

# MEDICARE ADVANTAGE AUTHORIZATION REQUIREMENTS

For dates of service on or after October 1, 2021

These authorization requirements apply to all Cigna Medicare Advantage markets including Leon Medical Centers Health Plans. These authorization requirements do not apply to Medicaid only and Medicare/Medicaid Plan (MMP) plans.

This document lists services, items and medications that require authorization prior to being provided or administered for Cigna Medicare Advantage and Leon Medical Centers Health Plan customers.

- › Any code included on this list requires authorization regardless of how it is classified on this document.
- › Authorization is not required for emergency or urgent care.
- › Some radiology, radiation therapy, medical oncology and cardiac imaging services are managed by our external delegate: EviCore. Please see the eviCore website for more details: [EviCore.com/Cigna](https://EviCore.com/Cigna).

Services must be provided according to Medicare coverage guidelines established by the CMS. According to the guidelines, all medical care, services, supplies and equipment must be medically necessary. You may review Medicare coverage guidelines at [CMS.gov/Medicare-Coverage-Database/](https://CMS.gov/Medicare-Coverage-Database/).

## Arizona Delegated Vendors

The Arizona market has specially delegated vendors for certain services. Please contact these vendors for their delegated services:

- › **American Specialty Health (ASH)** – Chiropractic and Acupuncture
- › **eviCore** – Cardiology, High Tech Radiology, Nuclear Cardiology, and Radiation Therapy
- › **New Century Health** – Outpatient Oncology
- › **Preferred Home Care (PHC)** – Durable Medical Equipment
- › **Coram Home Infusion** – Home Infusion Services
- › **Professional Health Care Network (PHCN)** – Home Health Care



## Authorization requirements

When required, it is the participating provider's responsibility to obtain authorization prior to services being rendered. Facilities are encouraged to verify that a prior authorization has been approved before providing a service or item, unless the service is urgent or emergent care. Payment may be denied for services rendered without authorization.

All final decisions concerning coverage and payment are based on plan customer eligibility, the customer's benefits, the care provider's contract and applicable State law at the time of service delivery. An authorization number or referral number is not a guarantee of payment. Please always verify benefits.

Authorization requests can be submitted by phone, fax or via web-based [HS Connect \(HSC\)](#) (HS Connect not currently available for Arizona and Leon). For an overview of capabilities and instructions for obtaining access, visit the HSC section of the **Provider Manual** at [MedicareProviders.Cigna.com/static/medicareproviders-cigna-com/docs/medicare-provider-manual-2021.pdf](https://MedicareProviders.Cigna.com/static/medicareproviders-cigna-com/docs/medicare-provider-manual-2021.pdf).

## Arizona and Leon provider manuals:

- › **AZ Provider Manual** at [MedicareProviders.Cigna.com/static/medicareproviders-cigna-com/docs/medicare-provider-manual-2021-az.pdf](https://MedicareProviders.Cigna.com/static/medicareproviders-cigna-com/docs/medicare-provider-manual-2021-az.pdf)
- › **Leon Provider Manual** at [LMHealthplans.com/English/Documents/Provider\\_Manual.pdf](https://LMHealthplans.com/English/Documents/Provider_Manual.pdf)

Refer to the online directory at [Provider Search Online Directory](#).

To locate an in-network health care professional or facility please call the provider customer service line for your market.

- › Arizona: **1-800-627-7534**
- › Leon: **1-305-559-5366**
- › All other markets: **1-800-230-6138**

## Referral policy

Cigna values the relationship between the patient, the Primary Care Physician (PCP) and other providers involved in the patient's medical care. Cigna's network of specialty physicians are contracted to work closely with our referring PCPs to coordinate and improve the quality of care provided to your Cigna Medicare Advantage patients.

In 2021, a referral may or may not be required for a patient to see a specialist. Please refer to the 2021 Provider Manuals to determine if a referral is required for your patient.

For easy searching, hit Ctrl+F on your keyboard, and type the 5 digit code you are searching for.

## Universal Authorization Requirements

- All inpatient admissions, including:
  - Inpatient Medical and Behavioral Health
  - Inpatient Rehabilitation
  - Long Term Acute Care (LTAC)
  - Inpatient Observation
  - Skilled Nursing Facility
- All home health care
- Out of network requests for HMO and POS customers, unless at urgent care, emergency room, or behavioral health emergency setting.
- Access2Care requests for travel more than 60 miles. Requests for travel less than 60 miles do not require prior authorization unless specified on this grid.
- All transplant requests
- Behavioral Health Partial Hospitalization Program

<b>Ambulance</b>	A0430	A0431	A0435	A0999	
<b>Cardiology</b>					
<b>Catheter Procedures</b>	93451	93452	93453	93530	93531
	93532	93533			
<b>Devices</b>	0273T	0417T	0418T	0462T	0463T
	0575T	0576T	0577T	0613T	93590
	93591	93799			
<b>Echo/EKG</b>	C8926	C8927			
<b>Other</b>	93592				
<b>Stress</b>	0272T	93350	93351		
<b>Diagnostic Services</b>					
<b>Cardiovascular</b>	0076T	0115U	35400	78429	78430
	78431	78432	78433	78434	93702
	93998				
<b>Gastrointestinal</b>	0108U	0114U	48400	91110	91111
	91112	91117	91299		
<b>Genitourinary</b>	0071T	0072T	0422T	0487T	0546T
<b>Invasive</b>	0075T	0355T	36660	46601	93456
	93461	93619	93620	93624	93644
	93653	93654	93656		
<b>Muskuloskeletal</b>	0508T	0533T	0534T	0535T	0536T
	0547T				
<b>Neurologic</b>	0317T	0434T	0435T	0436T	95941
	95999				

