



Below is a list of services that require notification, prior-authorization and/or medical necessity review. Please check plan benefits or contact The Health Plan for detailed information and/or network limitations. Urgent/emergent services are exempt from prior-authorization requirements. A list of CPT Codes follows and is also available at MyPlan and healthplan.org.

PLEASE NOTE: There may be additional services that require prior-authorization for certain groups, such as Self-Funded Employer Groups and WV Mountain Health Trust (MHT: Medicaid and WVCHIP) groups. Please contact The Health Plan Customer Service Department for specific inquiries. You can also reference The Health Plan's Provider Procedural Manual and Policy Library at healthplan.org.

Network Limitations

- Care at out-of-network providers/facilities per plan design (PPO vs. HMO, etc.)
- Care at tertiary network providers/facilities per plan design (PPO vs. HMO, etc.)

Inpatient Care

Note: Notification of urgent and emergent admission is expected within 48 hours or as soon as reasonably possible

- Elective inpatient care
- Psychiatric residential treatment for members under age 21
- Inpatient rehabilitation facility care*
- Long-term acute care hospital admission (LTACH)*
- Residential adult services for substance use disorder waiver: All Levels (Medicaid lines of business only.)
- Skilled nursing facility care*
- Substance use disorder rehabilitation

* Effective 1/1/2024, these services will be reviewed for medical necessity by THP for all lines of business.

Diagnostic Testing and Studies

- Cardiac imaging (CT, MRI, PET) *
- Cardiac rhythm implantable device (CRID)*
- CT / CTA*
- Diagnostic heart cath*
- Echo / Echo stress*
- Genetic, genomic, pharmacogenetic, pharmacogenomics, and pharmacodynamic testing
- MRI / MRA*
- Myocardial perfusion imaging (Nuclear stress) *
- PET / PET CT*
- Sleep studies*
- Urine drug testing
 - Prior authorization for medical necessity is required beyond established limits (per plan design)
- Virtual testing/study services

*These services will be reviewed for medical necessity by **eviCore healthcare** for Medicare, MHT and Commercial groups.



Outpatient Procedures and Services

- Ambulatory blood pressure monitoring
- Assertive community treatment initially and each 90 days (Medicaid lines of business only)
- Capsule endoscopy
- Cardiac outpatient monitoring / Mobile real-time (MCOT)
- Cochlear implants
- Continuous intraoperative neurophysiological monitoring
- Cosmetic procedures
- Crisis stabilization unit (community psychiatric supportive treatment) after 144 units (Medicaid lines of business only)
- Elective surgical procedures
- Electroconvulsive therapy (ECT)
- Hearing aids
- Hyperbaric oxygen
- Infertility treatment
- Intensive outpatient services after 30 units/days
- Peer recovery support (H0038) after 60 units (Medicaid lines of business only)
- Photographic surveillance of malignant melanoma
- Partial hospitalization after 30 units/days
- Services related to spine care management (including injections, spinal surgeries, and spinal stimulation) *
- Short term continuous glucose monitoring
- Skin substitutes
- TMJ – diagnostics and treatment
- Transcranial magnetic stimulation
- Transplant and all related services
- Urinary / Fecal incontinence clinic and therapies
- Varicose vein treatment

Ancillary Providers and Services

- Chiropractic care*
- Durable medical equipment*
- Home health services**
- Hospice
- Medications administered by healthcare professionals (see Drugs Requiring Medical Necessity Review available at MyPlan)
- Private duty nursing
- PT/OT – outpatient after 20 visits (see plan for visit limitations)*
- Speech therapy after evaluation visit

* These services will be reviewed for medical necessity by **eviCore healthcare** for Medicare, MHT and Commercial groups.

** Effective 1/1/2024, these services will be reviewed for medical necessity by THP for all lines of business.



Pharmacy Benefits

- Prescription medications (see drug formularies at healthplan.org)

Unlisted/Miscellaneous Codes

Services provided under unlisted and/or miscellaneous codes require prior-authorization. If services are billed under unlisted and/or miscellaneous codes and were not submitted for prior-authorization, they will be reviewed for medical necessity prior to payment.

New Technology/Services/Procedures/Equipment

It is imperative that providers contact The Health Plan to verify coverage of all new technology/services/procedures/equipment.

Experimental and/or Investigational Services Are Not Covered Per Plan Design

Examples* of experimental/investigational services include:

- Clinical trial protocols
- New technology/services/procedures/equipment not yet supported by sufficient researched based upon local and national guidelines/coverage determinations
- Services billed under unclassified codes
- Services assigned a temporary code

****This list is not comprehensive. Please reach out to The Health Plan with regard to specific technologies, services, procedures and equipment or reference The Health Plan's experimental/investigational policy, available at myplan.healthplan.org.***



Prior-Authorization and Customer Service Lines:

Available 8:00 am to 5:00 pm, Monday through Friday.

COMMERCIAL

FULLY INSURED PLANS (HMO, PPO, POS)

1.888.847.7902

Available 8:00 am to 8:00 pm, Monday through Friday.

SELF-FUNDED

(ASO, EMPLOYER-FUNDED)

1.888.816.3096

Available 8:00 am to 5:00 pm, Monday through Friday.

MEDICARE

1.877.847.7907

Available 8:00 am to 5:00 pm, Monday through Friday.

MEDICAID

1.888.613.8385

Available 8:00 am to 5:00 pm, Monday through Friday.

BEHAVIORAL HEALTH

ALL LINES OF BUSINESS

1.877.221.9295

Available 8:00 am to 5:00 pm, Monday through Friday.

WVCHIP

1.888.613.8385

eviCore healthcare

Via Portal 24/7:

myplan.healthplan.org

eviCore.com

Available 8:00 am to 7 pm,

Monday through Friday.

Saturday: 9 am – 5pm

Sundays and Holidays: 9 am – 2 pm

Telephone: 1.877.791.4104

Fax: 1.800.575.4452



Admissions:

Behavioral Health Services Admissions: Notification of urgent and emergent admissions to participating facilities (in-plan) available 24 hours a day/7 days a week. Reverts to voice mail notification after regular business hours. Call **1.877.794.7152** or secure fax **1.866.616.6255**.

Medical/Surgical Admissions: Notification of urgent and emergent admissions to participating facilities (in-plan) available 24 hours a day/7 days a week. Reverts to voice mail notification after regular business hours. Call **1.800.304.9101** or secure fax **1.888.329.8471**.

After Hours and Urgent/Emergent Line:

For all EMERGENCY ISSUES, URGENT/EMERGENT TRANSFERS to TERTIARY FACILITIES, and contacting the medical director after hours, call **1.866.NURSEHP (1.866.687.7347)**. Available 24 hours a day/7 days a week – physician access only

Physician Website: myplan.healthplan.org

ADDITIONAL SERVICES MAY REQUIRE PRE-AUTHORIZATION.

Due to changes in medical technology, the accessibility of diagnostic equipment and services in an office/outpatient setting, as well as updated methods of performing procedures, there may be additional services that will require pre-authorization. Please contact The Health Plan prior to performing services related to new technology. Periodic review of provider utilization data may eliminate or require the need for medical appropriateness review and pre-authorization of additional services and diagnostic studies.



Codes Requiring Authorization

THP = The Health Plan eC = eviCore MHT = Mountain Health Trust

Code	Description	Auth Vendor					Notes
		Commercial	PEIA	MHT	Medicare	Self-Funded	
0006M	ONCOLOGY HEP MRNA 161 GENES RISK CLASSIFIER	THP	THP	THP	THP	THP	
0007M	ONCOLOGY GASTRO 51 GENES NOMOGRAM DISEASE INDEX	THP	THP	THP	THP	THP	
0015M	ADRNL CORTCL TUM BCHM ASY 25	THP	THP	THP	THP	THP	
0016M	ONC BLADDER MRNA MICRORA GEN XPRSN PRFLG 219 ALG	THP	THP	THP	THP	THP	
0017M	ONC DLBCL MRNA 20 GENES ALG	THP	THP	THP	THP	THP	
0018M	TRNSPLJ RNL RJCTN MEAS CD154+T CLL WHL PRPH BLD	THP	THP	THP	THP	THP	
0019M	CV DS PLSM ALYS PRTN BMRK APTAMR-BSD MICRORA&ALG	THP	THP	THP	THP	THP	
0020M	ONC CNS ALYS 30000 DNA METHYLATION LOCI TUM TISS	THP	THP	THP	THP	THP	Update
0042T	CEREBRAL PERFUSION ANALYS CT W/BLOOD FLOW&VOLUME	eC	eC	eC	eC	No Auth Needed	
0073T	COMPENSATOR-BASED BEAM MODULATION TX 3/MORE HI RES	THP	THP	THP	THP	THP	
0095T	RMVL TOT DISC ARTHRP ANT APPR CRV EA NTRSPC	eC	eC	eC	eC	THP	
0098T	REVJ TOT DISC ARTHRP ANT APPR CRV EA NTRSPC	eC	eC	eC	eC	THP	
0163T	TOT DISC ARTHRP ANT APPR DSKC PREP LMBR EA	eC	eC	eC	eC	THP	
0164T	RMVL TOT DISC ARTHRP ANT APPR LMBR EA NTRSPC	eC	eC	eC	eC	THP	
0165T	REVJ TOT DISC ARTHRP ANT APPR LMBR EA NTRSPC	eC	eC	eC	eC	THP	
0184T	RECTAL TUMOR EXCISION TRANSANAL ENDOSCOPIC	THP	THP	THP	THP	THP	
0191T	ANT SEGMENT INSERTION DRAINAGE W/O RESERVOIR INT	THP	THP	THP	THP	THP	
0197T	INTRA-FRACTION LOCAL & TRACKING	THP	THP	THP	THP	THP	
0213T	NJX DX/THER PARAVERT FCT JT W/US CER/THOR 1 LVL	eC	eC	eC	eC	No Auth Needed	
0214T	NJX DX/THER PARAVERT FCT JT W/US CER/THOR 2ND LVL	eC	eC	eC	eC	No Auth Needed	
0215T	NJX PARAVERTBRL FACET JT W/US CER/THOR 3RD&> LVL	eC	eC	eC	eC	No Auth Needed	
0216T	NJX DX/THER PARAVERT FCT JT W/US LUMB/SAC 1 LVL	eC	eC	eC	eC	No Auth Needed	
0217T	NJX DX/THER PARAVERT FCT JT W/US LUMB/SAC LVL 2	eC	eC	eC	eC	No Auth Needed	
0218T	NJX PARAVERTBRL FCT JT W/US LUMB/SAC 3RD&> LVL	eC	eC	eC	eC	No Auth Needed	
0228T	NJX ANES/STEROID TFRML EDRL W/US CER/THOR 1 LVL	eC	eC	eC	eC	No Auth Needed	
0229T	NJX ANES/STERD TFRML EDRL W/US CER/THOR EA ADDL	eC	eC	eC	eC	No Auth Needed	
0230T	NJX ANES/STEROID TFRML EDRL W/US LUM/SAC 1 LVL	eC	eC	eC	eC	No Auth Needed	
0231T	NJX ANES/STEROID TFRML EDRL W/US LUM/SAC EA ADDL	eC	eC	eC	eC	No Auth Needed	
0232T	NJX PLTLT PLASMA W/IMG HARVEST/PREPARATION	THP	THP	THP	THP	THP	
0274T	PERC LAMINO-/LAMINECTOMY IMAGE GUIDE CERV/THORAC	eC	eC	eC	eC	THP	
0275T	PERC LAMINO-/LAMINECTOMY INDIR IMAG GUIDE LUMBAR	eC	eC	eC	eC	THP	
0312T	LAPS IMPLTJ NSTIM ELTRD ARRAY&PLS GEN VAGUS NRV	THP	THP	THP	THP	THP	
0316T	REPLACEMENT PULSE GENERATOR VAGUS NERVE	THP	THP	THP	THP	THP	
0331T	MYOCRD SYMPATHETIC INNERVAJ IMG PLNR QUAL&QUANT	eC	eC	eC	eC	THP	
0332T	MYOCRD SYMP INNERVAJ IMG PLNR QUAL&QUANT W/SPECT	eC	eC	eC	eC	THP	
0398T	MGRFUS STRTCTC LES ABLTJ	THP	THP	THP	THP	THP	
0399T	MC STR IMAG (QUANT ASS MC MECH IMAG ANAL OF LOCAL MC DYNAM)	eC	eC	eC	eC	THP	
0402T	COLLAGEN CROSS-LINKING OF CORNEA	THP	THP	THP	THP	THP	
0421T	TRANSURETHRAL WATERJET ABLATION PROSTATE COMPL	THP	THP	THP	THP	THP	
0424T	INSJ/RPLC NSTIM SYSTEM SLEEP APNEA COMPLETE	THP	THP	THP	THP	THP	
0439T	MYOCARDIAL PERFUSION ECHO ISCHM/VIABILITY ASSMT	eC	eC	eC	eC	THP	
0482T	ABS QUANT MC BLOOD FLOW, PET, REST AND STRESS	eC	eC	eC	eC	THP	
0515T	INSERTION WRLS CAR STIMULATOR LV PACG COMPL SYS	eC	eC	eC	eC	No Auth Needed	
0516T	INSERTION WRLS CAR STIMULATOR LV PACG ELTRD ONLY	eC	eC	eC	eC	No Auth Needed	



