 mg	CarelonRX	CC-0182	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

J2940	Injection, somatrem, 1 mg	CarelonRX	CC-0068	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J2941	Injection, somatropin, 1 mg	CarelonRX	CC-0068	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J2998	Injection, plasminogen, human-tvmh, 1 mg	CarelonRX	CC-0203	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J3032	Injection, eptinezumab-jjmr, 1 mg	CarelonRX	CC-0160	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J3060	Injection, taliglucerase alfa, 10 units	CarelonRX	CC-0051	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J3111	Injection, romosozumab-aqqg, 1 mg	CarelonRX	CC-0139	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J3241	Injection, teprotumumab-trbw, 10 mg	CarelonRX	CC-0162	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J3245	Injection, tildrakizumab, 1 mg	CarelonRX	CC-0050	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J3247	Cosentyx (secukinumab) - IV formulation only	CarelonRx	CC-0042	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.



## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

J3285	Injection, treprostinil, 1 mg	CarelonRX	CC-0067	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J3304	Injection, triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1 mg	CarelonRX	CC-0177	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J3315	Injection, triptorelin pamoate, 3.75 mg	CarelonRX	CC-0061; CC-0102	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J3316	Injection, triptorelin, extended-release, 3.75 mg	CarelonRX	CC-0061	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J3357	Ustekinumab, for subcutaneous injection, 1 mg	CarelonRX	CC-0063	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J3358	Ustekinumab, for intravenous injection, 1 mg	CarelonRX	CC-0063	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J3380	Injection, vedolizumab, 1 mg	CarelonRX	CC-0071	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J3385	Injection, velaglucerase alfa, 100 units	CarelonRX	CC-0051	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J3489	Injection, zoledronic acid, 1 mg	CarelonRX	CC-0019	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

J3397	Injection, vestronidase alfa-vjbk, 1 mg	CarelonRX	CC-0013	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J3401	Beremagene geperpavec-svdt for topical administration, containing nominal $5 \times 10^9$ pfu/ml vector genomes, per 0.1 ml	CarelonRx	CC-0243	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J7170	Injection, emicizumab-kxwh, 0.5 mg	CarelonRX	CC-0065; CG-Med-83	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J7171	Adzynma (ADAMTS13, recombinant-krhn	CarelonRx	CC-0252	Managed by CarelonRx for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J7175	Injection, Factor X, (human), 1 IU	CarelonRX	CC-0065; CG-Med-83	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J7177	Injection, human fibrinogen concentrate (Fibryga), 1 mg	CarelonRX	CC-0065; CG-Med-83	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J7178	Injection, human fibrinogen concentrate, not otherwise specified, 1 mg	CarelonRX	CC-0065; CG-Med-83	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J7179	Injection, von Willebrand factor (recombinant), (Vonvendi), 1 IU VWF:RCo	CarelonRX	CC-0065; CG-Med-83	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J7180	Injection, Factor XIII (antihemophilic factor, human), 1 IU	CarelonRX	CC-0065; CG-Med-83	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

J7181	Injection, Factor XIII A-subunit, (recombinant), per IU	CarelonRX	CC-0065; CG-Med-83	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J7182	Injection, Factor VIII, (antihemophilic factor, recombinant), (NovoEight), per IU	CarelonRX	CC-0065; CG-Med-83	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J7183	Injection, von Willebrand factor complex (human), Wilate, 1 IU VWF:RCO	CarelonRX	CC-0065; CG-Med-83	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J7185	Injection, Factor VIII (antihemophilic factor, recombinant) (Xyntha), per IU	CarelonRX	CC-0065; CG-Med-83	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J7186	Injection, antihemophilic Factor VIII/von Willebrand factor complex (human), per Factor VIII IU	CarelonRX	CC-0065; CG-Med-83	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J7187	Injection, von Willebrand factor complex (Humate-P), per IU VWF:RCO	CarelonRX	CC-0065; CG-Med-83	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J7188	Injection, Factor VIII (antihemophilic factor, recombinant) (Obizur), per IU	CarelonRX	CC-0065; CG-Med-83	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J7189	Factor VIIa (antihemophilic Factor, recombinant), per 1 mcg	CarelonRX	CC-0149	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J7190	Factor VIII (antihemophilic factor, human) per IU	CarelonRX	CC-0065; CG-Med-83	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

J7191	Factor VIII (antihemophilic factor (porcine)), per IU	CarelonRX	CC-0065; CG-Med-83	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J7192	Factor VIII (antihemophilic factor, recombinant) per IU, not otherwise specified	CarelonRX	CC-0065; CG-Med-83	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J7193	Factor IX (antihemophilic factor, purified, nonrecombinant) per IU	CarelonRX	CC-0065; CG-Med-83	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J7194	Factor IX complex, per IU	CarelonRX	CC-0065; CG-Med-83	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J7195	Injection, Factor IX (antihemophilic factor, recombinant) per IU, not otherwise specified	CarelonRX	CC-0065; CG-Med-83	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J7198	Antiinhibitor, per IU	CarelonRX	CC-0065; CG-Med-83	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J7200	Injection, Factor IX, (antihemophilic factor, recombinant), Rixubis, per IU	CarelonRX	CC-0065; CG-Med-83	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J7201	Injection, Factor IX, Fc fusion protein, (recombinant), Alprolix, 1 IU	CarelonRX	CC-0065; CG-Med-83	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J7202	Injection, Factor IX, albumin fusion protein, (recombinant), Idelvion, 1 IU	CarelonRX	CC-0065; CG-Med-83	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