**Diagnostic Services** (continued)

<b>Ophthalmic</b>	0198T	0330T	0506T	0507T	0615T
	92274				
<b>Other</b>	0602T	0603T	0107U	0109U	0110U
	0112U	0113U	0116U	0120U	0129U
	0130U	0131U	0132U	0133U	0134U
	0135U	0136U	0137U	0138U	0358T
	0493T	0559T	0560T	0561T	0562T
	81162				

**Durable Medical Equipment**

<b>Pulmonary and Sleep Study</b>	94799	95803	K1001		
<b>Compression Device</b>	E0652	E0656	E0657	E0676	
<b>Electrical Stimulation</b>	E0747	E0748	E0760	E0766	E0770
<b>Furniture and Furniture Accessories</b>	E0627	E0629	E0635		
<b>Hearing Devices</b>	L8614	L8619	L8691		
<b>Mobility Devices and Accessories</b>	E1002	E1003	E1004	E1005	E1006
	E1007	E1009	E1220	E1229	E1230
	E1239	E2300	E2301	K0009	K0011
	K0012	K0014	K0801	K0802	K0806
	K0807	K0808	K0812	K0813	K0820
	K0821	K0822	K0826	K0827	K0828
	K0829	K0835	K0838	K0839	K0840
	K0841	K0842	K0843	K0848	K0850
	K0851	K0852	K0853	K0854	K0855
	K0856	K0858	K0859	K0860	K0861
	K0862	K0863	K0864	K0870	K0871
	K0879	K0880	K0886	K0898	K0890
	K0891	K0900	K1014	L2006	
<b>Orthosis</b>	L0457	L1844	L1846	L2005	L3960
<b>Other</b>	E0692	E0694	E0764	E1399	L8698
<b>Oxygen Delivery Systems and Supplies</b>	E0466	E0467	E0472	E0483	

**Durable Medical Equipment** (continued)

**Prosthesis/Prosthetic Accessories**

C1841	K1007	L5050	L5220	L5321
L5701	L5781	L5782	L5814	L5828
L5840	L5848	L5856	L5858	L5930
L5973	L5980	L5987	L5999	L6026
L6611	L6624	L6638	L6880	L6881
L6935	L6955	L7007	L7009	L7259
L7499	L8033	L8040	L8041	L8042
L8045	L8499	L8608	L8641	

**Speech Device**

E2510	E2512	E2599		
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**Home Health**

G0151	G0152	G0153	G0155	G0156
G0157	G0158	G0159	G0160	G0162
G0248	G0249	G0299	G0300	T1030

**Laboratory (Includes Genetic Testing)**

0007M	0012M	0013M	0035U	0036U
0037U	0038U	0039U	0040U	0041U
0042U	0043U	0044U	0045U	0048U
0049U	0050U	0053U	0054U	0055U
0056U	0058U	0059U	0060U	0061U
0080U	0082U	0083U	0089U	0090U
0094U	0101U	0102U	0103U	0140U
0141U	0142U	0143U	0144U	0145U
0146U	0147U	0148U	0149U	0150U
0151U	0152U	0153U	0156U	0157U
0158U	0159U	0160U	0161U	0162U
0163U	0165U	0169U	0172U	0177U
0179U	0203U	0204U	0205U	0206U
0207U	0208U	0211U	0212U	0213U
0214U	0215U	0217U	0220U	0242U
0244U	0245U	0423T	0537T	0538T
0539T	0540T	0564T	81163	81164
81165	81166	81167	81171	81172
81173	81174	81176	81177	81178
81179	81180	81181	81182	81183
81184	81185	81186	81187	81188
81189	81190	81201	81202	81203
81204	81210	81212	81215	81216
81217	81219	81223	81226	81228
81229	81232	81233	81234	81235

**Laboratory (Includes Genetic Testing) (continued)**

81236	81237	81239	81240	81241
81243	81254	81271	81274	81277
81284	81285	81286	81288	81289
81291	81292	81293	81294	81295
81296	81297	81298	81299	81300
81301	81305	81306	81307	81308
81309	81312	81313	81317	81318
81319	81320	81321	81323	81324
81325	81329	81333	81335	81336
81337	81343	81344	81345	81400
81401	81402	81403	81404	81405
81406	81407	81408	81410	81411
81413	81414	81415	81416	81417
81422	81425	81426	81427	81430
81431	81434	81437	81438	81439
81440	81442	81443	81445	81448
81450	81455	81460	81465	81470
81471	81479	81504	81518	81539
81538	81542	81551	81552	81595
81599	83006	84999	86849	86950
88375	89335	89344	89346	89354
89356	G9143			

**Mental Health**

0139U	90867	90868	90869	90870
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**Musculoskeletal Program**

Musculoskeletal Program codes require authorization beginning June 30th 2021.