Codes Requiring Authorization

THP = The Health Plan eC = eviCore MHT = Mountain Health Trust

Code	Description	Commercial	PEIA	Auth Vendor			Notes
				MHT	Medicare	Self-Funded	
0517T	INSERTION WRLS CAR STIMULATOR LV PACG PG COMPNT	eC	eC	eC	eC	No Auth Needed	
0519T	REMOVAL&RPLCMT WRLS CAR STIMULATOR PG COMPNT	eC	eC	eC	eC	No Auth Needed	
0520T	REMOVAL&RPLCMT WRLS CAR STIMULATOR W/NEW ELTRD	eC	eC	eC	eC	No Auth Needed	
0571T	INSJ/RPLCMT ICDS W/SUBSTERNAL ELECTRODE	eC	eC	eC	eC	THP	Update
0572T	INSJ SUBSTERNAL IMPLANTABLE DEFIBRILLATOR ELTRD	eC	eC	eC	eC	THP	Update
0609T	MRS DISCOGENIC PAIN ACQUISJ SINGLE VOXEL DATA	eC	eC	eC	eC	THP	
0610T	MRS DISCOGENIC PAIN TRANSMIS BMRK DATA SW ALYS	eC	eC	eC	eC	THP	
0611T	MRS DISCOGENIC PAIN ALGORITHMIC ALYS BMRK DATA	eC	eC	eC	eC	THP	
0612T	MRS DISCOGENIC PAIN INTERPRETATION AND REPORT	eC	eC	eC	eC	THP	
0614T	RMVL&RPLCMT SUBSTERNAL IMPLTBL DEFIBRILLATOR PG	eC	eC	eC	eC	THP	
0620T	EVASC VEN ARTLZ TIBL/PRNL VN	THP	THP	THP	THP	THP	
0627T	INJ OF ALLO CELL/TISSUE, INTERVERT DISC, FLUOR GUID, LUMBAR, 1ST	eC	eC	eC	eC	THP	
0628T	INJ OF ALLO CELL/TISSUE, INTERVERT DISC, FLUOR GUID, LUMBAR, EACH ADDTL	eC	eC	eC	eC	THP	
0629T	INJ OF ALLO CELL/TISSUE, INTERVERT DISC, CT GUID, LUMBAR, 1ST	eC	eC	eC	eC	THP	
0630T	INJ OF ALLO CELL/TISSUE, INTERVERT DISC, CT GUID, LUMBAR, EACH ADDTL	eC	eC	eC	eC	THP	
0633T	COMP TOMOG, BREAST, INCL 3D, UNI, W/O CONTRAST	eC	eC	eC	eC	THP	
0634T	COMP TOMOG, BREAST, INCL 3D, UNI, W/ CONTRAST	eC	eC	eC	eC	THP	
0635T	COMP TOMOG, BREAST, INCL 3D, UNI, W/O CONTRAST, FOLLOWED BY CONTRAST	eC	eC	eC	eC	THP	
0636T	COMP TOMOG, BREAST, INCL 3D, BILAT, W/O CONTRAST	eC	eC	eC	eC	THP	
0637T	COMP TOMOG, BREAST, INCL 3D, BILAT, W/ CONTRAST	eC	eC	eC	eC	THP	
0638T	COMP TOMOG, BREAST, INCL 3D, BILAT, W/O CONTRAST, FOLLOWED BY CONTRAST	eC	eC	eC	eC	THP	
0648T	QUAN MR ALYS TISS COMPJ W/O MRI SAME SESS 1 ORGN	eC	eC	eC	eC	THP	
0649T	QUAN MR ALYS TISS COMPOSITION W/MRI 1 ORGN	eC	eC	eC	eC	THP	
0671T	INSJ ANT SGM DRG DEV TRAB MW W/O RES&CTRC RMVL1+	THP	THP	THP	THP	THP	
0672T	NDOVAG CRYG COOLD RF REMDL TISS FML BLDR NCK&URT	THP	THP	THP	THP	THP	
0673T	ABLATION B9 THYROID NODULE PERQ LASER W/IMG GDN	THP	THP	THP	THP	THP	
0674T	LAPS INSJ NEW/RPLCMT PERM ISDSS AGMNTJ CAR FUNCJ	THP	THP	THP	THP	THP	
0675T	LAPS INSJ NEW/RPLCMT LEAD PERM ISDSS 1ST LEAD	THP	THP	THP	THP	THP	
0676T	LAPS INSJ NEW/RPLCMT LEAD PERM ISDSS EA ADL LEAD	THP	THP	THP	THP	THP	
0677T	LAPS REPOS LEAD PERM ISDSS 1ST REPOSITIONED LEAD	THP	THP	THP	THP	THP	
0678T	LAPS REPOS LEAD PERM ISDSS EA ADDL REPOS LEAD	THP	THP	THP	THP	THP	
0679T	LAPAROSCOPIC REMOVAL LEAD PERM ISDSS	THP	THP	THP	THP	THP	
0680T	INSJ/RPLCMT PULSE GENERATOR ONLY ISDSS	THP	THP	THP	THP	THP	
0681T	RELOCATION PULSE GENERATOR ONLY ISDSS	THP	THP	THP	THP	THP	
0682T	REMOVAL PULSE GENERATOR ONLY ISDSS	THP	THP	THP	THP	THP	
0683T	PROGRAMMING DEVICE EVALUATION IN PERSON ISDSS	THP	THP	THP	THP	THP	
0684T	PERIPROCEDURAL DEVICE EVALUATION IN PERSON ISDSS	THP	THP	THP	THP	THP	
0685T	INTERROGATION DEVICE EVALUATION IN PERSON ISDSS	THP	THP	THP	THP	THP	
0686T	HISTOTRIPSY MAL HEPATOCELLULAR TISS W/IMG GDN	THP	THP	THP	THP	THP	



Codes Requiring Authorization

THP = The Health Plan eC = eviCore MHT = Mountain Health Trust

Code	Description	Auth Vendor					Notes
		Commercial	PEIA	MHT	Medicare	Self-Funded	
0687T	TX AMBLYOPIA DEV SUPPLY EDUCATIONAL SETUP 1ST SES	THP	THP	THP	THP	THP	
0688T	TX AMBLYOPIA ASSMT PERF PHYS/QHP W/REPORT CAL MO	THP	THP	THP	THP	THP	
0689T	QUAN US TISS CHARAC I&R W/O DX US SAME ANAT	THP	THP	THP	THP	THP	
0690T	QUANTITATIVE US TISS CHARAC I&R W/DX US SM ANAT	THP	THP	THP	THP	THP	
0691T	AUTO ALYS XST CT VRT FX ASMT B1 DNS DATA PRP I&R	THP	THP	THP	THP	THP	
0692T	THERAPEUTIC ULTRAFILTRATION	THP	THP	THP	THP	THP	
0693T	COMPRE FUL BDY CPTR MRKRLS 3D KNMTC&KIN MTN ALYS	THP	THP	THP	THP	THP	
0694T	3D VOLUMETRIC IMG&RCNSTJ BRST/AX LYMPH NODE TISS	THP	THP	THP	THP	THP	
0695T	BDY SURF ACTIVATION MAPG PM/CVDFB LEADS TM IMPLT	THP	THP	THP	THP	THP	
0696T	BDY SURF ACTIVATION MAPG PM/CVDFB LEADS TM F/UP	THP	THP	THP	THP	THP	
0697T	QUANT MR TIS COMP; MULT ORGANS	eC	eC	eC	eC	THP	
0698T	QUANT MR TIS COMP; MULT ORGANS; ADD ON	eC	eC	eC	eC	THP	
0699T	INJECTION POSTERIOR CHAMBER EYE MEDICATION	THP	THP	THP	THP	THP	
0700T	MOLECULAR FLUOR IMAGING SUSPICIOUS NEVUS 1ST LES	THP	THP	THP	THP	THP	
0701T	MOLECULAR FLUOR IMAGING SUSPICIOUS NEVUS EA ADDL	THP	THP	THP	THP	THP	
0702T	REM THER MNTR OL DIG COG BHV THER PRGRM SPLY TCH	THP	THP	THP	THP	THP	
0703T	REM THER MNTR OL DIG COG BHV THER PRGRM CAL MO	THP	THP	THP	THP	THP	
0704T	REM TX AMBLYOPIA DEV SUPPLY 1ST SETUP&PT EDUCAJ	THP	THP	THP	THP	THP	
0705T	REM TX AMBLYOPIA TCH SPRT MIN 18 TRAIING HR EA 30	THP	THP	THP	THP	THP	
0706T	REM TX AMBLYOPIA I&R PHYS/QHP PER CALENDAR MONTH	THP	THP	THP	THP	THP	
0707T	NJX BONE SUB MATRL INTO SUBCHONDRAL BONE DEFECT	THP	THP	THP	THP	THP	
0708T	INTRADERMAL CANCER IMMNTX PREP & 1ST INJECTION	THP	THP	THP	THP	THP	
0709T	INTRADERMAL CANCER IMMNTX EACH ADDL INJECTION	THP	THP	THP	THP	THP	
0710T	NONINV ART PLAQ ANALYSIS, COMPLETE	eC	eC	eC	eC	THP	
0711T	NONINV ART PLAQ ANALYSIS, DATA PREP/TRANS	eC	eC	eC	eC	THP	
0712T	NONINV ART PLAQ ANALYSIS, QUANT/ANALYSIS	eC	eC	eC	eC	THP	
0713T	NONINV ART PLAQ ANALYSIS, REV, INTERP & REPORT	eC	eC	eC	eC	THP	
0714T	TPRNL LSR ABLTJ B9 PROSTATIC HYPERPLASIA W/IMG	THP	THP	THP	THP	THP	
0715T	PERCUTANEOUS TRANSLUMINAL CORONARY LITHOTRIPSY	THP	THP	THP	THP	THP	
0716T	CARDIAC ACOUS WAVFRM REC AUTO ALYS CAD RSK SCORE	THP	THP	THP	THP	THP	
0717T	ADRC THER PRTL THICKNESS RC TEAR	THP	THP	THP	THP	THP	
0718T	ADRC THER PRTL THICKNESS RC TEAR NJX TENDON UNI	THP	THP	THP	THP	THP	
0719T	PST VERTEBRAL JOINT RPLCMT LUMBAR SPI SINGLE SGM	THP	THP	THP	THP	THP	
0720T	PERQ ELEC NRV FIELD STIMJ CRANIAL NRVS WO IMPLTJ	THP	THP	THP	THP	THP	
0721T	QUAN CT TISS CHARAC I&R W/O CNCRNT CT EXAM	THP	THP	THP	THP	THP	
0722T	QUAN CT TISS CHARAC I&R W/CNCRNT CT EXAM	THP	THP	THP	THP	THP	
0723T	QMRCP W/O DIAGNOSTIC MRI SM ANATOMY DRG SM SESS	THP	THP	THP	THP	THP	
0724T	QMRCP W/DIAGNOSTIC MRI SAME ANATOMY	THP	THP	THP	THP	THP	
0725T	VESTIBULAR DEVICE IMPLANTATION UNILATERAL	THP	THP	THP	THP	THP	
0726T	REMOVAL IMPLANTED VESTIBULAR DEVICE UNILATERAL	THP	THP	THP	THP	THP	
0727T	RMVL&RPLCMT IMPLANTED VESTIBULAR DEVICE UNI	THP	THP	THP	THP	THP	
0728T	DX ALYS VESTIBULAR IMPLANT UNILATERAL 1ST PRGRMG	THP	THP	THP	THP	THP	
0729T	DX ALYS VESTIBULAR IMPLANT UNI SBSQ PRGRMG	THP	THP	THP	THP	THP	
0730T	TRABECULOTOMY BY LASER INCLUDING OCT GUIDANCE	THP	THP	THP	THP	THP	
0731T	AUGMENTATIVE AI-BASED FACIAL PHENOTYPE A/R	THP	THP	THP	THP	THP	