J7203	Injection Factor IX, (antihemophilic factor, recombinant), glycoPEGylated, (Rebiny), 1 IU	CarelonRX	CC-0065; CG-Med-83	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J7204	Injection, Factor VIII, antihemophilic factor (recombinant), (Esperoct), glycopegylated-exei, per IU	CarelonRX	CC-0065; CG-Med-83	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J7205	Injection, Factor VIII Fc fusion protein (recombinant), per IU	CarelonRX	CC-0065; CG-Med-83	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J7207	Injection, Factor VIII, (antihemophilic factor, recombinant), PEGylated, 1 IU	CarelonRX	CC-0065; CG-Med-83	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J7208	Injection, Factor VIII, (antihemophilic factor, recombinant), PEGylated-aucl, (Jivi), 1 IU	CarelonRX	CC-0065; CG-Med-83	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J7209	Injection, Factor VIII, (antihemophilic factor, recombinant), (Nuwiq), 1 IU	CarelonRX	CC-0065; CG-Med-83	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J7210	Injection, Factor VIII, (antihemophilic factor, recombinant), (Afstyla), 1 IU	CarelonRX	CC-0065; CG-Med-83	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J7211	Injection, Factor VIII, (antihemophilic factor, recombinant), (Kovaltry), 1 IU	CarelonRX	CC-0065; CG-Med-83	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J7212	Factor VIIa (antihemophilic factor, recombinant)-jncw (Sevenfact), 1 mcg	CarelonRX	CC-0149; CG-MED-83	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

J7213	Injection, coagulation factor ix (recombinant), ixinity, 1 i.u.	CarelonRx	CC-0148	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J7214	Injection, Factor VIII/von Willebrand factor complex, recombinant (Altuviiiio), per Factor VIII IU	CarelonRx	CC-0068	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J7311	Injection, fluocinolone acetonide, intravitreal implant (Retisert), 0.01 mg	CarelonRX	CC-0031	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J7312	Injection, dexamethasone, intravitreal implant, 0.1 mg	CarelonRX	CC-0031	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J7313	Injection, fluocinolone acetonide, intravitreal implant (Iluvien), 0.01 mg	CarelonRX	CC-0031	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J7314	Injection, fluocinolone acetonide, intravitreal implant (Yutiq), 0.01 mg	CarelonRX	CC-0031	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J7340	Carbidopa 5 mg/levodopa 20 mg enteral suspension, 100 ml	CarelonRX	CC-0035	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J7351	Injection, bimatoprost, intracameral implant, 1 mcg	CarelonRX	CC-0163	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J7352	Afamelanotide implant, 1 mg	CarelonRX	CC-0159	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

J7353	Anacaulase-bcdb, 8.8% gel, 1 gram	CarelonRx	CC-0260	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J7354	Cantharidin for topical administration, 0.7%, single unit dose applicator (3.2mg) [Ycanth]	CarelonRx	CC-0251	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J7686	Treprostinil, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, 1.74 mg	CarelonRX	CC-0067	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J7999	Compounded drug, not otherwise classified	CarelonRX	CC-0036; CC-0053	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J9029	Injection, nadofaragene firadenovec-vncg, per therapeutic dose	CarelonRx	CC-0230	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J9032	Injection, belinostat, 10 mg	CarelonRX	CC-0176	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J9038	Injection, axatilimab-csfr, 0.1 mg	Carelon	CC-0268	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J9202	Goserelin acetate implant, per 3.6 mg	CarelonRX	CC-0061; CC-0102	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J9210	Injection, emapalumab-lzsg, 1 mg	CarelonRX	CC-0087	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

J9217	Leuprolide acetate (for depot suspension), 7.5 mg	CarelonRX	CC-0061; CC-0102	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J9225	Histrelin implant (Vantas), 50 mg	CarelonRX	CC-0061; CC-0102	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J9226	Histrelin implant (Supprelin LA), 50 mg	CarelonRX	CC-0061	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J9258	Injection, paclitaxel protein-bound particles (teva) not therapeutically equivalent to j9264, 1 mg	CarelonRx	CC-0205	Managed by CarelonRx for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J9262	Injection, omacetaxine mepesuccinate, 0.01 mg	CarelonRX	CC-0178	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J9286	Injection, glofitamab-gxbm, 2.5 mg	CarelonRx	CC-0244	Managed by CarelonRx for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J9302	Injection, ofatumumab, 10 mg	CarelonRX	CC-0122; CC-0174	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J9304	Injection, pemetrexed (Pemfexy), 10 mg	CarelonRX	CC-0094	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J9312	Injection, rituximab, 10 mg	CarelonRX	CC-0075	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.



## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

J9321	Injection, epcoritamab-bysp, 0.16 mg	CarelonRx	CC-0242	Managed by CarelonRx for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J9324	Injection, pemetrexed (pemrydi rtu), 10 mg	CarelonRx	CC-0094	Managed by CarelonRx for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J9332	Injection, efgartigimod alfa-fcab, 2mg	CarelonRX	CC-0207	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J9333	Injection, rozanolixizumab-noli, 1 mg	CarelonRx	CC-0246	Managed by CarelonRx for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J9334	Vyvgart Hytrulo (efgartigimod alfa and hyaluronidase-qvfc)	CarelonRx	CC-0207	Managed by CarelonRx for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J9348	Injection, naxitamab-gqgk, 1 m	CarelonRX	CC-0184	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J9353	Injection, margetuximab-cmkb, 5 m	CarelonRX	CC-0186	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J9376	Injection, pozelimab-bbfg, 1 mg	CarelonRx	CC-0250	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J9381	Injection, teplizumab-mzwv, 5 mcg	CarelonRX	CC-0225	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

Q0138	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (non-ESRD use)	CarelonRX	CC-0182	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
Q3027	Injection, interferon beta-1a, 1 mcg for intramuscular use	CarelonRX	CC-0014	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
Q3028	Injection, interferon beta-1a, 1 mcg for subcutaneous use	CarelonRX	CC-0014	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
Q4074	Iloprost, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, up to 20 mcg	CarelonRX	CC-0067	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
Q5103	Injection, infliximab-dyyb, biosimilar, (Inflectra), 10 mg	CarelonRX	CC-0062	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
Q5104	Injection, infliximab-abda, biosimilar, (Renflexis), 10 mg	CarelonRX	CC-0062	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
Q5109	Injection, Ixifi (infliximab-qbtX), biosimilar, (Ixifi), 10 mg	CarelonRX	CC-0062	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
Q5121	Injection, infliximab-axxq, biosimilar, (AVSOLA), 10 mg	CarelonRX	CC-0062	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
Q5123	Injection, rituximab-arrx, biosimilar, (riabni), 10 m	CarelonRX	CC-0075; CC-0167	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

Q5124	Byooviz (ranibizumab-nuna)	CarelonRX	CC-0072	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
Q5128	Cimerli (ranibizumab-cqrn)	CarelonRx	CC-0072	Managed by CarelonRx for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
Q5132	Injection, adalimumab-afzb (abrilada), biosimilar, 10 mg	CarelonRx	CC-0062	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
Q5134	Injection, natalizumab-sztn (Tyruko), biosimilar, 1 mg	CarelonRx	CC-0020	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
Q5137	Injection, ustekinumab-auub (Wezlana), biosimilar, SC, 1 mg	CarelonRx	CC-0063	Managed by CarelonRx for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
Q5138	Injection, ustekinumab-auub (Wezlana), biosimilar, IV, 1 mg	CarelonRx	CC-0063	Managed by CarelonRx for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
Q5147	Injection, aflibercept-ayyh (Pavblu), biosimilar, 1 mg	CarelonRX	CC-0072	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
Q5149	Injection, aflibercept-abzv (Enzeevu), biosimilar, 1 mg	CarelonRX	CC-0072	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
Q5150	Injection, aflibercept-mrbh (Ahzantive), biosimilar, 1 mg	CarelonRX	CC-0072	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

Q5151	Injection, eculizumab-aagh (Epysqli), biosimilar, 2 mg	CarelonRx	CC-0041	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
Q5152	Injection, eculizumab-aeeb (Bkemv), biosimilar, 2 mg	CarelonRx	CC-0041	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
Q9996	Injection, ustekinumab-ttwe (pyzchiva), subcutaneous, 1 mg	CarelonRx	CC-0063	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
Q9997	Injection, ustekinumab-ttwe (pyzchiva), intravenous, 1 mg	CarelonRx	CC-0063	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
Q9998	Injection, ustekinumab-aekn (selarsdi), 1 mg	CarelonRx	CC-0063	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
Q9999	Injection, ustekinumab-aaaz (Otulfi), biosimilar, 1 mg	CarelonRx	CC-0063	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
S0013	Esketamine, nasal spray, 1 mg	CarelonRx	CC-0086	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
S0189	Testosterone pellet. 75 mg	CarelonRx	CC-0008	Managed by CarelonRX for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

**Reviewed by Carelon or CarlonRX Depending on Diagnosis:**  
**Codes that are reviewed/prior authorized by CarlonRX or Carelon depending on diagnosis. CarlonRX will review as SpecialtyRx program. Carelon will review as Oncology or Radiation Therapy programs.**

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

Code	Code Description	Responsible Party	Criteria/Guideline	Comments
C9096	Injection, filgrastim-ayow, biosimilar, (releuko), 1 microgram	Carelon or CarelonRX	CC-0002	Carelon reviews for Oncology diagnoses. CarelonRX will review for all other diagnoses for Vendor Program eligible members. No authorization is required for non-Oncology indications for members not eligible for vendor programs.
C9142	Alymsys (bevacizumab-maly	Carelon or CarelonRX	CC-0072; CC-0107	Carelon reviews for Oncology diagnoses. CarelonRX will review for all other diagnoses for Vendor Program eligible members. No authorization is required for non-Oncology indications for members not eligible for vendor programs.
C9149	Tzield (teplizumab-mzwv)	CarelonRx, Carelon	CC-0225	Carelon reviews for Oncology diagnoses. CarelonRx will review for all other diagnoses for Vendor Program eligible members. No authorization is required for non-Oncology indications for members not eligible for vendor programs.
C9399	Nypozi (filgrastim-txid) or Rytelo (imetelstat)	CarelonRx, Carelon	CC-0002; CC-0266	Carelon reviews for Oncology diagnoses. CarelonRx will review for all other diagnoses for Vendor Program eligible members. No authorization is required for non-Oncology indications for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