0054T	0055T	0213T	0214T	0215T
0216T	0217T	0218T	20680	20985
23000	23020	23030	23031	23035
23040	23044	23065	23066	23071
23073	23075	23076	23077	23100
23101	23105	23106	23107	23120
23130	23140	23145	23146	23150
23155	23156	23170	23172	23174
23180	23182	23184	23330	23333
23334	23400	23415	23430	23440
23450	23455	23460	23465	23466
23490	23800	23802	26990	26991
27033	27040	27041	27043	27045
27047	27048	27049	27052	27059

**Musculoskeletal Program** (continued)

NONSURGICAL

27065	27066	27067	27086	27087
27179	27301	27310	27323	27324
27327	27328	27329	27330	27331
27332	27333	27334	27335	27337
27339	27340	27347	27355	27356
27357	27358	27360	27364	27372
27403	27405	27407	27409	27412
27415	27416	27418	27422	27424
27425	27427	27428	27429	27438
27440	27441	27443	29805	29819
29821	29822	29823	29824	29825
29826	29827	29850	29851	29860
29861	29863	29867	29868	29870
29871	29874	29875	29876	29877
29879	29880	29881	29882	29883
29884	29886	29887	29888	29889
29914	62280	62281	62282	62324
62325	62326	62327	62350	62351
64480	64484	64494	64495	64510
64520	64634	64636	C1767	C1772
C1778	C1787	C1816	C1820	C1883
C1897	E0782	E0783	E0785	E0786
G0260	L8680	L8681	L8682	L8683
L8685	L8686	L8687	L8688	L8689
L8695				

**OB/GYN**

0404T	0567T	0568T	56620	56630
56631	56632	56633	56634	56637
56640	57110	57111	57156	57260
57270	57280	57282	57283	57285
57296	57305	57307	57308	57311
57426	57531	57540	57545	57700
58140	58146	58150	58152	58180
58200	58210	58240	58263	58267
58270	58275	58280	58285	58353
58400	58410	58520	58552	58540
58542	58548	58550	58575	58554
58570	58572	58573	58671	58578
58605	58611	58670	58750	58674

**OB/GYN (continued)**

58700	58720	58740	58940	58752
58760	58822	58825	58953	58943
58950	58951	58952	58960	58954
58956	58957	58958	59136	59120
59121	59130	59135	59525	59140
59325	59350	59514	59852	59620
59830	59850	59851	99479	59855
59856	59857	99478	99480	

**Ophthalmology**

0253T	0402T	0449T	0509T	0563T
0616T	0617T	0618T	65426	65710
65730	65750	65755	65756	65770
65772	66174	66175	66840	66850
66852	66920	66940	66983	66986
66999	67345	67400	67900	67901
67902	67903	67904	67908	67912
68360	68400	92145	92499	C1839

**Opioid Treatment**

G2067	G2068	G2069	G2070	G2071
G2072	G2073	G2074	G2075	G2076
G2077	G2078	G2079	G2080	G2086
G2087	G2088	G2215	G2216	

**Other**

0101T	0121U	0122U	0123U	0342T
0481T	19296	19298	21240	21244
21247	21248	21249	21255	21268
22207	22210	22212	22214	22220
22222	22224	27590	27591	27592
27596	27645	27646	27709	27712
27715	27724	27725	27726	29804
41019	64910	G0341	G0342	G0343

**Pain Management**

0117U	0232T	0278T	0440T	0441T
0442T	27096	62263	62360	62361
62362	63650	63685	64479	64483
64490	64491	64492	64493	64633
64635				

## Part B Drugs, Biologics, and Diabetic Testing Supplies

Any code marked with a ^ is Step Therapy for all plans except Leon and Arizona.

Codes that require step therapy for Leon are marked with a #.

Codes that require step therapy for Arizona are marked with a !.

These codes require the Drugs/Biologics Part B Precertification form for Step Therapy at [MedicareProviders.Cigna.com/forms](https://www.MedicareProviders.Cigna.com/forms).

For Leon forms, visit [LMHealthplansuat.healthspring.inside/ProviderForms](https://www.LMHealthplansuat.healthspring.inside/ProviderForms).

For codes marked with a ~, no authorization is required for Abbott and Ascencia devices. All other devices for this code require prior authorization.

\*Authorization required for all markets except Leon.

\*\*Authorization required for Leon only.

\*\*\*Authorization required for Leon and Arizona only.

A4253~	A9513	C9047	C9081	C9082
C9083	C9084	C9399	E0607~	E0784
E2100	E2101	J0129	J0135	J0178
J0179	J0180	J0202	J0220	J0221
J0222	J0223	J0224	J0256	J0257
J0490	J0517	J0567	J0584	J0585
J0586	J0587	J0588	J0591	J0593
J0596	J0597	J0598	J0599	J0606
J0638	J0641	J0642	J0717	J0725
J0775	J0791	J0800	J0881	J0882
J0885	J0887	J0888	J0896	J0897
J1290	J1300	J1301	J1303	J1305
J1322	J1426	J1427	J1428	J1429
J1437	J1438	J1439	J1442^#!	J1447^#
J1448	J1458	J1459	J1460	J1554
J1555	J1556	J1557	J1558	J1559
J1560	J1561	J1566	J1568	J1569
J1572	J1575	J1595	J1599	J1602
J1628	J1632	J1743	J1744	J1745^#!
J1786	J1823	J1931	J2182	J2278
J2323	J2326	J2350	J2354	J2357
J2425	J2503	J2504	J2505	J2507
J2562	J2778	J2786	J2796	J2840
J3032	J3060	J3111	J3240	J3241
J3262	J3304	J3357	J3380	J3385
J3396	J3397	J3398	J3399	J3490
J3590	J7170	J7175	J7177	J7178
J7179	J7180	J7181	J7182	J7183
J7185	J7186	J7187	J7188	J7189
J7190	J7191	J7192	J7193	J7194
J7195	J7196	J7197	J7198	J7199
J7200	J7201	J7202	J7203	J7204
J7205	J7207	J7208	J7209	J7210
J7211	J7212	J7311	J7312	J7313
J7314	J7316	J7318^!	J7320^!	J7321^!
J7322^!	J7323^!	J7324	J7325	J7326^!
J7327	J7328^!	J7329^!	J7330	J7331^!