Codes Requiring Authorization

THP = The Health Plan eC = eviCore MHT = Mountain Health Trust

Code	Description	Auth Vendor					Notes
		Commercial	PEIA	MHT	Medicare	Self-Funded	
0732T	IMMUNOTHERAPY ADMN WITH ELECTROPORATION IM	THP	THP	THP	THP	THP	
0733T	REM BDY&LMB KNMTC MEAS THER SPLY&TECH SPRT 30D	THP	THP	THP	THP	THP	
0734T	REM BDY&LMB KNMTC MEAS THER TX MGMT SVCS CAL MO	THP	THP	THP	THP	THP	
0735T	PREPJ TUMOR CAVITY IORT CNCRNT W/PRIM CRANIOTOMY	THP	THP	THP	THP	THP	
0736T	COLONIC LAVAGE 35+L WATER W/INDUCED DEFECATION	THP	THP	THP	THP	THP	
0737T	XENOGRAFT IMPLANTATION INTO ARTICULAR SURFACE	THP	THP	THP	THP	THP	
0738T	TX PLANNING MAG FLD INDCTJ ABLTJ MAL PRST8 TISS	THP	THP	THP	THP	THP	
0740T	REM AUTON ALG INSULIN DOSE 1ST SETUP & PT EDUCAJ	THP	THP	THP	THP	THP	
0741T	REM AUTON ALG NSLN DOS CAL SW DATA COLL TRANSMIS	THP	THP	THP	THP	THP	
0742T	ABS QUANT MC BLOOD FLOW, SPECT, STRESS & REST	eC	eC	eC	eC	THP	
0744T	INSERTION BIOPROSTHETIC VALVE OPEN FEMORAL VEIN	THP	THP	THP	THP	THP	
0745T	CAR FCL ABLTJ RADJ ARRHYT N-INVAS LOCLZJ & MAPG	THP	THP	THP	THP	THP	
0746T	CAR FCL ABLTJ RADJ ARRHYT CONV LOCLZJ & MAPG	THP	THP	THP	THP	THP	
0747T	CAR FCL ABLTJ RADJ ARRHYT DLVR RADJ THER	THP	THP	THP	THP	THP	
0748T	NJX STEM CLL PRDCT PERIANAL PERIFISTULAR SFT TIS	THP	THP	THP	THP	THP	
0765T	ASSTV ALG ECG RSK-BASED ASSMT RELATED PREV ECG	THP	THP	THP	THP	THP	
0766T	TC MAG STIMJ FCSD LW FRQ EMGNT PLS PN 1STX 1NRV	THP	THP	THP	THP	THP	
0768T	TC MAG STIM FCSD LW FRQ EMGNT PLS PN SBSQIX 1NRV	THP	THP	THP	THP	THP	
0770T	VIRTUAL REALITY TECHNOLOGY TO ASSIST THERAPY	THP	THP	THP	THP	THP	
0771T	VR PX DISSOC SVC SAME PHYS/QHP 1ST 15 MIN 5YR/>	THP	THP	THP	THP	THP	
0772T	VR PX DISSOC SVC SAME PHYS/QHP EA ADDL 15 MIN	THP	THP	THP	THP	THP	
0773T	VR PX DISSOC SVC OTH PHYS/QHP 1ST 15 MIN 5YR/>	THP	THP	THP	THP	THP	
0774T	VR PX DISSOC SVC OTHER PHYS/QHP EA ADDL 15 MIN	THP	THP	THP	THP	THP	
0775T	ARTHRO SI JT PERQ IMG GDN INCL PLMT IARTIC IMPLT	eC	eC	eC	eC	THP	
0776T	THERAPEUTIC INDUCTION OF INTRA-BRAIN HYPOTHERMIA	THP	THP	THP	THP	THP	
0777T	R-T PRESSURE SENSING EPIDURAL GUIDANCE SYSTEM	THP	THP	THP	THP	THP	
0778T	SMMG CNCRNT APPL IMU SNR MEAS ROM POST GAIT MUSC	THP	THP	THP	THP	THP	
0779T	GI MYOELECTRICAL ACTIVITY STUDY STMCH-COLON I&R	THP	THP	THP	THP	THP	
0780T	INSTLJ FECAL MICROBIOTA SSP RCT NMA LWR GI TRC	THP	THP	THP	THP	THP	
0781T	BRNCHSC RF DSTRJ PULM NRV BI MAINSTEM BRONCHI	THP	THP	THP	THP	THP	
0782T	BRNCHSC RF DSTRJ PULM NRV UNI MAINSTEM BRONCHUS	THP	THP	THP	THP	THP	
0783T	TC AURICULAR NSTIMJ SETUP CALIBRATION &PT EDUCAJ	THP	THP	THP	THP	THP	
0784T	INS OR REPL PERC NRSTM ELEC ARRAY, SPINE	eC	eC	eC	eC	THP	
0785T	REV OR RMVL PERC NRSTM ELEC ARRAY, SPINE	eC	eC	eC	eC	THP	
0791T	MOTOR COG SEMI-IMMRV VR FACIL GAIT TRNG EA 15	THP	THP	THP	THP	THP	
0793T	PERQ TCAT THRM ABLTJ NERVES INNERVATING P-ART	THP	THP	THP	THP	THP	
0795T	TCAT INSJ PERM DUAL CHAMBER LDLS PM COMPL SYS	eC	eC	eC	eC	THP	
0796T	TCAT INSJ PERM 2CHMBR LDLS PM R ATR PM COMPNT	eC	eC	eC	eC	THP	
0797T	TCAT INSJ PERM 2CHMBR LDLS PM R VENTR PM COMPNT	eC	eC	eC	eC	THP	
0798T	TCAT RMVL PERM DUAL CHAMBER LDLS PM COMPL SYS	eC	eC	eC	eC	No Auth Needed	
0799T	TCAT RMVL PERM 2CHMBR LDLS PM R ATR PM COMPNT	eC	eC	eC	eC	No Auth Needed	
0800T	TCAT RMVL PERM 2CHMBR LDLS PM R VENTR PM COMPNT	eC	eC	eC	eC	No Auth Needed	
0801T	TCAT RMVL&RPLCMT PERM 2CHMBR LDLS PM 2CHMBR SYS	eC	eC	eC	eC	THP	
0802T	TCAT RMVL&RPLCMT PERM 2CHMBR LDLS PM R ATR CMPNT	eC	eC	eC	eC	THP	
0803T	TCAT RMVL&RPLCMT PRM 2CHMBR LDLS PM R VNTR CMPNT	eC	eC	eC	eC	THP	



Codes Requiring Authorization

THP = The Health Plan eC = eviCore MHT = Mountain Health Trust

Code	Description	Auth Vendor					Notes
		Commercial	PEIA	MHT	Medicare	Self-Funded	
0805T	TCAT SUPR&IVC PROSTC VLV IMPLTJ PERQ FEM VN APPR	THP	THP	THP	THP	THP	
0806T	TCAT SUPR&IVC PROSTC VLV IMPLTJ OPEN FEM VN APPR	THP	THP	THP	THP	THP	
0807T	PULM TISS VNTJ ALYS IN CMBN PREV ACQUIRED CT	THP	THP	THP	THP	THP	
0808T	PULM TISS VNTJ ALYS IN CMBN CT F/PULM TISS VNTJ	THP	THP	THP	THP	THP	
0809T	ARTHRD SI JT PERQ PLMT TFX DEV & I-ARTIC IMPLT	THP	THP	THP	THP	THP	
0823T	TSCATH INS ONE CHA LEADLESS PACEMAKER & DEV EVAL	eC	eC	eC	eC	THP	
0824T	TSCATH RMVL ONE CHA LEADLESS PACEMAKER	eC	eC	eC	eC	THP	
0825T	TSCATH RMVL REPL ONE CHA LEADLESS PACEMAKER & DEV EVAL	eC	eC	eC	eC	THP	
0861T	RMVL PLS GEN CARD STIM LV PACING (BAT & TRNSMTR)	eC	eC	eC	eC	THP	
0862T	RLCTN PLS GEN CARD STIM LV PACING INCL PRGRM (BAT ONLY)	eC	eC	eC	eC	THP	
0863T	RLCTN PLS GEN CARD STIM LV PACING INCL PRGRM (TRNSMTR)	eC	eC	eC	eC	THP	
0865T	QUANT MRI ANAL INCL LES ID & CHAR W/O DIAG MRI	eC	eC	eC	eC	THP	
0866T	QUANT MRI ANAL INCL LES DET & CHAR W/ DIAG MRI (LIST SEP.)	eC	eC	eC	eC	THP	
0867T	TPLA B9 PRST8 HYPRPLSA>=50ML	THP	THP	THP	THP	THP	
0868T	HI-RES GASTRIC EP MAPPING	THP	THP	THP	THP	THP	
0869T	NJX B1 SUB MTRL HW FIXJ AUG	THP	THP	THP	THP	THP	
0870T	IMP SUBQ PRTL ASCTS PMP SYS	THP	THP	THP	THP	THP	
0871T	RPLCMT SUBQ PRTL ASCITES PMP	THP	THP	THP	THP	THP	
0872T	RPLCMT NDWLLG BLDR&PRTL CATH	THP	THP	THP	THP	THP	
0873T	REVJ SUBQ PRTL ASCT PMP SYS	THP	THP	THP	THP	THP	
0874T	RMVL PERTL ASCITES PMP SYS	THP	THP	THP	THP	THP	
0877T	AUGMNT ALYS CH CT ILD W/O CT	THP	THP	THP	THP	THP	
0878T	AUGMNT ALYS CH CT ILD W/CT	THP	THP	THP	THP	THP	
0879T	AUGMNT ALYS CH CT ILD PREP	THP	THP	THP	THP	THP	
0880T	AUGMNT ALYS CH CT ILD I&R	THP	THP	THP	THP	THP	
0881T	CRYOTHERAPY ORAL CAVITY	THP	THP	THP	THP	THP	
0882T	INTRAOP THER ESTIM PN UE 1ST	THP	THP	THP	THP	THP	
0883T	INTRAOP THER ESTIM PN UE EA	THP	THP	THP	THP	THP	
0884T	ESPHGSC FLX 1ST TNDSC DILAT	THP	THP	THP	THP	THP	
0885T	COLSC FLX 1ST TNDSC DILAT	THP	THP	THP	THP	THP	
0886T	SGMDSC FLX 1ST TNDSC DILAT	THP	THP	THP	THP	THP	
0888T	HISTOTRIPSY MAL RENAL TISSUE	THP	THP	THP	THP	THP	
0889T	PRSNLZ TRGT DVL ARHFCMRIGTB	THP	THP	THP	THP	THP	
0890T	ARHFCMRIGTB 1ST TX DAY	THP	THP	THP	THP	THP	
0891T	ARHFCMRIGTB SBSQ TX DAY	THP	THP	THP	THP	THP	
0892T	ARHFCMRIGTB SBSQ PER TX DAY De	THP	THP	THP	THP	THP	
0893T	N-INVAS ASSMT BLD OXYGNATION	THP	THP	THP	THP	THP	
0894T	CANNULATION LIVER ALLOGRAFT	THP	THP	THP	THP	THP	
0895T	CONNJ LVR ALGRFT PRFU DEV 1	THP	THP	THP	THP	THP	
0896T	CONNJ LVR ALGRFT PRFU DEV EA	THP	THP	THP	THP	THP	
0897T	N-INVAS AUGMNT ARRHYT ALYS	THP	THP	THP	THP	THP	
0898T	N-INVAS PRST8 CANCER EST MAP	THP	THP	THP	THP	THP	
0899T	N-INVAS DETER AQMBF AUG CMR	THP	THP	THP	THP	THP	
0900T	N-INVAS EST AQMBF ASSTV CMR	THP	THP	THP	THP	THP	
0019U	ONC RNA TISS PREDICT ALG	THP	THP	THP	THP	THP	



Codes Requiring Authorization

THP = The Health Plan eC = eviCore MHT = Mountain Health Trust

Code	Description	Auth Vendor					Notes
		Commercial	PEIA	MHT	Medicare	Self-Funded	
0022U	TGSAP NONSMALL CELL LUNG NEO DNA&RNA 23 GENES	THP	THP	THP	THP	THP	
0026U	ONC THRY DNA&MRNA 112 GENES	THP	THP	THP	THP	THP	
0036U	XOME TUM & NML SPEC SWQ ALYS	THP	THP	THP	THP	THP	
0037U	TRGT GEN SEQ ALYS SLD ORGN NEO DNA 324 GENES	THP	THP	THP	THP	THP	
0045U	ONC BRST DUX CARC IS 12 GENE	THP	THP	THP	THP	THP	
0048U	ONC SLD ORG NEO DNA 468 GENE	THP	THP	THP	THP	THP	
0050U	TRGT GEN SWQ DNA 184 GENES	THP	THP	THP	THP	THP	
0055U	CARD HRT TRNSPL 96 DNA SEQ	THP	THP	THP	THP	THP	
0067U	ONC BRST IMHCHEM PRFL 4 BRMK	THP	THP	THP	THP	THP	
0080U	ONC LNG 5 CLIN RSK FACTR ALG	THP	THP	THP	THP	THP	
0087U	CARD HRT TRNSPL MRNA GEN XPRS PRFL 1283 GENE ALG	THP	THP	THP	THP	THP	
0088U	TRNSPLJ KDN ALGRFT REJ 1494	THP	THP	THP	THP	THP	
0090U	ONC CUTAN MLNMA MRNA GEN XPRS PRFL 23 GENES ALG	THP	THP	THP	THP	THP	
0092U	ONC LNG 3 PRTN BRMK PLSM ALG	THP	THP	THP	THP	THP	
0094U	GENOME RAPID SEQUENCE ALYS	THP	THP	THP	THP	THP	
0101U	HERED COLON CA DO GEN SEQ ALYS PANEL 15 GENES	THP	THP	THP	THP	THP	
0102U	HERED BRST CA RLTD DO GEN SEQ ALYS PNL 17 GENES	THP	THP	THP	THP	THP	
0103U	HERED OVARIAN CANCER GEN SEQ ALYS PANEL 24 GENES	THP	THP	THP	THP	THP	
0108U	GI BARRETTES ESOPH QUAN IMMUNOLABEL 9 PRTN BRMK	THP	THP	THP	THP	THP	
0114U	GI BARRETTES ESOPHAGUS VIM&CCNA1 MTHYLTN ALYS ALG	THP	THP	THP	THP	THP	
0117U	PAIN MGMT ALYS 11 ENDOGENOUS ANALYTES URINE ALG	THP	THP	THP	THP	THP	
0118U	TRANSPLANTATION MED QUAN DON-DRV CLL-FR DNA PLSM	THP	THP	THP	THP	THP	
0120U	ONC B CLL LYMPHM MRNA GENE XPRSN PRFL 58 GEN ALG	THP	THP	THP	THP	THP	
0129U	HEREDITARY BRST CA RLTD DO GEN SEQ&DEL/DUP PNL	THP	THP	THP	THP	THP	
0152U	NFCT DS MCRB CLL FR DNA UNTRGT NEXT GENRJ SEQ	THP	THP	THP	THP	THP	
0153U	ONC BREAST MRNA GENE EXPRESSION PRFL 101 GENES	THP	THP	THP	THP	THP	
0156U	COPY NUMBER SEQUENCE ANALYSIS	THP	THP	THP	THP	THP	
0170U	NEURO ASD RNA NEXT-GNRJ SEQ SALIVA ALG ALYS	THP	THP	THP	THP	THP	
0171U	TARGETED GENOMIC SEQUENCE ALYS PNL DNA 23 GENES	THP	THP	THP	THP	THP	
0174U	ONC SOLID TUM MASS SPECTROMETRIC 30 PROTEIN TRGT	THP	THP	THP	THP	THP	
0175U	PSYCHIATRY GEN ALYS PNL W/VARIANT ALYS 15 GENES	THP	THP	THP	THP	THP	
0179U	ONC NONSM CLL LNG CA CELL FREE DNA ALYS 23 GEN	THP	THP	THP	THP	THP	
0206U	NEUROLOGY ALZHEIMER DISEASE CELL AGGREGATION	THP	THP	THP	THP	THP	
0211U	ONC PAN-TUMOR DNA&RNA NEXT-GENERATION SEQUENCING	THP	THP	THP	THP	THP	
0212U	RARE DS WHL GEN&MITOCHDRL DNA SEQ ALYS PROBAND	THP	THP	THP	THP	THP	
0213U	RARE DS WHL GEN&MITOCHDRL DNA SEQ ALYS EA CMPRTR	THP	THP	THP	THP	THP	
0214U	RARE DS WHL XOM&MITOCHDRL DNA SEQ ALYS PROBAND	THP	THP	THP	THP	THP	
0215U	RARE DS WHL XOM&MITOCHDRL DNA SEQ ALYS EA CMPRTR	THP	THP	THP	THP	THP	
0216U	NEURO INH ATAXIA GENOMIC DNA SEQ ALYS 12 BLD/SLV	THP	THP	THP	THP	THP	
0217U	NEURO INH ATAXIA GENOMIC DNA SEQ ALYS 51 BLD/SLV	THP	THP	THP	THP	THP	
0218U	NEURO MUSCULAR DYSTROPHY DMD SEQ ALYS BLD/SALIVA	THP	THP	THP	THP	THP	
0228U	ONC PRST8 MA MOLEC PRFL ALG	THP	THP	THP	THP	THP	
0239U	TRGT GEN SEQ ALYS SLD ORGN NEO CLL-FR DNA 31 1+	THP	THP	THP	THP	THP	
0242U	TRGT GEN SEQ ALYS PNL SOLID ORGN NEO DNA 55-74	THP	THP	THP	THP	THP	
0244U	ONC SOLID ORGN DNA COMPRE GENOMIC PRFLG 257 GENE	THP	THP	THP	THP	THP	