J0565	Injection, bezlotoxumab, 10 mg	Carelon or CarelonRX	CC-0046	Carelon reviews for Oncology diagnoses. CarelonRX will review for all other diagnoses for Vendor Program eligible members. No authorization is required for non-Oncology indications for members not eligible for vendor programs.
J0881	Injection, darbepoetin alfa, 1 mcg (non-ESRD use)	Carelon or CarelonRX	CC-0001	Carelon reviews for Oncology diagnoses. CarelonRX will review for all other diagnoses for Vendor Program eligible members. No authorization is required for non-Oncology indications for members not eligible for vendor programs.
J0882	Injection, darbepoetin alfa, 1 mcg (for ESRD on dialysis)	Carelon or CarelonRX	CC-0001	Carelon reviews for Oncology diagnoses. CarelonRX will review for all other diagnoses for Vendor Program eligible members. No authorization is required for non-Oncology indications for members not eligible for vendor programs.
J0885	Injection, epoetin alfa, (for non-ESRD use), 1000 units	Carelon or CarelonRX	CC-0001	Carelon reviews for Oncology diagnoses. CarelonRX will review for all other diagnoses for Vendor Program eligible members. No authorization is required for non-Oncology indications for members not eligible for vendor programs.
J0897	Injection, denosumab, 1 mg	Carelon or CarelonRX	CC-0027	Carelon reviews for Oncology diagnoses. CarelonRX will review for all other diagnoses for Vendor Program eligible members. No authorization is required for non-Oncology indications for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

J1442	Injection, filgrastim (G-CSF), excludes biosimilars, 1 mcg	Carelon or CarelonRX	CC-0002	Carelon reviews for Oncology diagnoses. CarelonRX will review for all other diagnoses for Vendor Program eligible members. No authorization is required for non-Oncology indications for members not eligible for vendor programs.
J1447	Injection, tbo-filgrastim, 1 mcg	Carelon or CarelonRX	CC-0002	Carelon reviews for Oncology diagnoses. CarelonRX will review for all other diagnoses for Vendor Program eligible members. No authorization is required for non-Oncology indications for members not eligible for vendor programs.
J1449	Rolvedon (eflapegrastim-xnst)	CarelonRx, Carelon	CC-0002	Carelon reviews for Oncology diagnoses. CarelonRx will review for all other diagnoses for Vendor Program eligible members. No authorization is required for non-Oncology indications for members not eligible for vendor programs.
J1460	Injection, gamma globulin, intramuscular, 1 cc	Carelon or CarelonRX	CC-0003; CC-0039	Carelon reviews for Oncology diagnoses. CarelonRX will review for all other diagnoses for Vendor Program eligible members. No authorization is required for non-Oncology indications for members not eligible for vendor programs.
J1551	Injection, immune globulin (cutaquist), 100 mg	Carelon or CarelonRX	CC-0003	Carelon reviews for Oncology diagnoses. CarelonRX will review for all other diagnoses for Vendor Program eligible members. No authorization is required for non-Oncology indications for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

J1552	Alyglo (immune globulin intravenous, human-stwk)	Carelon or CarelonRX	CC-0003	Carelon reviews for Oncology diagnoses. CarelonRX will review for all other diagnoses for Vendor Program eligible members. No authorization is required for non-Oncology indications for members not eligible for vendor programs.
J1554	Injection, immune globulin (Asceniv), 500 mg	Carelon or CarelonRX	CC-0003	Carelon reviews for Oncology diagnoses. CarelonRX will review for all other diagnoses for Vendor Program eligible members. No authorization is required for non-Oncology indications for members not eligible for vendor programs.
J1555	Injection, immune globulin (Cuvitru), 100 mg	Carelon or CarelonRX	CC-0003	Carelon reviews for Oncology diagnoses. CarelonRX will review for all other diagnoses for Vendor Program eligible members. No authorization is required for non-Oncology indications for members not eligible for vendor programs.
J1556	Injection, immune globulin (Bivigam), 500 mg	Carelon or CarelonRX	CC-0003	Carelon reviews for Oncology diagnoses. CarelonRX will review for all other diagnoses for Vendor Program eligible members. No authorization is required for non-Oncology indications for members not eligible for vendor programs.
J1557	Injection, immune globulin, (Gammaplex), intravenous, nonlyophilized (e.g., liquid), 500 mg	Carelon or CarelonRX	CC-0003	Carelon reviews for Oncology diagnoses. CarelonRX will review for all other diagnoses for Vendor Program eligible members. No authorization is required for non-Oncology indications for members not eligible for vendor programs.



## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

J1558	Injection, immune globulin (xembify), 100 mg	Carelon or CarelonRX	CC-0003	Carelon reviews for Oncology diagnoses. CarelonRX will review for all other diagnoses for Vendor Program eligible members. No authorization is required for non-Oncology indications for members not eligible for vendor programs.
J1559	Injection, immune globulin (Hizentra), 100 mg	Carelon or CarelonRX	CC-0003	Carelon reviews for Oncology diagnoses. CarelonRX will review for all other diagnoses for Vendor Program eligible members. No authorization is required for non-Oncology indications for members not eligible for vendor programs.
J1560	Injection, gamma globulin, intramuscular, over 10 cc	Carelon or CarelonRX	CC-0003; CC-0039	Carelon reviews for Oncology diagnoses. CarelonRX will review for all other diagnoses for Vendor Program eligible members. No authorization is required for non-Oncology indications for members not eligible for vendor programs.
J1561	Injection, immune globulin, (Gamunex/Gamunex-C/Gammaked), nonlyophilized (e.g., liquid), 500 mg	Carelon or CarelonRX	CC-0003	Carelon reviews for Oncology diagnoses. CarelonRX will review for all other diagnoses for Vendor Program eligible members. No authorization is required for non-Oncology indications for members not eligible for vendor programs.
J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg	Carelon or CarelonRX	CC-0003	Carelon reviews for Oncology diagnoses. CarelonRX will review for all other diagnoses for Vendor Program eligible members. No authorization is required for non-Oncology indications for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

J1568	Injection, immune globulin, (Octagam), intravenous, nonlyophilized (e.g., liquid), 500 mg	Carelon or CarelonRX	CC-0003	Carelon reviews for Oncology diagnoses. CarelonRX will review for all other diagnoses for Vendor Program eligible members. No authorization is required for non-Oncology indications for members not eligible for vendor programs.
J1569	Injection, immune globulin, (Gammagard liquid), nonlyophilized, (e.g., liquid), 500 mg	Carelon or CarelonRX	CC-0003	Carelon reviews for Oncology diagnoses. CarelonRX will review for all other diagnoses for Vendor Program eligible members. No authorization is required for non-Oncology indications for members not eligible for vendor programs.
J1572	Injection, immune globulin, (Flebogamma/Flebogamma Dif), intravenous, nonlyophilized (e.g., liquid), 500 mg	Carelon or CarelonRX	CC-0003	Carelon reviews for Oncology diagnoses. CarelonRX will review for all other diagnoses for Vendor Program eligible members. No authorization is required for non-Oncology indications for members not eligible for vendor programs.
J1575	Injection, immune globulin/hyaluronidase, 100 mg immunoglobulin	Carelon or CarelonRX	CC-0003	Carelon reviews for Oncology diagnoses. CarelonRX will review for all other diagnoses for Vendor Program eligible members. No authorization is required for non-Oncology indications for members not eligible for vendor programs.
J1576	Injection, immune globulin (panzyga), intravenous, non-lyophilized (e.g., liquid), 500 mg	Carelon or CarelonRX	CC-0003	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

J1599	Injection, immune globulin, intravenous, nonlyophilized (e.g., liquid), not otherwise specified, 500 mg	Carelon or CarelonRX	CC-0003	Carelon reviews for Oncology diagnoses. CarelonRX will review for all other diagnoses for Vendor Program eligible members. No authorization is required for non-Oncology indications for members not eligible for vendor programs.
J1729	Injection, hydroxyprogesterone caproate, not otherwise specified, 10mg	Carelon or CarelonRX	CC-0238	Carelon reviews for Oncology diagnoses. CarelonRX will review for all other diagnoses for Vendor Program eligible members. No authorization is required for non-Oncology indications for members not eligible for vendor programs.
J1930	Injection, lanreotide, 1 mg	Carelon or CarelonRX	CC-0142	Carelon reviews for Oncology diagnoses. CarelonRX will review for all other diagnoses for Vendor Program eligible members. No authorization is required for non-Oncology indications for members not eligible for vendor programs.
J1932	Somatuline Depot (lanreotide)	Carelon or CarelonRX	CC-0142	Carelon reviews for Oncology diagnoses. CarelonRX will review for all other diagnoses for Vendor Program eligible members. No authorization is required for non-Oncology indications for members not eligible for vendor programs.
J2353	Injection, octreotide, depot form for intramuscular injection, 1 mg	Carelon or CarelonRX	CC-0058	Carelon reviews for Oncology diagnoses. CarelonRX will review for all other diagnoses for Vendor Program eligible members. No authorization is required for non-Oncology indications for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

J2354	Injection, octreotide, nondepot form for subcutaneous or intravenous injection, 25 mcg	Carelon or CarelonRX	CC-0058	Carelon reviews for Oncology diagnoses. CarelonRX will review for all other diagnoses for Vendor Program eligible members. No authorization is required for non-Oncology indications for members not eligible for vendor programs.
J2506	Neulasta (pegfilgrastim)	Carelon or CarelonRX	CC-0002	Carelon reviews for Oncology diagnoses. CarelonRX will review for all other diagnoses for Vendor Program eligible members. No authorization is required for non-Oncology indications for members not eligible for vendor programs.
J2562	Injection, plerixafor, 1 mg	Carelon or CarelonRX	CC-0089	Carelon reviews for Oncology diagnoses. CarelonRX will review for all other diagnoses for Vendor Program eligible members. No authorization is required for non-Oncology indications for members not eligible for vendor programs.
J2820	Injection, sargramostim (GM-CSF), 50 mcg	Carelon or CarelonRX	CC-0002	Carelon reviews for Oncology diagnoses. CarelonRX will review for all other diagnoses for Vendor Program eligible members. No authorization is required for non-Oncology indications for members not eligible for vendor programs.
J3262	Injection, tocilizumab, 1 mg	Carelon or CarelonRX	CC-0066	Carelon reviews for Oncology diagnoses. CarelonRX will review for all other diagnoses for Vendor Program eligible members. No authorization is required for non-Oncology indications for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