**Part B Drugs, Biologics, and Diabetic Testing Supplies** (continued)

Any code marked with a ^ is Step Therapy for all plans except Leon and Arizona. Codes that require step therapy for Leon are marked with a #. Codes that require step therapy for Arizona are marked with a !. These codes require the Drugs/Biologics Part B Precertification form for Step Therapy at [MedicareProviders.Cigna.com/forms](http://MedicareProviders.Cigna.com/forms). For Leon forms, visit [LMHealthplansuat.healthspring.inside/ProviderForms](http://LMHealthplansuat.healthspring.inside.ProviderForms).

For codes marked with a ~, no authorization is required for Abbott and Ascencia devices. All other devices for this code require prior authorization.

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\*\*Authorization required for Leon only.

\*\*\*Authorization required for Leon and Arizona only.

J7332^!	J7336	J7351	J7352	J7402
J9015	J9017	J9019	J9022	J9023
J9032	J9035^#!	J9037	J9039	J9042
J9043	J9047	J9055	J9057	J9119
J9144	J9145	J9153	J9173	J9176
J9177	J9198	J9203	J9204	J9207
J9210	J9223	J9225	J9226	J9227
J9228	J9229	J9246	J9247	J9262
J9266	J9269	J9271	J9281	J9299
J9301	J9302	J9303	J9304	J9305
J9306	J9307	J9308	J9309	J9311^#!
J9312^#!	J9313	J9316	J9317	J9318
J9319	J9325	J9348	J9349	J9352
J9353	J9354	J9355^#!	J9356^#!	J9358
J9400	J9600	J9999	K0553~	K0554~
Q0138	Q0139	Q2026	Q2041	Q2042
Q2043	Q2050	Q2053	Q2054	Q4081
Q5101***#	Q5103***#	Q5105	Q5106	Q5107#
Q5108^#	Q5110!	Q5111^#	Q5112^*!	Q5113^#!
Q5114^#!	Q5115#	Q5116*	Q5117#	Q5118*
Q5119*	Q5120	Q5121***#	Q5122	Q5123#!

**Medical Oncology**  
See eviCore website for more information.

[eviCore.com/resources/healthplan/cigna-medicare](http://eviCore.com/resources/healthplan/cigna-medicare)

**Professional Services**

20560	20561	99184	99190	99191
99192	99199	G0277	G0339	G0340
G0455				

**Radiology**

**CAT Scan (CT Scan)**

0042T	0558T	0633T	0634T	0635T
0636T	0637T	0638T	70450	70460
70470	70480	70481	70482	70486
70487	70488	70490	70491	70492
70496	70498	71250	71260	71270
71271	71275	72125	72126	72127
72128	72129	72130	72131	72132
72133	72191	72192	72193	72194
73200	73201	73202	73206	73700
73701	73702	73706	74150	74160

**Radiology** (continued)

<b>CAT Scan (CT Scan)</b>	74170	74174	74175	74176	74177
	74178	74261	74262	74263	75571
	75572	75573	75574	75635	76380
	76497	77011	77078		
<b>Magnetic Resonance Angiography</b>	93454	93455	93457	93458	93459
	93460	C8900	C8901	C8902	C8909
	C8910	C8911	C8912	C8913	C8914
	C8918	C8919	C8920	C8931	C8932
	C8933	C8934	C8935	C8936	
<b>Magnetic Resonance Imaging (MRI)</b>	0611T	0612T	70336	70540	70542
	70543	70544	70545	70546	70547
	70548	70549	70551	70552	70553
	70554	70555	70557	70558	71550
	71551	71552	71555	72141	72142
	72146	72147	72148	72149	72156
	72157	72158	72159	72195	72196
	72197	72198	73218	73219	73220
	73221	73222	73223	73225	73718
	73719	73720	73721	73722	73723
	73725	74181	74182	74183	74185
	75557	75559	75561	75563	75565
	76391	76498	77046	77047	77048
	77049	77084	C8903	C8905	C8906
	C8908	C9762	C9763		
<b>Nuclear Medicine</b>	0331T	0332T	78399	78451	78452
	78453	78454	78459	78466	78469
	78472	78473	78481	78483	78491
	78492	78494	78499	78608	78609
	79101	A9543	A9606		
<b>Other</b>	0348T	0349T	0350T	0351T	0352T
	0353T	0354T	76377	76499	78468
	78496	93356	C2644	C2645	C9752
<b>Positron Emission Tomography (PET)</b>	78811	78812	78813	78814	78815
	78816				

**Radiology (continued)**

<b>Radiation Therapy</b>	0394T	0395T	0600T	0601T	61796
	61798	76965	77014	77261	77262
	77263	77280	77285	77290	77293
	77295	77299	77300	77301	77306
	77307	77316	77317	77318	77321
	77331	77332	77333	77334	77336
	77338	77370	77371	77372	77373
	77385	77386	77387	77399	77401
	77402	77407	77412	77417	77423
	77424	77425	77427	77431	77432
	77435	77469	77470	77499	77520
	77522	77523	77525	77750	77761
	77762	77763	77767	77768	77770
	77771	77772	77778	77789	77790
	77799	79005	79403	C2616	G0458
	G6001	G6002	G6003	G6004	G6005
	G6006	G6007	G6008	G6009	G6010
	G6011	G6012	G6013	G6014	G6015
	G6016	G6017			
<b>Therapeutic Radiology</b>	77600	77605	77610	77615	77620
	A9590				