Codes Requiring Authorization

THP = The Health Plan eC = eviCore MHT = Mountain Health Trust

Code	Description	Auth Vendor					Notes
		Commercial	PEIA	MHT	Medicare	Self-Funded	
0245U	ONC THYR MUT ALYS 10 GEN 37 RNA FSN XPRSN 4 MRNA	THP	THP	THP	THP	THP	
0248U	ONC BRAIN SPHRD CLL CUL 12 RX PNL TUMOR RESPONSE	THP	THP	THP	THP	THP	
0249U	ONC BRST SEMIQ ALYS 32 PHSRPTN&PRTN ANALYTE ALG	THP	THP	THP	THP	THP	
0250U	ONC SLD ORG NEO TRGT GEN SEQ DNA ALYS 505 GENES	THP	THP	THP	THP	THP	
0253U	REPRDVE MED RNA 238 GEN NXT GEN SEQ ENDMT TISS	THP	THP	THP	THP	THP	
0255U	ANDROLOGY INFERTILITY SPERM CAPACITATION ASSMT	THP	THP	THP	THP	THP	
0256U	TMA/TMAO PROFILE MS/MS URINE ALG ALYS&REPORT	THP	THP	THP	THP	THP	
0257U	VLCAD LEUKOCYTE ENZYME ACTIVITY WHOLE BLOOD	THP	THP	THP	THP	THP	
0258U	AI PSORIASIS MRNA GEN XPRSN PRFL 50-100 GEN ALG	THP	THP	THP	THP	THP	
0259U	NEPHROLOGY CKD NUCLEAR MRS MEAS GFR SRM QUAN	THP	THP	THP	THP	THP	
0260U	RARE DS ID VRTJ INVRJ INSJ TLCJ OPT GENOME MAPG	THP	THP	THP	THP	THP	
0261U	ONC CLRCT CA IMG ANALYSIS W/AI ASSMT 4 FEATURES	THP	THP	THP	THP	THP	
0262U	ONC SOLID TUM GEN XPRSN PRFL RT-PCR 7 GEN PTHWY	THP	THP	THP	THP	THP	
0263U	NEURO AUTISM QUAN MEAS 16 CTR CARBON METABOLITES	THP	THP	THP	THP	THP	
0264U	RARE DS ID VRTJ INVRJ INSJ TLCJ OPT GENOME MAPG	THP	THP	THP	THP	THP	
0265U	RARE DO WHL GENOME& MITOCHDRL DNA SEQ ALYS	THP	THP	THP	THP	THP	
0266U	UNXPLAIND CONST/OTH HERITABLE DO/SYND GEN XPRSN	THP	THP	THP	THP	THP	
0267U	RARE DO ID VARIATIONS OPT GEN MAP&WHL GEN SEQ	THP	THP	THP	THP	THP	
0268U	HEM ATYP HEMOLYTIC UREMC SYND GEN SEQ ALY 15 GEN	THP	THP	THP	THP	THP	
0269U	HEM AUTO DOM CGEN THRMBCPNNA GEN SEQ ALYS 14 GEN	THP	THP	THP	THP	THP	
0270U	HEM CGEN COAGJ DO GENOMIC SEQ ALYS 20 GENES	THP	THP	THP	THP	THP	
0271U	HEM CGEN NEUTROPENIA GEN SEQ ALYS 23 GENES	THP	THP	THP	THP	THP	
0272U	HEM GENETIC BLEEDING DO GEN SEQ ALYS 51 GENES	THP	THP	THP	THP	THP	
0273U	HEM GEN HYPRFIBRNLYSIS DLYD BLD SEQ ALYS 8 GEN	THP	THP	THP	THP	THP	
0274U	HEM GENETIC PLTLT DO GEN SEQ ALYS 43 GENES	THP	THP	THP	THP	THP	
0275U	HEM HEPARIN INDUCD TRMBCTPNA PLTLT ANTB REAC SRM	THP	THP	THP	THP	THP	
0276U	HEM INH THROMBOCYTOPENIA GEN SEQ ALYS 23 GENES	THP	THP	THP	THP	THP	
0277U	HEM GEN PLTL FUNCJ DO GEN SEQ ALYS 31 GENES	THP	THP	THP	THP	THP	
0278U	HEM GEN THROMBOSIS GEN SEQ ALYS 12 GENES	THP	THP	THP	THP	THP	
0279U	HEM VW DS VW FACTOR & COLLAGEN III BINDING ELISA	THP	THP	THP	THP	THP	
0280U	HEM VW DS VW FACTOR & COLLAGEN IV BINDING ELISA	THP	THP	THP	THP	THP	
0281U	HEM VW DS VW PROPEPTIDE ELISA AG LEVEL	THP	THP	THP	THP	THP	
0282U	RBC DNA GNOTYP 12 BLD GRP PREDICT 44 RBC AG PHNT	THP	THP	THP	THP	THP	
0283U	VON WILLEBRAND FACTOR TYPE 2B PLASMA	THP	THP	THP	THP	THP	
0284U	VON WILLEBRAND FACTOR TYPE 2N FACTOR VIII PLASMA	THP	THP	THP	THP	THP	
0285U	ONC RSPSE RADJ CELL FR DNA PLASMA RADJ TOX SCORE	THP	THP	THP	THP	THP	
0286U	CEP72 NUDT15&TPMT GENE ANALYSIS COMMON VARIANTS	THP	THP	THP	THP	THP	
0287U	ONC THYR DNA&MRNA NEXT-GEN SEQ ALYS 112 GEN ALG	THP	THP	THP	THP	THP	
0288U	ONC LUNG MRNA QUAN PCR ALYS 11 GEN&3 REF GEN ALG	THP	THP	THP	THP	THP	
0289U	NEURO ALZHEIMER MRNA GEN XPRSN PRFL RNA SEQ 24	THP	THP	THP	THP	THP	
0290U	PAIN MGMT MRNA GEN XPRSN PRFL RNA SEQ 36 GENES	THP	THP	THP	THP	THP	
0291U	PSYC MOOD DO MRNA GEN XPRSN PRFL RNA SEQ 144 GEN	THP	THP	THP	THP	THP	
0292U	PSYC STRS DO MRNA GEN XPRSN PRFL RNA SEQ 72 GEN	THP	THP	THP	THP	THP	
0293U	PSYC SUICDL IDEA MRNA GEN XPRSN PRFL RNA SEQ 54	THP	THP	THP	THP	THP	
0294U	LNGVTY&MRTLTY RSK MRNA GEN XPRSN PRFL RNA 18 GEN	THP	THP	THP	THP	THP	



Codes Requiring Authorization

THP = The Health Plan eC = eviCore MHT = Mountain Health Trust

Code	Description	Auth Vendor					Notes
		Commercial	PEIA	MHT	Medicare	Self-Funded	
0295U	ONC BRST DUX CARC PRTN XPRSN PRFL IMHCHEM 7 PRTN	THP	THP	THP	THP	THP	
0296U	ONC ORL&/OROP CA GEN XPRSN PRFL RNA 20 MLEC FEAT	THP	THP	THP	THP	THP	
0297U	ONC PAN TUM WHL GEN SEQ PAIRED MAL&NML DNA SPEC	THP	THP	THP	THP	THP	
0298U	ONC PAN TUM WHL TRNS SEQ PAIRED MAL&NML RNA SPEC	THP	THP	THP	THP	THP	
0299U	ONC PAN TUM WHL GEN OPT MAPG MAL&NML DNA SPEC	THP	THP	THP	THP	THP	
0300U	ONC PAN TUM WHL GEN SEQ&OPT GEN MAPG MAL&NML DNA	THP	THP	THP	THP	THP	
0301U	IADNA BARTONELLA HENSELAE & QUINTANA DDPCR	THP	THP	THP	THP	THP	
0302U	IADNA BRTNLA HNSLAE&QUINTN DDPCR FLWG LIQ NRCHMT	THP	THP	THP	THP	THP	
0303U	HEM RBC ADS NDOETHL/SUBNDOETHL ADS MOLEC HYPOXIC	THP	THP	THP	THP	THP	
0304U	HEM RBC ADS NDOETHL/SUBNDOETHL ADS MOLEC NORMOXIC	THP	THP	THP	THP	THP	
0305U	HEM RBC FNCLTY&DFRM FUNCJ SHEAR STRS WHL BLOOD	THP	THP	THP	THP	THP	
0306U	ONC MRD NEXT-GNRJ TRGT SEQ ALYS CLL-FR DNA 1ST	THP	THP	THP	THP	THP	
0307U	ONC MRD NEXT-GNRJ TRGT SEQ ALYS CLL-FR DNA SBSQ	THP	THP	THP	THP	THP	
0308U	CRD CAD ALYS 3 PRTN PLSM ALG RSK OBSTRUCTIVE CAD	THP	THP	THP	THP	THP	
0309U	CRD CV DS ALYS 4 PRTN PLSM ALG RSK MAJ CAR EVENT	THP	THP	THP	THP	THP	
0310U	PED VSCLTS KD ALYS 3 BMRK PLSM ALG RSK SCORE KD	THP	THP	THP	THP	THP	
0311U	NFCT DS BCT QUAN ANTMCRB SC MIC EA ORG ID	THP	THP	THP	THP	THP	
0312U	AI DS SLE ALYS 8 IGG AUTOANT&2 CLL BOUND PRDCTS	THP	THP	THP	THP	THP	
0313U	ONC PNCRS DNA&MRNA NXT-GNRJ SEQ ALYS 74 GEN&CEA	THP	THP	THP	THP	THP	
0314U	ONC CUTAN MLNMA MRNA GEN XPRSN PRFL 35 GENES ALG	THP	THP	THP	THP	THP	
0315U	ONC CUTAN SQ CLL CARC MRNA GEN XPRSN PRFL 40 ALG	THP	THP	THP	THP	THP	
0316U	BORRELIA BURGDORFERI LYME DS OSPA PRTN EVAL UR	THP	THP	THP	THP	THP	
0317U	ONC LUNG CA 4-PRB FISH ASY WHL BLD PREDICTIV ALG	THP	THP	THP	THP	THP	
0318U	PED WHL GENOME MTHYLTN ALYS MICRORA 50+GENES BLD	THP	THP	THP	THP	THP	
0319U	NEPH RNL TRNSPL RNA PRETRNSPL PERPH BLD ALG	THP	THP	THP	THP	THP	
0320U	NEPH RNL TRNSPL RNA POSTTRNSPL PERPH BLD ALG	THP	THP	THP	THP	THP	
0321U	IADNA GU PTHGN 20BCT&FNGL ORG&ID 16 ABX RSIST GN	THP	THP	THP	THP	THP	
0322U	NEURO ASD QUAN MEAS 14 ACYL CARNITINES & METABL	THP	THP	THP	THP	THP	
0323U	IADNA CNS PATHOGEN NEXT-GENERATION SEQUENCING	THP	THP	THP	THP	THP	
0324U	ONC OVAR SPHRD CLL CUL 4 RX PNL TUM CHEMO RSPSE	THP	THP	THP	THP	THP	
0325U	ONC OVAR SPHRD CLL CUL PARP INHIBITOR TUM RSPSE	THP	THP	THP	THP	THP	
0326U	TRGT GEN SEQ ALYS SLD ORGN NEO CLL-FR DNA 83+	THP	THP	THP	THP	THP	
0327U	FTL ANEUPLOIDY TRSMY DNA SEQ ALYS MAT PLSM RSK	THP	THP	THP	THP	THP	
0328U	DRUG ASSAY DEF 120+ RX&METABOLITES UR W/LC-MS/MS	THP	THP	THP	THP	THP	
0329U	ONC NEOPLASIA XOME&TRNS SEQ ALYS DNA&RNA TUMOR	THP	THP	THP	THP	THP	
0330U	IADNA VAG PTHGN PNL 27 ORG AMP PROBE VAG SWAB	THP	THP	THP	THP	THP	
0331U	ONC HL NEO OPT GEN MAPPING W/DNA BLD/BONE MARROW	THP	THP	THP	THP	THP	
0332U	ONC PAN TUM GENETIC PRFLG 8 DNA QUAN PCR WHL BLD	THP	THP	THP	THP	THP	
0333U	ONC LVR SRVLNC HCC ALYS METHYLTN PATTERNS CFDNA	THP	THP	THP	THP	THP	
0334U	ONC SLD ORGN TGSA FFPE TUM TISS DNA 84/+ GEN	THP	THP	THP	THP	THP	
0335U	RARE DISEASES WHOLE GENOME SEQ ALYS FETAL SAMPLE	THP	THP	THP	THP	THP	
0336U	RARE DISEASES WHOLE GENOME SEQ ALYS BLOOD/SALIVA	THP	THP	THP	THP	THP	
0337U	ONC PLSM CLL DO&MYLOMA CRCG PLSM CLL IMMLG SLCTN	THP	THP	THP	THP	THP	