J3590	Nypozi (filgrastim-txid) or Yimmugo (immune globulin intravenous, human–dira)	Carelon or CarelonRX	CC-0002; CC-0003	Carelon reviews for Oncology diagnoses. CarelonRX will review for all other diagnoses for Vendor Program eligible members. No authorization is required for non-Oncology indications for members not eligible for vendor programs.
J9015	Injection, aldesleukin, per single use vial	Carelon or CarelonRX	CC-0175	Carelon reviews for Oncology diagnoses. CarelonRX will review for all other diagnoses for Vendor Program eligible members. No authorization is required for non-Oncology indications for members not eligible for vendor programs.
J9035	Injection, bevacizumab, 10 mg	Carelon or CarelonRX	CC-0107, CC-0072	Carelon reviews for Oncology diagnoses. CarelonRX will review for all other diagnoses for Vendor Program eligible members. No authorization is required for non-Oncology indications for members not eligible for vendor programs.
J9037	Injection, belantamab mafodotin-blmf, 0.5 mg	Carelon or CarelonRX	CC-0179	Carelon reviews for Oncology diagnoses. CarelonRX will review for all other diagnoses for Vendor Program eligible members. No authorization is required for non-Oncology indications for members not eligible for vendor programs.
J9272	Injection, dostarlimab-gxly, 10 mg	Carelon or CarelonRX	CC-0197	Carelon reviews for Oncology diagnoses. CarelonRX will review for all other diagnoses for Vendor Program eligible members. No authorization is required for non-Oncology indications for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

J9274	Tebentafusp-tebn (Kimmtrak)	Carelon or CarelonRX	CC-0211	Carelon reviews for Oncology diagnoses. CarelonRX will review for all other diagnoses for Vendor Program eligible members. No authorization is required for non-Oncology indications for members not eligible for vendor programs.
J9313	Moxetumomab-tdfk - Lumoxiti	Carelon or CarelonRX	CC-0144	Carelon reviews for Oncology diagnoses. CarelonRX will review for all other diagnoses for Vendor Program eligible members. No authorization is required for non-Oncology indications for members not eligible for vendor programs.
J9325	Talimogene Laherparepvec - Imlygic	Carelon or CarelonRX	CC-0135	Carelon reviews for Oncology diagnoses. CarelonRX will review for all other diagnoses for Vendor Program eligible members. No authorization is required for non-Oncology indications for members not eligible for vendor programs.
J9329	Injection, tislelizumab-jsgr, 1mg	Carelon or CarelonRX	CC-0262	Managed by Carelon for Fully Insured and Vendor Program eligible members. No authorization required for members not eligible for vendor programs.
J9349	Injection, tafasitamab-cxix, 2 mg	Carelon or CarelonRX	CC-0180	Carelon reviews for Oncology diagnoses. CarelonRX will review for all other diagnoses for Vendor Program eligible members. No authorization is required for non-Oncology indications for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

J9354	Ado-trastuzumab emtansine - Kadcyla	Carelon or CarelonRX	CC-0115	Carelon reviews for Oncology diagnoses. CarelonRX will review for all other diagnoses for Vendor Program eligible members. No authorization is required for non-Oncology indications for members not eligible for vendor programs.
J9361	Ryzneuta (efbemalenograstim alfa-vuxw)	Carelon or CarelonRX	CC-0002	Carelon reviews for Oncology diagnoses. CarelonRX will review for all other diagnoses for Vendor Program eligible members. No authorization is required for non-Oncology indications for members not eligible for vendor programs.
J9395	Fulvestrant - Faslodex	Carelon or CarelonRX	CC-0103	Carelon reviews for Oncology diagnoses. CarelonRX will review for all other diagnoses for Vendor Program eligible members. No authorization is required for non-Oncology indications for members not eligible for vendor programs.
J9400	Ziv-aflibercept - Zaltrap	Carelon or CarelonRX	CC-0109	Carelon reviews for Oncology diagnoses. CarelonRX will review for all other diagnoses for Vendor Program eligible members. No authorization is required for non-Oncology indications for members not eligible for vendor programs.
Q2043	Sipuleucel-T - Provenge	Carelon or CarelonRX	CC-0134	Carelon reviews for Oncology diagnoses. CarelonRX will review for all other diagnoses for Vendor Program eligible members. No authorization is required for non-Oncology indications for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

Q2049	Liposomal doxorubicin - Doxil, Lipodox	Carelon or CarelonRX	CC-0098	Carelon reviews for Oncology diagnoses. CarelonRX will review for all other diagnoses for Vendor Program eligible members. No authorization is required for non-Oncology indications for members not eligible for vendor programs.
Q2050	Liposomal doxorubicin - Doxil, Lipodox	Carelon or CarelonRX	CC-0098	Carelon reviews for Oncology diagnoses. CarelonRX will review for all other diagnoses for Vendor Program eligible members. No authorization is required for non-Oncology indications for members not eligible for vendor programs.
Q4081	Injection, epoetin alfa, 100 units (for ESRD on dialysis)	Carelon or CarelonRX	CC-0001	Carelon reviews for Oncology diagnoses. CarelonRX will review for all other diagnoses for Vendor Program eligible members. No authorization is required for non-Oncology indications for members not eligible for vendor programs.
Q4081	Epoetin Alfa - Epogen ESRD 100 Units	Carelon or CarelonRX	CC-0001	Carelon reviews for Oncology diagnoses. CarelonRX will review for all other diagnoses for Vendor Program eligible members. No authorization is required for non-Oncology indications for members not eligible for vendor programs.
Q4081	Epoetin Alfa - Procrit ESRD 100 Units	Carelon or CarelonRX	CC-0001	Carelon reviews for Oncology diagnoses. CarelonRX will review for all other diagnoses for Vendor Program eligible members. No authorization is required for non-Oncology indications for members not eligible for vendor programs.



## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

Q5101	Injection, filgrastim-sndz, biosimilar, (Zarxio), 1 mcg	Carelon or CarelonRX	CC-0002	Carelon reviews for Oncology diagnoses. CarelonRX will review for all other diagnoses for Vendor Program eligible members. No authorization is required for non-Oncology indications for members not eligible for vendor programs.
Q5101	Filgrastim-sndz - Zarxio	Carelon or CarelonRX	CC-0002	Carelon reviews for Oncology diagnoses. CarelonRX will review for all other diagnoses for Vendor Program eligible members. No authorization is required for non-Oncology indications for members not eligible for vendor programs.
Q5105	Injection, epoetin alfa-epbx, biosimilar, (Retacrit) (for ESRD on dialysis), 100 units	Carelon or CarelonRX	CC-0001	Carelon reviews for Oncology diagnoses. CarelonRX will review for all other diagnoses for Vendor Program eligible members. No authorization is required for non-Oncology indications for members not eligible for vendor programs.
Q5105	Epoetin alfa-epbx - Retacrit ESRD (Q5105)	Carelon or CarelonRX	CC-0001	Carelon reviews for Oncology diagnoses. CarelonRX will review for all other diagnoses for Vendor Program eligible members. No authorization is required for non-Oncology indications for members not eligible for vendor programs.
Q5106	Injection, epoetin alfa-epbx, biosimilar, (Retacrit) (for non-ESRD use), 1000 units	Carelon or CarelonRX	CC-0001	Carelon reviews for Oncology diagnoses. CarelonRX will review for all other diagnoses for Vendor Program eligible members. No authorization is required for non-Oncology indications for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

Q5106	Epoetin alfa-epbx - Retacrit Non ESRD (Q5106)	Carelon or CarelonRX	CC-0001	Carelon reviews for Oncology diagnoses. CarelonRX will review for all other diagnoses for Vendor Program eligible members. No authorization is required for non-Oncology indications for members not eligible for vendor programs.
Q5107	Injection, bevacizumab-awwb, biosimilar, (Mvasi), 10 mg	Carelon or CarelonRX	CC-0072; CC-0107	Carelon reviews for Oncology diagnoses. CarelonRX will review for all other diagnoses for Vendor Program eligible members. No authorization is required for non-Oncology indications for members not eligible for vendor programs.
Q5107	Bevacizumab-awwb - Mvasi	Carelon or CarelonRX	CC-0072, CC-0107	Carelon reviews for Oncology diagnoses. CarelonRX will review for all other diagnoses for Vendor Program eligible members. No authorization is required for non-Oncology indications for members not eligible for vendor programs.
Q5108	Injection, pegfilgrastim-jmdb, biosimilar, (Fulphila), 0.5 mg	Carelon or CarelonRX	CC-0002	Carelon reviews for Oncology diagnoses. CarelonRX will review for all other diagnoses for Vendor Program eligible members. No authorization is required for non-Oncology indications for members not eligible for vendor programs.
Q5108	Pegfilgrastim-jmdb - Fulphila	Carelon or CarelonRX	CC-0002	Carelon reviews for Oncology diagnoses. CarelonRX will review for all other diagnoses for Vendor Program eligible members. No authorization is required for non-Oncology indications for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

Q5110	Injection, filgrastim-aafi, biosimilar, (Nivestym), 1 mcg	Carelon or CarelonRX	CC-0002	Carelon reviews for Oncology diagnoses. CarelonRX will review for all other diagnoses for Vendor Program eligible members. No authorization is required for non-Oncology indications for members not eligible for vendor programs.
Q5110	Filgrastim-aafi - Nivestym	Carelon or CarelonRX	CC-0002	Carelon reviews for Oncology diagnoses. CarelonRX will review for all other diagnoses for Vendor Program eligible members. No authorization is required for non-Oncology indications for members not eligible for vendor programs.
Q5111	Injection, pegfilgrastim-cbqv, biosimilar, (Udenyca), 0.5 mg	Carelon or CarelonRX	CC-0002	Carelon reviews for Oncology diagnoses. CarelonRX will review for all other diagnoses for Vendor Program eligible members. No authorization is required for non-Oncology indications for members not eligible for vendor programs.
Q5111	Pegfilgrastim-cbqv - Udenyca	Carelon or CarelonRX	CC-0002	Carelon reviews for Oncology diagnoses. CarelonRX will review for all other diagnoses for Vendor Program eligible members. No authorization is required for non-Oncology indications for members not eligible for vendor programs.
Q5118	Injection, bevacizumab-bvzr, biosimilar, (Zirabev), 10 mg	Carelon or CarelonRX	CC-0072; CC-0107	Carelon reviews for Oncology diagnoses. CarelonRX will review for all other diagnoses for Vendor Program eligible members. No authorization is required for non-Oncology indications for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