**Rehab and Therapy**

	0552T	92700	96446	97610	G0422
	G0423	G2000			

**Services and Supplies**

<b>Assorted devices, implants, and systems</b>	B4105	C1764	C1882	C1889	
<b>Other</b>	A6460	A6461	B4187	C1721	C1840
	C2624	C9352	C9353	C9364	G0378
	G0379	L6881	L6882	L8679	L8701
	L8702	P9099	Q0481	Q0495	Q0508
	V2623	V2627	V2629	V2785	

**Services and Supplies** (continued)

<b>Skin substitutes and biologicals</b>	C1762	C5274	C5277	C5278	Q4100
	Q4102	Q4106	Q4110	Q4117	Q4118
	Q4121	Q4124	Q4128	Q4132	Q4133
	Q4135	Q4152	Q4159	Q4166	Q4167
	Q4168	Q4169	Q4170	Q4171	Q4173
	Q4174	Q4175	Q4183	Q4184	Q4185
	Q4186	Q4187	Q4188	Q4189	Q4190
	Q4191	Q4192	Q4193	Q4194	Q4195
	Q4196	Q4197	Q4198	Q4200	Q4201
	Q4202	Q4203	Q4204	Q4227	Q4228
	Q4229	Q4230	Q4231	Q4232	Q4233
	Q4234	Q4235	Q4236	Q4237	Q4238
	Q4239	Q4240	Q4241	Q4242	Q4244
	Q4245	Q4246	Q4247	Q4248	

**Urology**

<b>Bladder Procedures</b>	51525	51530	51550	51555	51565
	51570	51575	51580	51585	51590
	51595	51596	51597	51800	51820
	51840	51841	51865	51900	51920
	51925	51940	51960	51980	52500
<b>Genital Procedures</b>	54112	54125	54130	54135	54360
	54390	54400	54401	54405	54408
	54410	54411	54416	54430	54438
	54520	54550	54660	55500	55605
	55650	57155	58346		
<b>Other</b>	0105U	0548T	0549T	0550T	55899
	55920				
<b>Prostate Procedures</b>	0421T	0551T	0582T	0619T	52441
	52649	55801	55810	55812	55815
	55821	55831	55840	55842	55845
	55862	55865	55873	55874	55875
	55876	C2596	C9739	C9740	C9747

**Urology** (continued)

<b>Renal Procedures</b>	0338T	0339T	49411	50010	50040
	50045	50060	50065	50070	50075
	50100	50120	50125	50130	50135
	50205	50220	50225	50230	50234
	50236	50240	50280	50290	50400
	50405	50500	50520	50525	50526
	50540	50542	50543	50545	50546
	50547	50548	50593		
<b>Ureter Procedures</b>	50600	50605	50610	50620	50630
	50650	50660	50700	50715	50722
	50725	50728	50740	50750	50760
	50770	50780	50782	50783	50785
	50800	50810	50815	50820	50825
	50830	50840	50845	50860	50900
	50920	50930	50940	50947	50949
	50961				
<b>Urethra Procedures</b>	53400	53405	53415	53430	53440
	53445	53447	53448	53850	53852
	53854	53860	53899		

## Cardio/Thoracic Surgery

### Artery and Vein Procedures

0275T	0314T	0524T	34846	34847
34848	35001	35002	35005	35013
35021	35022	35081	35082	35091
35092	35102	35103	35111	35112
35121	35122	35131	35132	35141
35142	35152	35182	35189	35211
35216	35221	35241	35246	35251
35271	35276	35281	35302	35303
35304	35305	35306	35311	35331
35341	35351	35355	35361	35363
35371	35372	35390	35501	35506
35508	35509	35511	35515	35516
35518	35521	35523	35526	35531
35533	35535	35536	35537	35538
35539	35540	35556	35558	35560
35563	35565	35566	35570	35571
35583	35585	35587	35600	35601
35606	35612	35616	35621	35623
35626	35631	35632	35633	35634
35636	35637	35638	35642	35645
35646	35647	35650	35654	35656
35661	35663	35665	35666	35671
35681	35682	35683	35691	35693
35694	35695	35701	35800	35820
35840	35870	35881	35884	35901
35905	35907	36260	36299	36465
36466	36514	36516	36522	36823
37140	37145	37160	37180	37181
37182	37183	37215	37217	37218
37221	37236	37238	37241	37242
37244	37616	37617	37618	37660
37700	37718	37722	37735	37760
37761	37780	37788	37790	37799
61611	78456	92941	C9606	

## Cardio/Thoracic Surgery (continued)

Atherectomy	0234T	0235T	0236T	0237T	0238T
	0263T	0264T	0266T	0267T	0268T
Cardiac Devices	0451T	0452T	0453T	0454T	0455T
	0456T	0457T	0458T	0459T	0460T
	0461T	33285	C1824		
Cardiac Procedures	0543T	0544T	0545T	0553T	33300
	33305	33310	33315	33320	33321
	33322	33330	33335	33340	33361
	33362	33363	33364	33365	33366
	33367	33368	33369	33390	33391
	33404	33405	33406	33410	33411
	33412	33413	33414	33415	33416
	33417	33418	33420	33422	33425
	33426	33427	33430	33440	33460
	33463	33464	33465	33468	33470
	33471	33474	33475	33476	33477
	33478	33496	33500	33501	33502
	33503	33504	33505	33506	33507
	33510	33511	33512	33513	33514
	33516	33517	33518	34709	34711
	37216	37220	37222	37223	37224
	37225	37226	37227	37228	37229
	37230	37231	37232	37233	37234
	37235	37239	37248	61651	92924
	92937	92943	92970	92971	92975
	92986	93580	93582	93583	93621
	93622	93623	93655	93662	C9600
	C9602	C9604	E0616		