Codes Requiring Authorization

THP = The Health Plan eC = eviCore MHT = Mountain Health Trust

Code	Description	Auth Vendor					Notes
		Commercial	PEIA	MHT	Medicare	Self-Funded	
0338U	ONC SLD TUM CRCG TUMOR CELL SELECTION	THP	THP	THP	THP	THP	
0339U	ONC PROSTATE MRNA XPRSN PRFLG HOXC6 &DLX1 RT-PCR	THP	THP	THP	THP	THP	
0340U	ONC PAN CANCER ANALYSIS MRD FROM PLASMA	THP	THP	THP	THP	THP	
0341U	FETAL ANEUPLOIDY DNA SEQUENCING COMPARATIVE ALYS	THP	THP	THP	THP	THP	
0342U	ONC PNCRTC CA MULT IA ECLIA SRM ALG	THP	THP	THP	THP	THP	
0343U	ONC PRST8 XOME BASED ALYS 442 SNCRNA RT-QPCR UR	THP	THP	THP	THP	THP	
0344U	HEP NAFLD SEMIQ EVAL 28 LIPID MRK SRM NASH/XNASH	THP	THP	THP	THP	THP	
0345U	PSYC GENOMIC ALYS PANEL VARIANT ALYS 15 GENES	THP	THP	THP	THP	THP	
0346U	BETA AMYLOID AB40&AB42 LC-MS/MS RATIO PLASMA	THP	THP	THP	THP	THP	
0347U	RX METAB/PCX DNA 16 GENE VRNT ALYS&REPRD PHNT	THP	THP	THP	THP	THP	
0348U	RX METAB/PCX DNA 25 GENE VRNT ALYS&REPRD PHNT	THP	THP	THP	THP	THP	
0349U	RX METAB/PCX DNA 27 GEN VRNT ALYS&PHNT GEN-RX IA	THP	THP	THP	THP	THP	
0350U	RX METAB/PCX DNA 27 GENE VRNT ALYS&REPRD PHNT	THP	THP	THP	THP	THP	
0351U	NFCT DS BCT/VIRAL TRAIL IP-10 C-REACT PRTN SRM	NC	NC	NC	NC	NC	
0352U	NFCT DS BCT VAGINOSIS&VAGINITIS MULT AMP PROBE	THP	THP	THP	THP	THP	
0353U	IADNA CHLMYD TRCHMTS&NEISSRA GONORR MULT AMP PRB	THP	THP	THP	THP	THP	
0354U	HPV HIGH RISK QUALITATIVE MRNA XPRSN E6/E7 QPCR	THP	THP	THP	THP	THP	
0355U	APOL1 RISK VARIANTS	THP	THP	THP	THP	THP	
0356U	ONC OROPHARYNGEAL 17 BMRK CLL FREE DNA DDPCR ALG	THP	THP	THP	THP	THP	
0357U	ONC MLNMA AI QUAN MASS SPECTROMETRY ALYS 142	THP	THP	THP	THP	THP	
0358U	NEURO MLD COG IMPAIRMNT ALYS B-AMYLOID 1-42&1-40	THP	THP	THP	THP	THP	
0359U	ONC PRST8 CA ALYS ALL PSA STRUCTURAL ISOFORMS	THP	THP	THP	THP	THP	
0360U	ONCOLOGY LUNG ELISA 7 AUTOANTIBODIES PLASMA ALG	THP	THP	THP	THP	THP	
0361U	NEUROFILAMENT LIGHT CHAIN DIGITAL IA PLASMA QUAN	THP	THP	THP	THP	THP	
0362U	ONC PAP THYR CA RNA SEQ 82 CNT&10 HSKP GEN ALG	THP	THP	THP	THP	THP	
0363U	ONC URTHL MRNA GEN XPRSN PRFLG RT QUAN PCR 5 GEN	THP	THP	THP	THP	THP	
0364U	ONC HL NEO GEN SEQ ALYS ALG QUAN DMT CLNL SEQ	THP	THP	THP	THP	THP	
0365U	ONC BLDR ALYS 10 PRTN BMRK ALG PRB RECR BLDR CA	THP	THP	THP	THP	THP	
0366U	ONC BLDR ALYS 10 PRTN BMRK ALG PRB RECR BLDR CA	THP	THP	THP	THP	THP	
0367U	ONC BLDR 10PRTN BMRK ALG PRB CA FLWG TRURL RESCJ	THP	THP	THP	THP	THP	
0368U	ONC CLRCT CA EVAL MUT&MTHYLTN MRK MULT QPCR	THP	THP	THP	THP	THP	
0369U	IADNA GI PTHGN 31ORG& ID 21 ARG MULT AMP PRB TQ	THP	THP	THP	THP	THP	
0370U	IADNA SURG WND PTHGN 34 MICROORG&ID 21 ARG	THP	THP	THP	THP	THP	
0371U	IADNA GU PTHGN SEMIQ ID DNA 16 BCT&1FNGL ORG UR	THP	THP	THP	THP	THP	
0372U	NFCT DS GU PTHGN ARG DETCJ MULT AMP PRB TQ UR	THP	THP	THP	THP	THP	
0373U	IADNA RESP TRC NFCTJ 17 8 13&16 MULT AMP PRB TQ	THP	THP	THP	THP	THP	
0374U	IADNA GU PTHGN ID 21 ORG&21 ARG MULT AMP PRB TQ	THP	THP	THP	THP	THP	
0375U	ONC OVARIAN BIOCHEM ASSAY 7 PRINS ALG RSK SCOR	THP	THP	THP	THP	THP	
0376U	ONC PRST8 CA IMG ALYS 128 HLOG FEAT&CLIN FCTR	THP	THP	THP	THP	THP	
0377U	CV DS QUAN ADV SRM/PLSM LPOPRTN PRFL NMR SPECT	THP	THP	THP	THP	THP	
0378U	RFC1 REPEAT XPNSJ VRNT ALY TRAD&REPEAT PRIME PCR	THP	THP	THP	THP	THP	
0379U	TGSAP SLD ORG NEO DNA 523&RNA 55 NEXT GNRJ SEQ	THP	THP	THP	THP	THP	
0380U	RX METAB ADVRS RX RXN&RSPSE TRGT SEQ ALYS 20 GEN	THP	THP	THP	THP	THP	
0381U	MAPLE SYRUP UR DS MNTR BLD CARD SAMP QUAN MEAS	THP	THP	THP	THP	THP	
0382U	HYPERPHENYLALANINEMIA MNTR BLD CARD SAMP QUAN	THP	THP	THP	THP	THP	



Codes Requiring Authorization

THP = The Health Plan eC = eviCore MHT = Mountain Health Trust

Code	Description	Auth Vendor					Notes
		Commercial	PEIA	MHT	Medicare	Self-Funded	
0383U	TYROSINEMIA TYPE 1 MNTR BLD CARD SAMP QUAN MEAS	THP	THP	THP	THP	THP	
0384U	NEPH CKD RSK SCOR PREDICTIVE PRGSN HI STG KDN DS	THP	THP	THP	THP	THP	
0385U	NEPH CKD PLSM ALG RSK SCORE DIABETIC KDN DS	THP	THP	THP	THP	THP	
0386U	GI BARRETT ESOPH MTHYLTN ALYS ALG DYSP/ESPHGL CA	THP	THP	THP	THP	THP	
0387U	ONC MLNMA AMBRA1&LORICRIN IMHCHEM FFPE TISS	THP	THP	THP	THP	THP	
0388U	ONC NONSM CLL LNG CA NXT GNRJ SEQ 37 CA RLTD GEN	THP	THP	THP	THP	THP	
0389U	PED FEBRILE ILNES KAWASAKI DS IFI27&MCEP1 RNA	THP	THP	THP	THP	THP	
0390U	OB PREECLAMPSIA KDR ENDOGLIN&RBP4 IA SRM ALG	THP	THP	THP	THP	THP	
0391U	ONC SLD TUM DNA&RNA NXT GNJ SEQ FFPE TISS 437	THP	THP	THP	THP	THP	
0392U	RX METAB GEN-RX IA VRNT ALYS 16 GENES CYP2D6	THP	THP	THP	THP	THP	
0393U	NEURO PRKNSN CSF DETCJ MSFLD A-SYNCLN PRTN QUAL	THP	THP	THP	THP	THP	
0394U	PFAS 16 PFAS COMPND LC MS/MS PLSM/SRM QUAN	THP	THP	THP	THP	THP	
0395U	ONC LUNG MULTOMICIS PLASMA ALG MAL RISK LNG NDUL	THP	THP	THP	THP	THP	
0396U	OB PREIMPLTJ TST EVAL 300000 DNA 1NUCLEOTIDE	THP	THP	THP	THP	THP	
0397U	ONC NONSM CLL LNG CA CLL FR DNA AT LEAST 109 GEN	THP	THP	THP	THP	THP	
0398U	GI BARRETT ESOPH DNA MTHYLTN ALYS ALG DYSP/CA	THP	THP	THP	THP	THP	
0399U	NEURO CEREBRAL FOLATE DEFICIENCY SERUM QUAN	THP	THP	THP	THP	THP	
0400U	OB XPND CAR SCR 145 GEN NXT GNRJ SEQ FRAG ALYS	THP	THP	THP	THP	THP	
0401U	CRD C HRT DS 9 GEN 12 VRNTS TRGT VRNT GNOTYP ALG	THP	THP	THP	THP	THP	
0402U	NFCT AGT STI MULT AMP PRB TQ VAG ENDOCRV/MALE UR	THP	THP	THP	THP	THP	
0403U	ONC PROSTATE MRNA GENE XPRSN PRFLG 18 URINE ALG	THP	THP	THP	THP	THP	
0404U	ONC BRST CA SEMIQ MEAS THYMIDINE KINASE ACTV IA	THP	THP	THP	THP	THP	
0405U	ONC PNCRTC 59 MTHYLTN HAPLOTYP BLOCK MRK PLSM	THP	THP	THP	THP	THP	
0406U	ONC LUNG FLOW CYTOMETRY SPUTUM 5 MARKERS ALG	THP	THP	THP	THP	THP	
0407U	NEPHROLOGY DIABETIC CKD MULT ECLIA PLASMA ALG	NC	NC	NC	NC	NC	
0408U	IAAD BULK ACOUSTIC WAVE BIOSENSOR IA SARS-COV-2	THP	THP	THP	THP	THP	
0409U	ONC SLD TUM DNA 80&RNA 36 GEN NEXT GNRJ SEQ PLSM	THP	THP	THP	THP	THP	
0410U	ONC PNCRTC DNA WHL GN SEQ 5-HYDROXYMETHYLCYTOSN	THP	THP	THP	THP	THP	
0411U	PSYC GENOMIC ALYS PANEL VARIANT ALYS 15 GENES	THP	THP	THP	THP	THP	
0412U	BETA AMYLOID AB42/40 IMPRCIP QUAN LC-MS/MS ALG	THP	THP	THP	THP	THP	
0413U	ONC HL NEO OPT GEN MAPG CPY NMBR ALTERATIONS DNA	THP	THP	THP	THP	THP	
0414U	ONC LUNG AUGMNT ALG ALYS DGTZ WHOL SLD IMG 8 GEN	THP	THP	THP	THP	THP	
0415U	CV DS ACS IA ALG BLOOD 5 YEAR DEL RISK SCORE ACS	THP	THP	THP	THP	THP	
0416U	IADNA GU PTHGN 20BCT&FNGL ORG ID 20 ARG URINE	THP	THP	THP	THP	THP	
0417U	RARE DS WHL MITOCHDRL GEN SEQ ALYS 335 NUC GENES	THP	THP	THP	THP	THP	
0418U	ONC BRST AUGMNT ALG ALYS DGTZ WHOL SLD IMG 8FEAT	THP	THP	THP	THP	THP	
0419U	NEUROPSYCHIATRY GEN SEQ ALYS PNL VRNT ALY 13 GEN	THP	THP	THP	THP	THP	
0420U	ONC URTHL MRNA XPRSN PRFL RT QUAN PCR DDPCR 6SNP	THP	THP	THP	THP	THP	
0421U	ONC CLRCT SCR QUAN RT TRGT & SGL AMP 8 RNA MRK	NC	NC	NC	NC	NC	
0422U	ONC PAN SOLID TUM ALYS DNA BMRK RSPSE ANTCA THER	THP	THP	THP	THP	THP	
0423U	PSYC GENOMIC ALYS PNL VRNT ALYS 26 GEN BUCC SWAB	THP	THP	THP	THP	THP	
0424U	ONC PRST8 XOME BASED ALYS 53 SNCRNA RT-QPCR UR	THP	THP	THP	THP	THP	
0425U	GENOME RAPID SEQ ANALYSIS EACH COMPARATOR GENOME	THP	THP	THP	THP	THP	
0426U	GENOME ULTRA-RAPID SEQUENCE ANALYSIS	THP	THP	THP	THP	THP	
0427U	MONOCYTE DISTRIBUTION WIDTH WHOLE BLOOD	NC	NC	NC	NC	NC	