Q5118	Bevacizumab-bvzr - Zirabev	Carelon or CarelonRX	CC-0072, CC-0107	Carelon reviews for Oncology diagnoses. CarelonRX will review for all other diagnoses for Vendor Program eligible members. No authorization is required for non-Oncology indications for members not eligible for vendor programs.
Q5120	Injection, pegfilgrastim-bmez, biosimilar, (ZIEXTENZO), 0.5 mg	Carelon or CarelonRX	CC-0002	Carelon reviews for Oncology diagnoses. CarelonRX will review for all other diagnoses for Vendor Program eligible members. No authorization is required for non-Oncology indications for members not eligible for vendor programs.
Q5125	Releuko (filgrastim-ayow)	Carelon or CarelonRX	CC-0002	Carelon reviews for Oncology diagnoses. CarelonRX will review for all other diagnoses for Vendor Program eligible members. No authorization is required for non-Oncology indications for members not eligible for vendor programs.
Q5126	Vascular Endothelial Growth Factor (VEGF) Inhibitors	Carelon or CarelonRX	CC-0072	Carelon reviews for Oncology diagnoses. CarelonRX will review for all other diagnoses for Vendor Program eligible members. No authorization is required for non-Oncology indications for members not eligible for vendor programs.
Q5127	Stimufend (pegfilgrastim-fpgk)	Carelon or CarelonRX	CC-0002	Carelon reviews for Oncology diagnoses. CarelonRX will review for all other diagnoses for Vendor Program eligible members. No authorization is required for non-Oncology indications for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

Q5129	Vegzelma (bevacizumab-adcd)	Carelon or CarelonRX	CC-0107	Carelon reviews for Oncology diagnoses. CarelonRX will review for all other diagnoses for Vendor Program eligible members. No authorization is required for non-Oncology indications for members not eligible for vendor programs.
Q5130	Fylnetra (pegfilgrastim-pbbk)	Carelon or CarelonRX	CC-0002	Carelon reviews for Oncology diagnoses. CarelonRX will review for all other diagnoses for Vendor Program eligible members. No authorization is required for non-Oncology indications for members not eligible for vendor programs.
Q5135	Injection, tocilizumab-aazg (tyenne), biosim	Carelon or CarelonRX	CC-0066	Carelon reviews for Oncology diagnoses. CarelonRX will review for all other diagnoses for Vendor Program eligible members. No authorization is required for non-Oncology indications for members not eligible for vendor programs.
Q5136	Jubbonti; Wyost (denosumab-bbdz)	Carelon or CarelonRX	CC-0027	Carelon reviews for Oncology diagnoses. CarelonRX will review for all other diagnoses for Vendor Program eligible members. No authorization is required for non-Oncology indications for members not eligible for vendor programs.
Q5140	Hulio (adalimumab-fkjp)	Carelon or CarelonRX	CC-0062	Carelon reviews for Oncology diagnoses. CarelonRX will review for all other diagnoses for Vendor Program eligible members. No authorization is required for non-Oncology indications for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

Q5141	Yuflyma (adalimumab-aaty)	Carelon or CarelonRX	CC-0062	Carelon reviews for Oncology diagnoses. CarelonRX will review for all other diagnoses for Vendor Program eligible members. No authorization is required for non-Oncology indications for members not eligible for vendor programs.
Q5142	Simlandi (adalimumab-ryvk)	Carelon or CarelonRX	CC-0062	Carelon reviews for Oncology diagnoses. CarelonRX will review for all other diagnoses for Vendor Program eligible members. No authorization is required for non-Oncology indications for members not eligible for vendor programs.
Q5143	Cyltezo (adalimumab-adbm)	Carelon or CarelonRX	CC-0062	Carelon reviews for Oncology diagnoses. CarelonRX will review for all other diagnoses for Vendor Program eligible members. No authorization is required for non-Oncology indications for members not eligible for vendor programs.
Q5144	Idacio (adalimumab-aacf)	Carelon or CarelonRX	CC-0062	Carelon reviews for Oncology diagnoses. CarelonRX will review for all other diagnoses for Vendor Program eligible members. No authorization is required for non-Oncology indications for members not eligible for vendor programs.
Q5145	Abrilada (adalimumab-afzb)	Carelon or CarelonRX	CC-0062	Carelon reviews for Oncology diagnoses. CarelonRX will review for all other diagnoses for Vendor Program eligible members. No authorization is required for non-Oncology indications for members not eligible for vendor programs.

## Colorado Local Precertification/Prior Authorization List

Updated: 7/01/2025

Q5148	Nypozi (filgrastim-txid)	Carelon or CarelonRX	CC-0002	Carelon reviews for Oncology diagnoses. CarelonRX will review for all other diagnoses for Vendor Program eligible members. No authorization is required for non-Oncology indications for members not eligible for vendor programs.
-------	--------------------------	-------------------------	---------	---

\* CarelonRx, Inc. is a separate company providing utilization review services on behalf of the health plan.

Anthem Blue Cross and Blue Shield is the trade name of Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. Independent licensees of the Blue Cross Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.