**Cardio/Thoracic Surgery** (continued)

<b>Defibrillator Procedures (Pacemaker/Pacing Cardioverter)</b>	0397T	0408T	0409T	0410T	0411T
	0412T	0413T	0414T	0415T	0416T
	0572T	0614T	33202	33203	33206
	33207	33208	33214	33221	33224
	33227	33228	33229	33230	33231
	33236	33237	33238	33240	33243
	33249	33250	33251	33254	33255
	33256	33258	33259	33261	33262
	33263	33264	33265	33266	33270
	33271	33274	33275	33289	G0448
<b>Heart and Pericardium Procedures</b>	0483T	0484T	0569T	0570T	33020
	33025	33030	33031	33050	33120
	33130	33140	33141	33419	C9758
<b>Lung and Pleura Procedures</b>	32035	32036	32096	32097	32098
	32100	32110	32120	32124	32140
	32141	32150	32151	32160	32200
	32215	32220	32225	32310	32320
	32440	32442	32445	32480	32482
	32484	32486	32488	32491	32503
	32504	32505	32506	32507	32540
	32553	32650	32651	32652	32653
	32654	32655	32656	32658	32659
	32661	32662	32663	32664	32665
	32666	32667	32668	32669	32670
	32671	32672	32673	32800	32810
	32815	32820	32850	32851	32852
	32853	32854	32855	32856	32900
	32905	32906	32940	32997	32998
32999					
<b>Mediastinum Procedures</b>	39000	39010	39200	39220	39401
	39499				



## Cardio/Thoracic Surgery (continued)

Other	0345T	31651	32501	33519	33521
	33522	33523	33530	33533	33534
	33535	33536	33542	33545	33548
	33572	33600	33602	33606	33608
	33610	33611	33612	33615	33617
	33619	33620	33621	33622	33641
	33645	33647	33660	33665	33670
	33675	33676	33677	33681	33684
	33688	33690	33692	33694	33697
	33702	33710	33720	33722	33724
	33726	33730	33732	33735	33736
	33737	33750	33755	33762	33764
	33766	33767	33768	33770	33771
	33774	33775	33776	33777	33778
	33779	33780	33781	33782	33783
	33786	33788	33800	33802	33803
	33813	33814	33820	33822	33824
	33840	33845	33851	33852	33853
	33863	33864	33866	33875	33877
	33880	33881	33883	33886	33889
	33891	33910	33915	33916	33917
	33920	33922	33924	33925	33926
	33930	33933	33935	33940	33944
	33945	33946	33947	33948	33949
	33951	33952	33953	33954	33955
	33956	33957	33958	33959	33962
	33963	33964	33965	33966	33967
	33968	33969	33970	33971	33973
	33974	33975	33976	33977	33978
	33979	33980	33981	33982	33983
	33984	33985	33986	33987	33988
	33989	33990	33991	33992	33993
	33999	34001	34051	34151	34401
	34451	34502	34717	34718	34813
	34820	34830	34831	34832	34833
	34834	34841	34842	34843	34844
34845	35151	93581			

**Cardio/Thoracic Surgery** (continued)

Trachea and Bronchi Procedures	31626	31643	31647	31660	31661
	31725	31760	31766	31770	31775
	31780	31781	31786	31800	31805
	31899				

**Dermatology/Plastic Surgery**

	0419T	0420T	11004	11005	11006
	11970	15271	15273	15275	15277
	15731	15756	15757	15758	15769
	15771	15772	15773	15774	15786
	15820	15821	15822	15823	15830
	15832	15834	15835	15836	15837
	15839	16036	17999	96920	96921
	96922	C5271	C5272	C5273	C5275
	C5276				

**Ear, Nose and Throat (ENT)**

	0583T	30150	30160	30400	30410
	30420	30450	30465	30620	30999
	31070	31225	31230	31254	31290
	31291	31292	31295	31296	31297
	31298	31299	31360	31365	31367
	31368	31370	31375	31380	31382
	31390	31395	31400	31580	31591
	31599	35510	35512	35522	35525
	35697	37766	42999	69140	69155
	69502	69535	69550	69552	69554
	69632	69633	69637	69641	69642
	69643	69644	69645	69646	69660
	69711	69714	69715	69717	69799
	69930	69949	69950	C9745	

**General Surgery**

Abdominal Procedures	0437T	47579	49002	49010	49020
	49040	49060	49062	49203	49204
	49205	49215	49255	49322	49329
	49412	49425	49428	49605	49606
	49610	49611	49651	49653	49654
	49655	49656	49657	49659	49900
	49904	49905	49906	49999	54699