Codes Requiring Authorization

THP = The Health Plan eC = eviCore MHT = Mountain Health Trust

Code	Description	Auth Vendor					Notes
		Commercial	PEIA	MHT	Medicare	Self-Funded	
0428U	ONC BRST TRGT GENOMIC SEQ CTDNA ALYS 56/> GENES	THP	THP	THP	THP	THP	
0429U	HPV OROPHARYNGEAL SWAB 14 HIGH-RISK TYPES	NC	NC	NC	NC	NC	
0430U	GI MALABS EVAL AAT CALPROTECTIN PNCRTC ELASTASE	NC	NC	NC	NC	NC	
0431U	GLYCINE RECEPTOR ALPHA1 IGG SERUM/CSF LCBA QUAL	NC	NC	NC	NC	NC	
0432U	KLHL11 ANTB SERUM/CSF CELL BINDING ASSAY QUAL	NC	NC	NC	NC	NC	
0433U	ONC PROSTATE 5 DNA REG MRK QUAN PCR WHL BLD ALG	THP	THP	THP	THP	THP	
0434U	RX METAB ADVRS RX RXN&RSPSE VARIANT ALYS 25 GEN	THP	THP	THP	THP	THP	
0435U	ONC CHEMO CYTOX ASY CSC RX RSPSE MIN 14 RX/CMBN	NC	NC	NC	NC	NC	
0436U	ONC LNG PLSM ALYS 388 PRTN APTMR BSD PRTOMC TECH	NC	NC	NC	NC	NC	
0437U	PSYC ANXIETY DO MRNA GEN XPRSN PRFL RNA 15 BMRK	NC	NC	NC	NC	NC	
0438U	RX METAB ADVRS RX RXN&RSPSE VRNT ALYS 33 GENES	NC	NC	NC	NC	NC	
0439U	CRD CHD DNA ALYS 5 SNP 3 DNA MTHYLTN MRK QPCR	THP	THP	THP	THP	THP	
0440U	CRD CHD DNA ALYS 10 SNP 6 DNA MTHYLTN MRK QPCR	THP	THP	THP	THP	THP	
0441U	NFCT DS BCT FNGL/VIR INFCTJ SEMIQ BIOMCHN ASSMT	NC	NC	NC	NC	NC	
0442U	NFCT DS RESPIRATORY INFCTJ MXA&CRP FS WHL BLOOD	NC	NC	NC	NC	NC	
0443U	NEUROFILAMENT LIGHT CHAIN ULTRSENS IA SERUM/CSF	NC	NC	NC	NC	NC	
0444U	ONC SLD ORGN NEO TGSAP 361 GEN INTERROG DNA FFPE	NC	NC	NC	NC	NC	
0445U	ABETA42 & PTAU181 ECLIA CEREBRAL SPINAL FLUID	THP	THP	THP	THP	THP	
0446U	AI DS SLE ALYS 10 CYTOKINE SOL MDTR BMRK IA PLSM	NC	NC	NC	NC	NC	
0447U	AI DS SLE ALYS 11 CYTOKINE SOL MDTR BMRK IA PLSM	NC	NC	NC	NC	NC	
0448U	ONC LNG&CLN CA DNA QUAL NGS SNV&DELET EGFR&KRAS	THP	THP	THP	THP	THP	
0449U	CAR SCR SEV INH COND GENOMIC SEQ ALYS PNL 5 GEN	THP	THP	THP	THP	THP	
0450U	ONC MM LC-MS/MS MONOCLONAL P-PRTN SEQ ALYS SERUM	NC	NC	NC	NC	NC	
0451U	ONC MM LC-MS/MS PEPTIDE ION QUANTIFICATION SERUM	NC	NC	NC	NC	NC	
0452U	ONC BLADDER MTHYL PENK DNA DETCJ LTE-QMSP URINE	NC	NC	NC	NC	NC	
0453U	ONC CLRCT CA CFDNA MTHYLTN BSD QUAN PCR ASY PLSM	NC	NC	NC	NC	NC	
0454U	RARE DS ID VRTJ INVRJ INSJ TLCJ OPT GENOME MAPG	NC	NC	NC	NC	NC	
0456U	AI RA NGS GEN XPRSN 19 GEN WHL BLD ALYS ANTI-CCP	THP	THP	THP	THP	THP	Remove from PAL
0457U	PFAS 9 PFAS COMPOUNDS LC-MS/MS PLASMA/SERUM QUAN	NC	NC	NC	NC	NC	
0458U	ONC BREAST CA S100 A8&A9 ELISA TEAR FLUID ALG	NC	NC	NC	NC	NC	
0459U	ABETA42 & TTAU ECLIA CEREBRAL SPINAL FLUID RATIO	THP	THP	THP	THP	THP	
0460U	ONC WHL BLD/BUCCAL DNA SNP GNOTYP RT-PCR 24 GENE	NC	NC	NC	NC	NC	
0461U	ONC RX-GENOMIC ALYS SNP GNOTYP RT-PCR 24 GENES	NC	NC	NC	NC	NC	
0462U	MELATONIN LVL TEST SLEEP STUDY 7/9 SAMPLE ELISA	THP	THP	THP	THP	THP	
0463U	ONC CERVIX MRNA GENXPRSN 14 BMRK E6&E7 HPV NASBA	THP	THP	THP	THP	THP	
0465U	ONC UROTHELIAL CARC DNA QMSP 2 GENES ALG ALYS	NC	NC	NC	NC	NC	
0466U	CRD CAD DNA GWAS 564856 SNP TRGT VARIANT GNOTYP	THP	THP	THP	THP	THP	
0467U	ONC BLDR DNA NGS 60 GEN&WHL GENOME ANEUP UR ALG	NC	NC	NC	NC	NC	
0468U	HEP NASH MIR-34A-5P A2M YKL40 HBA1C SRM&WHL BLD	NC	NC	NC	NC	NC	
0469U	RARE DS WHL GENOM SEQ ALYS CHROMOML ABNR FTL SAMP	THP	THP	THP	THP	THP	
0470U	ONC OROP DETCJ MRD NGS QUAN EVAL 8DNA CFHPV1 6&18	THP	THP	THP	THP	THP	
0471U	ONC CLRCT CA QUAL RT-PCR 35 VRNT KRAS&NRAS GENES	THP	THP	THP	THP	THP	
0472U	CA VI PSP&SP1 ANTB ELISA SEMIQ BLD SJOGREN SYND	NC	NC	NC	NC	NC	
0473U	ONC SOLID TUMOR NGS DNA FFPE TISS BLD/SLV 648GEN	THP	THP	THP	THP	THP	
0474U	HERED PAN CA GSAP 88 GENES 20DUP/DEL NGS BLD/SLV	THP	THP	THP	THP	THP	



Codes Requiring Authorization

THP = The Health Plan eC = eviCore MHT = Mountain Health Trust

Code	Description	Auth Vendor					Notes
		Commercial	PEIA	MHT	Medicare	Self-Funded	
0475U	HERED PRST8 CA-RLTD DO GSAP NGS CGH EVAL 23 GENE	THP	THP	THP	THP	THP	
0476U	RX METAB PSYC 14GEN&CYP2D6	THP	THP	THP	THP	THP	NEW
0477U	RX METAB PSY 14&CYP2D6 GN-RX	THP	THP	THP	THP	THP	NEW
0478U	ONC NSCLC DNA&RNA DPCR 9GENS	THP	THP	THP	THP	THP	NEW
0479U	TAU PHOSPHORYLATE D PTAU217	NC	NC	NC	NC	NC	NEW
0480U	NFCT DS CSF METAG NGS ALYS	NC	NC	NC	NC	NC	NEW
0481U	IDH1 IDH2&TERT PROMOTER NGS	THP	THP	THP	THP	THP	NEW
0482U	OB PE BIOCHEM ASY SFLT1&PLGF	NC	NC	NC	NC	NC	NEW
0483U	NFCT DS NG GYRA S91F PT MUT	THP	THP	THP	THP	THP	NEW
0484U	NFCT DS MGEN 23S RRNA PT MUT	THP	THP	THP	THP	THP	NEW
0485U	ONC SOL TUM CFDNA&RNA NGS GM	THP	THP	THP	THP	THP	NEW
0486U	ONC PAN SOL TUM NGS CFCDNA	NC	NC	NC	NC	NC	NEW
0487U	ONC SOL TUM CFCDNA TGSAP 84	NC	NC	NC	NC	NC	NEW
0488U	OB FETAL AG NIPT CFDNA ALYS	NC	NC	NC	NC	NC	NEW
0489U	OB SGNIPT CFDNA SEQ ALYS 1+	NC	NC	NC	NC	NC	NEW
0490U	ONC CUTAN/UVEAL MLNMA CD146	NC	NC	NC	NC	NC	NEW
0491U	ONC SOL TUM CTC SLCT ER PRTN	NC	NC	NC	NC	NC	NEW
0492U	ONC SOL TUM CTC SLCTN PD-L1	NC	NC	NC	NC	NC	NEW
0493U	TRNSPL MED QUAN DD-CFDNA NGS	NC	NC	NC	NC	NC	NEW
0494U	RBC AG FTL RHD GENE ALYS NGS	NC	NC	NC	NC	NC	NEW
0495U	ONC PRST8 ALYS CRCG PLSM PRT	THP	THP	THP	THP	THP	NEW
0496U	ONC CLRCT CFDNA 8/7 GENES	NC	NC	NC	NC	NC	NEW
0497U	ONC PRST8 MRNA RT-PCR 6GENES	NC	NC	NC	NC	NC	NEW
0498U	ONC CLRCT NGS MUT DETC 43GEN	NC	NC	NC	NC	NC	NEW
0499U	ONC CLRCT&LNG DNA NGS 8GENES	NC	NC	NC	NC	NC	NEW
0500U	AUTOINFLAM DS VEXAS SYND DNA	THP	THP	THP	THP	THP	NEW
0501U	ONC CLRCT BLD QUAN MEAS CFDNA	NC	NC	NC	NC	NC	NEW
0502U	HPV E6/E7 MRK HIRSK TYP CRV	THP	THP	THP	THP	THP	NEW
0503U	NEURO ALZ DS BAMYLA&TAU PRTN	NC	NC	NC	NC	NC	NEW
0504U	NFCT DS UTI ID 17 PATH ORGS	NC	NC	NC	NC	NC	NEW
0505U	NFCT DS VAG INFCTJ ID 32ORGS	THP	THP	THP	THP	THP	NEW
0506U	GI BARRETTES ESOPHGL CELL 89	NC	NC	NC	NC	NC	NEW
0507U	ONC OVR DNA WHOLE GEN W/5HMC	NC	NC	NC	NC	NC	NEW
0508U	TRNSPLJ MED DDCFDNA 40 SNPS	NC	NC	NC	NC	NC	NEW
0509U	TRNSPLJ MED DDCFDNA<12 SNPS	NC	NC	NC	NC	NC	NEW
0510U	ONC PNCRTC CA ALG ALYS 16GEN	NC	NC	NC	NC	NC	NEW
0511U	ONC SOL TUM 3DMICROENVIR 36+	NC	NC	NC	NC	NC	NEW
0512U	ONC PRST8 ALYS DGTZ IMG MSI	NC	NC	NC	NC	NC	NEW
0513U	ONC PRST8 ALG ALYS MSI&HRD	NC	NC	NC	NC	NC	NEW
0514U	GI IBD IA QUAN DETER ADL LVL	NC	NC	NC	NC	NC	NEW
0515U	GI IBD IA QUAN DETER IFX LVL	NC	NC	NC	NC	NC	NEW
0516U	RX METAB RXGENOMIC GNOTYP 40	NC	NC	NC	NC	NC	NEW
0517U	THER RX MNTR 80+ PSYACTIV RX	NC	NC	NC	NC	NC	NEW
0518U	THER RX MNTR 90+ PN&MTL HLTH	NC	NC	NC	NC	NC	NEW
0519U	THER RX MNTR MEDS P/D/A 110+	NC	NC	NC	NC	NC	NEW