**General Surgery** (continued)

<b>Anal Procedures</b>	46705	46707	46710	46712	46715
	46716	46730	46735	46740	46742
	46744	46746	46748	46751	46999
<b>Anesthesia</b>	0102T				
<b>Biliary Tract Procedures</b>	47400	47420	47425	47460	47480
	47550	47555	47556	47564	47570
	47600	47605	47610	47612	47620
	47700	47701	47711	47712	47715
	47720	47721	47740	47741	47760
	47765	47780	47785	47800	47801
	47802	47900	47999		
<b>Breast Procedures</b>	0581T	19105	19300	19305	19306
	19307	19316	19318	19325	19328
	19330	19340	19342	19350	19355
	19357	19361	19364	19367	19368
	19369	19370	19371	19380	19499
<b>Colorectal Procedures</b>	45110	45111	45112	45113	45114
	45116	45119	45120	45121	45123
	45126	45130	45135	45136	45395
	45397	45400	45402	45540	45550
	45562	45563	45800	45805	45820
	45825	45999			
<b>Diaphragm Procedures</b>	39501	39503	39540	39541	39545
	39560	39561	39599		
<b>Esophageal Procedures</b>	43045	43100	43101	43107	43108
	43112	43113	43116	43117	43118
	43121	43122	43123	43124	43130
	43135	43195	43210	43257	43279
	43280	43281	43282	43284	43285
	43286	43289	43300	43305	43310
	43312	43313	43314	43320	43325
	43330	43331	43340	43341	43351
	43352	43360	43361	43400	43405
	43410	43415	43425	43460	43496
	43499				

**General Surgery** (continued)

<b>Eye Procedures</b>	0191T	0207T	0290T	0308T	0356T
	0376T	0444T	0445T	0450T	0465T
	0472T	0473T	66179	66183	67906
	67909	67911	67999	68899	
<b>Intestinal Procedures</b>	43241	43283	43327	43328	43332
	43333	43334	43335	43336	43337
	43338	44005	44010	44015	44020
	44021	44025	44050	44055	44110
	44111	44120	44121	44125	44126
	44127	44128	44130	44132	44133
	44135	44136	44137	44139	44140
	44141	44143	44144	44145	44146
	44147	44150	44151	44155	44156
	44157	44158	44160	44180	44187
	44188	44202	44203	44206	44207
	44208	44210	44211	44212	44227
	44238	44300	44310	44314	44316
	44320	44322	44345	44346	44602
	44603	44604	44605	44615	44620
	44625	44626	44640	44650	44660
	44661	44680	44700	44705	44715
	44720	44721	44799	44800	44820
	44850	44899	44900	44960	44979
	45399	46607			
<b>Liver Procedures</b>	47010	47015	47100	47120	47122
	47125	47130	47133	47135	47140
	47141	47142	47143	47144	47145
	47146	47147	47300	47350	47360
	47361	47362	47370	47379	47380
	47381	47382	47399		
<b>Lymph Node Procedures</b>	38380	38381	38382	38562	38564
	38589	38720	38724	38745	38746
	38747	38765	38770	38780	38999
<b>Other</b>	0479T	0480T	0491T	0492T	0512T
	0513T	0596T	0597T	50250	50592
	55970	55980	61630	61635	S2095

**General Surgery** (continued)

<b>Pancreatic Procedures</b>	48000	48001	48020	48100	48105
	48120	48140	48145	48146	48148
	48150	48152	48153	48154	48155
	48500	48510	48520	48540	48545
	48547	48548	48551	48554	48556
	48999				
<b>Parathyroid Procedures</b>	60505	60520	60521	60522	60540
	60545	60600	60605	60650	60699
<b>Pharynx, Adenoid, and Tonsil Procedures</b>	42842	42845	42894	42950	42953
	42961	42971			
<b>Spleen Procedures</b>	38100	38101	38102	38115	38120
	38129				
<b>Stomach Procedures</b>	43500	43501	43502	43520	43605
	43610	43611	43620	43621	43622
	43631	43632	43633	43634	43635
	43640	43641	43644	43645	43647
	43659	43770	43771	43772	43773
	43774	43775	43800	43810	43820
	43825	43832	43840	43843	43845
	43846	43847	43848	43850	43855
	43860	43865	43880	43881	43882
	43886	43888	43999		
<b>Thyroid Gland Procedures</b>	60200	60210	60212	60225	60252
	60254	60270	60271	60280	
<b>Tongue and Mouth Procedures</b>	21076	21077	21079	21080	21081
	21082	21083	21088	29800	40799
	40899	41120	41130	41135	41140
	41145	41150	41153	41155	41512
	41530	41599	41820	41874	41899
	42140	42145	42160	42299	42410
	42420	42426	42699	C9727	
<b>Venous Procedures</b>	36468	36473	36475	36478	36482
	37785				

## Neurosurgery

### Brain Procedures

61105	61107	61108	61120	61140
61150	61151	61154	61156	61210
61250	61253	61304	61305	61312
61313	61314	61315	61320	61321
61322	61323	61333	61340	61343
61345	61450	61458	61460	61500
61501	61510	61512	61514	61516
61517	61518	61519	61520	61521
61522	61524	61526	61530	61531
61533	61534	61535	61536	61537
61538	61539	61540	61541	61543
61544	61545	61546	61548	61550
61552	61556	61557	61558	61559
61563	61564	61566	61567	61570
61571	61575	61576	61580	61581
61582	61583	61584	61585	61586
61590	61591	61592	61595	61596
61597	61598	61600	61601	61605
61606	61607	61608	61613	61615
61616	61618	61619	61624	61645
61650	61680	61682	61684	61686
61690	61692	61697	61698	61700
61702	61703	61705	61708	61710
61711	61735	61750	61751	61760
61850	61860	61863	61864	61867
61868	61885	61886	61888	62100
62115	62117	62120	62121	62140
62141	62142	62143	62145	62146
62147	62148	62161	62162	62164
62165	62180	62190	62192	62200
62201	62220	62223	62256	62258

**Neurosurgery** (continued)

<b>Injection Procedures</b>	62264	62287	62290	62291	62320
	62321	62322	62323		
<b>Nerve Procedures</b>	0446T	0447T	0448T	64611	64612
	64624	64625	64755	64760	64804
	64809	64818	64866	64868	64895
	64999				
<b>Neurostimulator</b>	0587T	0588T	0589T	0590T	64553
	64555	64561	64566	64568	64569
	64570	64575	64590	64595	C1822
	C1823				
<b>Other</b>	0202T	0313T	0316T	0398T	61316
<b>Phrenic Nerve Stimulation System</b>	0424T	0425T	0426T	0427T	0428T
	0429T	0430T	0431T	0432T	0433T
	0467T	0468T			
<b>Spinal Procedures</b>	0222T	20930	22554	22858	22867
	22868	22869	22870	62380	63005
	63015	63016	63017	63020	63030
	63042	63045	63046	63050	63051
	63056	63077	63078	63081	63082
	63085	63086	63087	63088	63090
	63091	63101	63102	63103	63170
	63172	63173	63185	63190	63191
	63194	63195	63196	63197	63198
	63199	63200	63250	63251	63252
	63265	63266	63267	63268	63270
	63271	63272	63273	63275	63276
	63277	63278	63280	63281	63282
	63283	63285	63286	63287	63290
	63295	63300	63301	63302	63303
	63304	63305	63306	63307	63308
	63620	63655	63663	63664	63700
	63702	63704	63706	63707	63709
	63710	63740	C1821	C2614	C9757

## Orthopedic Surgery

Ankle Procedures	27650	27652	27654	27665	27686
	27691	27702	27703	27704	27860
	27870	27888	27899	29891	
Face Procedures	21034	21085	21089	21141	21142
	21143	21145	21146	21147	21151
	21154	21155	21159	21160	21179
	21180	21182	21183	21184	21188
	21194	21195	21196	21199	21208
	21280	21282	21299		
Foot Procedures	0335T	0510T	0511T	20838	20957
	28062	28102	28118	28119	28289
	28291	28295	28297	28298	28299
	28300	28302	28309	28322	28446
	28705	28715	28725	28730	28735
	28737	28740	28750	28755	28800
	28890	28899	29893		
Hand Procedures	20527	20808	20816	20824	20827
	26123	26341	26551	26553	26554
	26556	26841	26989		
Hip Procedures	20956	20970	26992	27005	27025
	27030	27036	27054	27070	27071
	27075	27076	27077	27078	27090
	27091	27120	27122	27125	27130
	27132	27134	27137	27138	27140
	27146	27147	27151	27156	27158
	27161	27165	27170	27175	27176
	27177	27178	27181	27185	27187
	27253	27258	27259	27279	27280
	27284	27286	27290	27295	27299
	29862	29915	29916		



## Orthopedic Surgery (continued)

<b>Jaw Procedures</b>	21025	21045	21073	21215	
<b>Knee Procedures</b>	0565T	0566T	27345	27420	27442
	27445	27446	27447	27455	27457
	27486	27487	27488	27556	27557
	27558	27570	27580	27598	27599
	29866	29873	29885		
<b>Limb/Extremity Procedures</b>	0594T	20802	20805	20955	20962
	24071	24149	24300	24341	24342
	24363	24366	24430	24435	24900
	24920	24930	24931	24940	25020
	25390	25400	25405	25415	25900
	25905	25915	27303	27365	27385
	27448	27450	27454	27465	27466
	27468	27470	27472	27495	27519
	27727	27880	27881	27882	27886
	29855	29856			
<b>Nose Procedures</b>	20912	21210			
<b>Other</b>	0095T	0098T	0163T	0164T	0165T
	0265T	0347T	20661	20664	20696
	20969	20975	20999	21235	21499
	21510	21685	22534	22632	22841
	22843	22844	22847	22999	29799
	29999	34712			
<b>Pelvic Procedures</b>	27197	27198	27282	64451	
<b>Rib Procedures</b>	20910	21230	21615	21616	21620

**Orthopedic Surgery** (continued)

<b>Shoulder Region Procedures</b>	23078	23200	23210	23220	23335
	23410	23412	23420	23462	23470
	23472	23473	23474	23485	23491
	23515	23700	23900	23920	23929
	29806	29807	29820	29828	
<b>Skull Procedures</b>	21032	21431	21432	21433	21435
	21436				
<b>Spinal Procedures</b>	0200T	0201T	0219T	0220T	0221T
	0274T	20931	20936	20937	20938
	21705	21899	22010	22015	22102
	22110	22112	22114	22206	22208
	22216	22226	22325	22510	22511
	22532	22533	22548	22551	22552
	22556	22558	22585	22586	22590
	22595	22600	22610	22612	22614
	22630	22633	22800	22802	22804
	22808	22810	22812	22818	22819
	22830	22840	22842	22845	22846
	22849	22850	22852	22853	22854
	22855	22856	22857	22859	22861
	22862	22864	22865	22899	64714
<b>Sternum Procedures</b>	21627	21630	21632	21740	
<b>Wrist Procedures</b>	21750	25215	25259	25263	25320
	25337	25440	25800	25920	25924
	25927	29844			
<b>Transplant Services</b>					
	0118U	01990	0494T	0495T	0496T
	0584T	0585T	0586T	20932	20933
	20934	20939	33927	33928	33929
	38232	38240	38241	38242	38243
	48552	50300	50320	50323	50325
	50327	50328	50329	50340	50360
	50365	50370	50380		

\* Any code marked with an \* is designated by the Centers for Medicare & Medicaid Services (CMS) for inpatient use only.

^ Any code marked with a ^ is Step Therapy and requires the Drugs/Biologics Part B Precertification form for Step Therapy at [medicareproviders.Cigna.com/forms](https://medicareproviders.cigna.com/forms)



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