Codes Requiring Authorization

THP = The Health Plan eC = eviCore MHT = Mountain Health Trust

Code	Description	Auth Vendor					Notes
		Commercial	PEIA	MHT	Medicare	Self-Funded	
0520U	THER RX MNTR 200+ RX/SBSTS	NC	NC	NC	NC	NC	NEW
15630	DELAY FLAP/SCTJ FLAP EYELIDS NOSE EARS/LIPS	THP	THP	THP	THP	THP	Potential Benefit Exclusion
15771	GRFG AUTOL FAT LIPO 50 CC/<	THP	THP	THP	THP	THP	Potential Benefit Exclusion
15772	GRFG AUTOL FAT LIPO EA ADDL	THP	THP	THP	THP	THP	Potential Benefit Exclusion
15773	GRAFTING OF AUTOLOGOUS FAT BY LIPO 25 CC OR LESS	THP	THP	THP	THP	THP	Potential Benefit Exclusion
15774	GRAFTING OF AUTOLOGOUS FAT BY LIPO EA ADDL 25 CC	THP	THP	THP	THP	THP	Potential Benefit Exclusion
15775	PUNCH GRAFT HAIR TRANSPLANT 1-15 PUNCH GRAFTS	THP	THP	THP	THP	THP	Potential Benefit Exclusion
15776	PUNCH GRAFT HAIR TRANSPLANT >15 PUNCH GRAFTS	THP	THP	THP	THP	THP	Potential Benefit Exclusion
15777	IMPLNT BIO IMPLNT FOR SOFT TISSUE REINFORCEMENT	THP	THP	THP	THP	THP	Potential Benefit Exclusion
15780	DERMABRASION TOTAL FACE	THP	THP	THP	THP	THP	Potential Benefit Exclusion
15781	DERMABRASION SEGMENTAL FACE	THP	THP	THP	THP	THP	Potential Benefit Exclusion
15782	DERMABRASION REGIONAL OTHER THAN FACE	THP	THP	THP	THP	THP	Potential Benefit Exclusion
15783	DERMABRASION SUPERFICIAL ANY SITE	THP	THP	THP	THP	THP	Potential Benefit Exclusion
15785	ABRASION OF SKIN, REGIONAL	THP	THP	THP	THP	THP	Potential Benefit Exclusion
15786	ABRASION 1 LESION	THP	THP	THP	THP	THP	Potential Benefit Exclusion
15787	ABRASION EACH ADDITIONAL 4 LESIONS OR LESS	THP	THP	THP	THP	THP	Potential Benefit Exclusion
15788	CHEMICAL PEEL FACIAL EPIDERMAL	THP	THP	THP	THP	THP	Potential Benefit Exclusion
15789	CHEMICAL PEEL FACIAL DERMAL	THP	THP	THP	THP	THP	Potential Benefit Exclusion
15790	CHEMICAL PEEL(CHEMEXFOLIATION)TOTAL FACE	THP	THP	THP	THP	THP	Potential Benefit Exclusion
15791	CHEMICAL PEEL REGIONAL,FACE,HAND,OR ELSEWHERE	THP	THP	THP	THP	THP	Potential Benefit Exclusion
15792	CHEMICAL PEEL NONFACIAL EPIDERMAL	THP	THP	THP	THP	THP	Potential Benefit Exclusion
15793	CHEMICAL PEEL NONFACIAL DERMAL	THP	THP	THP	THP	THP	Potential Benefit Exclusion
15800	COMBINED ABRASION OF SKIN	THP	THP	THP	THP	THP	Potential Benefit Exclusion
15810	SALABRASION; 20 SQ CM OR LESS	THP	THP	THP	THP	THP	Potential Benefit Exclusion
15811	SALABRASION; OVER 20 SQ CM	THP	THP	THP	THP	THP	Potential Benefit Exclusion
15819	CERVICOPLASTY	THP	THP	THP	THP	THP	Potential Benefit Exclusion
15820	BLEPHAROPLASTY LOWER EYELID	THP	THP	THP	THP	THP	Potential Benefit Exclusion
15821	BLEPHAROPLASTY LOWER EYELID HERNIATED FAT PAD	THP	THP	THP	THP	THP	Potential Benefit Exclusion
15822	BLEPHAROPLASTY UPPER EYELID	THP	THP	THP	THP	THP	Potential Benefit Exclusion
15823	BLEPHAROPLASTY UPPER EYELID W/EXCESSIVE SKIN	THP	THP	THP	THP	THP	Potential Benefit Exclusion
15824	RHYTIDECTOMY FOREHEAD	THP	THP	THP	THP	THP	Potential Benefit Exclusion
15825	RHYTIDECTOMY NECK W/PLATYSMAL TIGHTENING	THP	THP	THP	THP	THP	Potential Benefit Exclusion
15826	RHYTIDECTOMY GLABELLAR FROWN LINES	THP	THP	THP	THP	THP	Potential Benefit Exclusion
15827	RHYTIDECTOMY--	THP	THP	THP	THP	THP	Potential Benefit Exclusion
15828	RHYTIDECTOMY CHEEK CHIN & NECK	THP	THP	THP	THP	THP	Potential Benefit Exclusion
15829	RHYTIDECTOMY SMAS FLAP	THP	THP	THP	THP	THP	Potential Benefit Exclusion
15830	EXCISION SKIN ABD INFRAUMBILICAL PANNICULECTOMY	THP	THP	THP	THP	THP	Potential Benefit Exclusion
15831	EXCISION EXCESSIVE SKIN, SUB Q TISSUE, ABDOMEN	THP	THP	THP	THP	THP	Potential Benefit Exclusion
15832	EXCISION EXCESSIVE SKIN & SUBQ TISSUE THIGH	THP	THP	THP	THP	THP	Potential Benefit Exclusion
15833	EXCISION EXCESSIVE SKIN & SUBQ TISSUE LEG	THP	THP	THP	THP	THP	Potential Benefit Exclusion
15834	EXCISION EXCESSIVE SKIN & SUBQ TISSUE HIP	THP	THP	THP	THP	THP	Potential Benefit Exclusion
15835	EXCISION EXCESSIVE SKIN & SUBQ TISSUE BUTTOCK	THP	THP	THP	THP	THP	Potential Benefit Exclusion
15836	EXCISION EXCESSIVE SKIN & SUBQ TISSUE ARM	THP	THP	THP	THP	THP	Potential Benefit Exclusion
15837	EXC EXCESSIVE SKIN & SUBQ TISSUE FOREARM/HAND	THP	THP	THP	THP	THP	Potential Benefit Exclusion
15838	EXC EXCSV SKIN & SUBQ TISSUE SUBMENTAL FAT PAD	THP	THP	THP	THP	THP	Potential Benefit Exclusion



Codes Requiring Authorization

THP = The Health Plan eC = eviCore MHT = Mountain Health Trust

Code	Description	Auth Vendor					Notes
		Commercial	PEIA	MHT	Medicare	Self-Funded	
15839	EXCISION EXCESSIVE SKIN & SUBQ TISSUE OTHER AREA	THP	THP	THP	THP	THP	Potential Benefit Exclusion
15847	EXCISION EXCESSIVE SKIN & SUBQ TISSUE ABDOMEN	THP	THP	THP	THP	THP	Potential Benefit Exclusion
15876	SUCTION ASSISTED LIPECTOMY HEAD & NECK	THP	THP	THP	THP	THP	Potential Benefit Exclusion
15877	SUCTION ASSISTED LIPECTOMY TRUNK	THP	THP	THP	THP	THP	Potential Benefit Exclusion
15878	SUCTION ASSISTED LIPECTOMY UPPER EXTREMITY	THP	THP	THP	THP	THP	Potential Benefit Exclusion
15879	SUCTION ASSISTED LIPECTOMY LOWER EXTREMITY	THP	THP	THP	THP	THP	Potential Benefit Exclusion
17106	DESTRUCTION CUTANEOUS VASC PROLIFERATIVE <10CM	THP	THP	THP	THP	THP	Potential Benefit Exclusion
17107	DSTRJ CUTANEOUS VASCULAR LESIONS 10.0-50.0 SQ CM	THP	THP	THP	THP	THP	Potential Benefit Exclusion
17108	DSTRJ CUTANEOUS VASCULAR LESIONS >50.0 SQ CM	THP	THP	THP	THP	THP	Potential Benefit Exclusion
17999	UNLISTED PX SKIN MUC MEMBRANE & SUBQ TISSUE	THP	THP	THP	THP	THP	Potential Benefit Exclusion
19316	MASTOPEXY	THP	THP	THP	THP	THP	Potential Benefit Exclusion
19318	REDUCTION MAMMAPLASTY	THP	THP	THP	THP	THP	Potential Benefit Exclusion
19324	MAMMAPLASTY AUGMENTATION W/O PROSTHETIC IMPLANT	THP	THP	THP	THP	THP	Potential Benefit Exclusion
19325	MAMMAPLASTY AUGMENTATION W/PROSTHETIC IMPLANT	THP	THP	THP	THP	THP	Potential Benefit Exclusion
19328	REMOVAL INTACT MAMMARY IMPLANT	THP	THP	THP	THP	THP	Potential Benefit Exclusion
19330	REMOVAL MAMMARY IMPLANT MATERIAL	THP	THP	THP	THP	THP	Potential Benefit Exclusion
19331	REMOVAL OF MAMMARY IMPLANT MATERIAL--	THP	THP	THP	THP	THP	Potential Benefit Exclusion
19340	IMMT INSJ BRST PROSTH FLWG MASTOPEXY MAST/RCNSTJ	THP	THP	THP	THP	THP	Potential Benefit Exclusion
19342	DLYD INSJ BRST PROSTH FLWG MASTOPEXY MAST/RCNSTJ	THP	THP	THP	THP	THP	Potential Benefit Exclusion
19350	NIPPLE/AREOLA RECONSTRUCTION	THP	THP	THP	THP	THP	Potential Benefit Exclusion
19351	RECONSTRUCTION OF NIPPLE AND/OR AREOLA	THP	THP	THP	THP	THP	Potential Benefit Exclusion
19355	CORRECTION INVERTED NIPPLES	THP	THP	THP	THP	THP	Potential Benefit Exclusion
19357	BRST RCNSTJ IMMT/DLYD W/TISS EXPANDER SBSQ XPNSJ	THP	THP	THP	THP	THP	Potential Benefit Exclusion
19360	BREAST RECONSTRUCTION W MUSCLE OR MYOCUT	THP	THP	THP	THP	THP	Potential Benefit Exclusion
19361	BRST RCNSTJ W/LATSMS D/SI FLAP WO PRSTHC IMPL	THP	THP	THP	THP	THP	Potential Benefit Exclusion
19362	BREAST RECONS. W/TRANSVERSE RECTUS ABDOMINIS FLAP	THP	THP	THP	THP	THP	Potential Benefit Exclusion
19364	BREAST RECONSTRUCTION FREE FLAP	THP	THP	THP	THP	THP	Potential Benefit Exclusion
19366	BREAST RECONSTRUCTION OTHER TECHNIQUE	THP	THP	THP	THP	THP	Potential Benefit Exclusion
19367	BREAST RECONSTRUCTION TRAM FLAP 1 PEDICLE	THP	THP	THP	THP	THP	Potential Benefit Exclusion
19368	BREAST RECONSTRUCTION TRAM 1 PEDCL MVASC ANAST	THP	THP	THP	THP	THP	Potential Benefit Exclusion
19369	BREAST RECONSTRUCTION TRAM FLAP DOUBLE PEDICLE	THP	THP	THP	THP	THP	Potential Benefit Exclusion
19370	OPEN PERIPROSTHETIC CAPSULOTOMY BREAST	THP	THP	THP	THP	THP	Potential Benefit Exclusion
19371	PERIPROSTHETIC CAPSULECTOMY BREAST	THP	THP	THP	THP	THP	Potential Benefit Exclusion
19380	REVISION RECONSTRUCTED BREAST	THP	THP	THP	THP	THP	Potential Benefit Exclusion
19396	PREPARATION MOULAGE CUSTOM BREAST IMPLANT	THP	THP	THP	THP	THP	Potential Benefit Exclusion
19499	UNLISTED PROCEDURE BREAST	THP	THP	THP	THP	THP	Potential Benefit Exclusion
20527	INJECTION ENZYME PALMAR FASCIAL CORD	THP	THP	THP	THP	THP	
20560	NEEDLE INSERTION W/O INJECTION 1 OR 2 MUSCLES	THP	THP	THP	THP	No Auth Needed	
20561	NEEDLE INSERTION W/O INJECTION 3 OR MORE MUSCLES	THP	THP	THP	THP	No Auth Needed	
20912	CARTILAGE GRAFT NASAL SEPTUM	THP	THP	THP	THP	THP	
20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	eC	eC	eC	eC	No Auth Needed	
20931	ALLOGRAFT FOR SPINE SURGERY ONLY STRUCTURAL	eC	eC	eC	eC	No Auth Needed	
20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	eC	eC	eC	eC	No Auth Needed	
20937	AUTOGRAFT SPINE SURGERY MORSELIZED SEP INCISION	eC	eC	eC	eC	No Auth Needed	
20938	AUTOGRAFT SPINE SURGERY BICORT/TRICORT SEP INC	eC	eC	eC	eC	No Auth Needed	



Codes Requiring Authorization

THP = The Health Plan eC = eviCore MHT = Mountain Health Trust

Code	Description	Auth Vendor					Notes
		Commercial	PEIA	MHT	Medicare	Self-Funded	
20974	ELECTRICAL STIMULATION BONE HEALING NONINVASIVE	eC	eC	eC	eC	THP	
20975	ELECTRICAL STIMULATION BONE HEALING INVASIVE	eC	eC	eC	eC	THP	
20999	UNLISTED PROCEDURE MUSCSKELETAL SYSTEM GENERAL	THP	THP	THP	THP	THP	
21010	ARTHROTOMY TEMPOROMANDIBULAR JOINT	THP	THP	THP	THP	THP	
21012	EXCISION TUMOR SOFT TISS FACE/SCALP SUBQ 2 CM/>	THP	THP	THP	THP	THP	
21073	MANIPULATION TMJ THERAPEUTIC REQUIRE ANESTHESIA	THP	THP	THP	THP	THP	
21089	UNLISTED MAXILLOFACIAL PROSTHETIC PROCEDURE	THP	THP	THP	THP	THP	
21110	APPL INTERDENTAL FIXATION DEVICE NON-FX/DISLC	THP	THP	THP	THP	THP	
21116	INJECTION TEMPOROMANDIBULAR JOINT ARTHROGRAPHY	THP	THP	THP	THP	THP	
21120	GENIOPLASTY AUGMENTATION	THP	THP	THP	THP	THP	
21121	GENIOPLASTY SLIDING OSTEOTOMY SINGLE PIECE	THP	THP	THP	THP	THP	
21122	GENIOPLASTY 2/> SLIDING OSTEOTOMIES	THP	THP	THP	THP	THP	
21123	GENIOP SLIDING AGMNTJ W/INTERPOSAL BONE GRAFTS	THP	THP	THP	THP	THP	
21125	AGMNTJ MNDBLR BODY/ANGLE PROSTHETIC MATERIAL	THP	THP	THP	THP	THP	
21127	AGMNTJ MNDBLR BDY//ANGL W/GRF ONLAY/INTERPOSAL	THP	THP	THP	THP	THP	
21137	REDUCTION FOREHEAD CONTOURING ONLY	THP	THP	THP	THP	THP	
21138	RDCTJ FHD CNTRG & PROSTHETIC MATRL/BONE GRAFT	THP	THP	THP	THP	THP	
21139	RDCTJ FHD CNTRG & SETBACK ANT FRONTAL SINUS WALL	THP	THP	THP	THP	THP	
21141	RCNSTJ MIDFACE LEFORT I 1 PIECE W/O BONE GRAFT	THP	THP	THP	THP	THP	
21142	RCNSTJ MIDFACE LEFORT I 2 PIECES W/O BONE GRAFT	THP	THP	THP	THP	THP	
21143	RCNSTJ MIDFACE LEFORT I 3/> PIECE W/O BONE GRAFT	THP	THP	THP	THP	THP	
21144	RECONSTRUCTION MIDFACE,LEFORT I;INTRUSION SINGLE	THP	THP	THP	THP	THP	
21145	RCNSTJ MIDFACE LEFORT I 1 PIECE W/BONE GRAFTS	THP	THP	THP	THP	THP	
21146	RCNSTJ MIDFACE LEFORT I 2 PIECES W/BONE GRAFTS	THP	THP	THP	THP	THP	
21147	RCNSTJ MIDFACE LEFORT I 3/> PIECE W/BONE GRAFTS	THP	THP	THP	THP	THP	
21150	RCNSTJ MIDFACE LEFORT II ANTERIOR INTRUSION	THP	THP	THP	THP	THP	
21151	RCNSTJ MIDFACE LEFORT II W/BONE GRAFTS	THP	THP	THP	THP	THP	
21154	RCNSTJ MIDFACE LEFORT III W/O LEFORT I	THP	THP	THP	THP	THP	
21155	RCNSTJ MIDFACE LEFORT III W/LEFORT I	THP	THP	THP	THP	THP	
21159	RCNSTJ MIDFACE LEFORT III W/FHD W/O LEFORT I	THP	THP	THP	THP	THP	
21160	RCNSTJ MIDFACE LEFORT III W/FHD W/LEFORT I	THP	THP	THP	THP	THP	
21172	RCNSTJ SUPERIOR-LATERAL ORBITAL RIM & LOWER FHD	THP	THP	THP	THP	THP	
21175	RCNSTJ BIFRONTAL SUPERIOR-LAT ORB RIMS & LWR FHD	THP	THP	THP	THP	THP	
21179	RCNSTJ FOREHEAD &/ SUPRAORB RIMS W/ALGRF/PROSTC	THP	THP	THP	THP	THP	
21180	RCNSTJ FOREHEAD &/ SUPRAORBITAL RIMS W/AUTOGRAFT	THP	THP	THP	THP	THP	
21181	RCNSTJ CONTOURING BENIGN TUMOR CRNL BONES XTRC	THP	THP	THP	THP	THP	
21182	RCNSTJ ORBIT/FHD/NASETHMD EXCBONE TUM GRF<40SQCM	THP	THP	THP	THP	THP	
21183	RCNSTJ ORBIT/FHD/NASETHMD EXC BONE GRF>40 <80	THP	THP	THP	THP	THP	
21184	RCNSTJ ORBIT/FHD/NASETHMD EXC BONE TUM GRF>80SQ	THP	THP	THP	THP	THP	
21188	RCNSTJ MDFC OTH/THN LEFORT OSTEOT & BONE GRAFTS	THP	THP	THP	THP	THP	
21193	RCNSTJ MNDBLR RAMI HRZNTL/VER/C/L OSTEOT W/O GRF	THP	THP	THP	THP	THP	
21194	RCNSTJ MNDBLR RAMI HRZNTL/VER/C/L OSTEOT W/GRAFT	THP	THP	THP	THP	THP	
21195	RCNSTJ MNDBLR RAMI&/BODY SGTL SPLT W/O INT RGD	THP	THP	THP	THP	THP	
21196	RCNSTJ MNDBLR RAMI&/BDY SGTL SPLT W/INT RGD FI	THP	THP	THP	THP	THP	
21198	OSTEOTOMY MANDIBLE SEGMENTAL	THP	THP	THP	THP	THP	



Codes Requiring Authorization

THP = The Health Plan eC = eviCore MHT = Mountain Health Trust

Code	Description	Auth Vendor					Notes
		Commercial	PEIA	MHT	Medicare	Self-Funded	
21199	OSTEOTOMY MANDIBLE SGM TL W/GENIOGLOSSUS ADV MNT	THP	THP	THP	THP	THP	
21200	OSTEOTOMY; MANDIBLE, TOTAL OR HORIZONTAL	THP	THP	THP	THP	THP	
21202	OSTEOTOMY MANDIBLE, SEGMENTAL	THP	THP	THP	THP	THP	
21203	OSTEOTOMY MANDIBULAR RAMUS (OSTEOTOMY)	THP	THP	THP	THP	THP	
21204	OSTEOTOMY MAXILLA, TOTAL	THP	THP	THP	THP	THP	
21206	OSTEOTOMY MAXILLA SEGMENTAL	THP	THP	THP	THP	THP	
21207	REDUCTION GENIOPLASTY	THP	THP	THP	THP	THP	
21208	OSTEOPLASTY FACIAL BONES AUGMENTATION	THP	THP	THP	THP	THP	
21209	OSTEOPLASTY FACIAL BONES REDUCTION	THP	THP	THP	THP	THP	
21210	GRAFT BONE NASAL/MAXILLARY/MALAR AREAS	THP	THP	THP	THP	THP	
21215	GRAFT BONE MANDIBLE	THP	THP	THP	THP	THP	
21220	BONE GRAFT,CHIN IMPLANT,ALLOPLASTIC	THP	THP	THP	THP	THP	
21230	GRAFT RIB CRTLG AUTOGENOUS FACE/CHIN/NOSE/EAR	THP	THP	THP	THP	THP	
21235	GRAFT EAR CRTLG AUTOGENOUS NOSE/EAR	THP	THP	THP	THP	THP	
21239	IMPLANT, CHIN, HOMOLOGOUS, HETEROLOGOUS,	THP	THP	THP	THP	THP	
21240	ARTH RP TEMPOROMANDIBULAR JOINT W/WO AUTOGRAFT	THP	THP	THP	THP	THP	
21241	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT--	THP	THP	THP	THP	THP	
21242	ARTHROPLASTY TEMPOROMANDIBULAR JT W/ALLOGRAFT	THP	THP	THP	THP	THP	
21243	ARTH RP TMPRMAND JOINT W/PROSTHETIC REPLACEMENT	THP	THP	THP	THP	THP	
21244	RCNSTJ MNDBL XTRORAL W/TRANSOSTEAL BONE PLATE	THP	THP	THP	THP	THP	
21245	RCNSTJ MNDBL/MAXL SUBPRIOSTEAL IMPLANT PARTIAL	THP	THP	THP	THP	THP	
21246	RCNSTJ MNDBL/MAXL SUBPRIOSTEAL IMPLANT COMPLETE	THP	THP	THP	THP	THP	
21247	RCNSTJ MNDBLR CONDYLE W/BONE CARTLG AUTOGRAFTS	THP	THP	THP	THP	THP	
21248	RCNSTJ MANDIBLE/MAXL ENDOSTEAL IMPLANT PARTIAL	THP	THP	THP	THP	THP	
21249	RCNSTJ MANDIBLE/MAXL ENDOSTEAL IMPLANT COMPLETE	THP	THP	THP	THP	THP	
21250	OSTEOPLASTY OF MAXILLA AND/OR OTHER FACI	THP	THP	THP	THP	THP	
21254	OSTEOPLASTY OF MAXILLA AND/OR OTHER FACI	THP	THP	THP	THP	THP	
21255	RCNSTJ ZYG MTC ARCH/GLENOID FOSSA W/BONE CARTLG	THP	THP	THP	THP	THP	
21256	RECONSTRUCTION ORBIT W/OSTEOTOMIES & BONE GRAFTS	THP	THP	THP	THP	THP	
21260	PERIORBITAL OSTEOTOMIES BONE GRAFTS EXTRACRANIAL	THP	THP	THP	THP	THP	
21261	PERIORBITAL OSTEOTOMIES W/BONE GRAFTS ICRA & XTR	THP	THP	THP	THP	THP	
21263	PERIORBITAL OSTEOTOMIES W/BONE GRAFTS W/FOREHEAD	THP	THP	THP	THP	THP	
21267	ORBITAL REPOSITIONING W/BONE GRAFTS EXTRACRANIAL	THP	THP	THP	THP	THP	
21268	ORBITAL REPOSITIONING W/BONE GRAFTS ICRA & XTRC	THP	THP	THP	THP	THP	
21270	MALAR AUGMENTATION PROSTHETIC MATERIAL	THP	THP	THP	THP	THP	
21275	SECONDARY REVISION ORBITOCRANIOFACIAL RCNSTJ	THP	THP	THP	THP	THP	
21280	MEDIAL CANTHOPEXY SEPARATE PROCEDURE	THP	THP	THP	THP	THP	
21282	LATERAL CANTHOPEXY	THP	THP	THP	THP	THP	
21295	REDUCTION MASSETER MUSCLE & BONE EXTRAORAL	THP	THP	THP	THP	THP	
21296	REDUCTION MASSETER MUSCLE & BONE INTRAORAL	THP	THP	THP	THP	THP	
21299	UNLISTED CRANIOFACIAL & MAXILLOFACIAL PROCEDURE	THP	THP	THP	THP	THP	
21497	INTERDENTAL WIRING OTHER THAN FRACTURE	THP	THP	THP	THP	THP	
21685	HYOID MYOTOMY & SUSPENSION	THP	THP	THP	THP	THP	
21899	UNLISTED PROCEDURE NECK/THORAX	THP	THP	THP	THP	THP	
22510	PERQ VERTEBROPLASTY UNI/BI INJX CERVICOTHORACIC	eC	eC	eC	eC	THP	



Codes Requiring Authorization

THP = The Health Plan eC = eviCore MHT = Mountain Health Trust

Code	Description	Commercial	PEIA	Auth Vendor			Notes
				MHT	Medicare	Self-Funded	
22511	PERQ VERTEBROPLASTY UNI/BI INJECTION LUMBOSACRAL	eC	eC	eC	eC	THP	
22512	VERTEBROPLASTY EACH ADDL CERVICOTHOR/LUMBOSACRAL	eC	eC	eC	eC	THP	
22513	PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULATION	eC	eC	eC	eC	THP	
22514	PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULJ LMBR	eC	eC	eC	eC	THP	
22515	PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULJ EACH	eC	eC	eC	eC	THP	
22520	PERCUT VERTEBROPLAS-1 VERT, UNILAT/BILAT THORACIC	THP	THP	THP	THP	THP	
22521	PERC VERTEBROPL, 1 VERT - UNILAT/BILAT INJ, LUMBAR	THP	THP	THP	THP	THP	
22523	KYPHOPLASTY, THORACIC UNILATERAL OR BILATERAL	THP	THP	THP	THP	THP	
22524	PERCUT VERTEBR INCLU CAV CREAT & BONE BIOP(LUMBAR)	THP	THP	THP	THP	THP	
22526	PERQ INTRDSCL ELECTROTHRM ANNULOPLASTY 1 LEVEL	eC	eC	eC	eC	THP	
22527	PERQ INTRDSCL ELECTROTHRM ANNULOPLASTY ADDL LVL	eC	eC	eC	eC	THP	
22533	ARTHRODESIS LATERAL EXTRACAVITARY LUMBAR	eC	eC	eC	eC	THP	
22534	ARTHRODESIS LAT EXTRACAVITARY EA ADDL THRC/LMBR	eC	eC	eC	eC	THP	
22551	ARTHROD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	eC	eC	eC	eC	THP	
22552	ARTHROD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	eC	eC	eC	eC	THP	
22554	ARTHROD ANT MIN DISCECT INTERBODY CERV BELOW C2	eC	eC	eC	eC	THP	
22558	ARTHRODESIS ANTERIOR INTERBODY LUMBAR	eC	eC	eC	eC	THP	
22585	ARTHRODESIS ANTERIOR INTERBODY EA ADDL NTRSPC	eC	eC	eC	eC	THP	
22586	ARTHRODESIS PRESACRAL INTRBDY W/INSTRUMENT L5-S1	eC	eC	eC	eC	THP	
22595	ARTHRODESIS POSTERIOR ATLAS-AXIS C1-C2	eC	eC	eC	eC	THP	
22600	ARTHRODESIS PST/PSTLAT CERVICAL BELW C2 SGM	eC	eC	eC	eC	THP	
22612	ARTHRODESIS POSTERIOR/POSTEROLATERAL LUMBAR	eC	eC	eC	eC	THP	
22614	ARTHRODESIS POSTERIOR/POSTEROLATERAL EA ADDL	eC	eC	eC	eC	THP	
22630	ARTHRODESIS POSTERIOR INTERBODY LUMBAR	eC	eC	eC	eC	THP	
22632	ARTHRODESIS POSTERIOR INTERBODY EA ADDL	eC	eC	eC	eC	THP	
22633	ARTHROD POST/POSTEROLATRL/POSTINTERBODY LUMBAR	eC	eC	eC	eC	THP	
22634	ARTHROD POST/POSTERLATRL/POSTINTRBDYADL SPC/SEG	eC	eC	eC	eC	THP	
22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	eC	eC	eC	eC	THP	
22841	INTERNAL SPINAL FIXATION WIRING SPINOUS PROCESS	eC	eC	eC	eC	THP	
22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	eC	eC	eC	eC	THP	
22843	POSTERIOR SEGMENTAL INSTRUMENTATION 7-12 VRT SEG	eC	eC	eC	eC	THP	
22844	POSTERIOR SEGMENTAL INSTRUMENTATION 13/> VRT SE	eC	eC	eC	eC	THP	
22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	eC	eC	eC	eC	THP	
22846	ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS	eC	eC	eC	eC	THP	
22847	ANTERIOR INSTRUMENTATION 8/> VERTEBRAL SEGMENTS	eC	eC	eC	eC	THP	
22848	PELVIC FIXATION OTHER THAN SACRUM	eC	eC	eC	eC	No Auth Needed	
22851	APPLICATION INTER VERETEBRAL BIOMECHAN DEVICE	THP	THP	THP	THP	THP	
22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHROD	eC	eC	eC	eC	THP	
22854	INSJ BIOMCHN DEV VRT CORPECTOMY DEFECT W/ARTHROD	eC	eC	eC	eC	THP	
22856	TOT DISC ARTHRP ART DISC ANT APPRO 1 NTRSPC CRV	eC	eC	eC	eC	THP	
22857	TOT DISC ARTHRP ART DISC ANT APPRO 1 NTRSPC LMBR	eC	eC	eC	eC	THP	
22858	TOT DISC ARTHRP ANT APPR DISC 2ND LEVEL CERVICAL	eC	eC	eC	eC	THP	
22859	INSJ BIOMCHN DEV NTRVRT DISC SPACE W/O ARTHROD	eC	eC	eC	eC	THP	
22860	TOTAL DISC ARTHRP ANT SECOND INTERSPACE LUMBAR	eC	eC	eC	eC	THP	
22861	REVJ RPLCMT DISC ARTHROPLASTY ANT 1 NTRSPC CRV	eC	eC	eC	eC	THP	



Codes Requiring Authorization

THP = The Health Plan eC = eviCore MHT = Mountain Health Trust

Code	Description	Commercial	PEIA	Auth Vendor			Notes
				MHT	Medicare	Self-Funded	
22862	REVJ RPLCMT DISC ARTHROPLASTY ANT 1 NTRSPC LMBR	eC	eC	eC	eC	THP	
22867	INSJ STABLJ DEV W/DCMPRN LUMBAR SINGLE LEVEL	eC	eC	eC	eC	No Auth Needed	
22868	INSJ STABLJ DEV W/DCMPRN LUMBAR SECOND LEVEL	eC	eC	eC	eC	No Auth Needed	
22869	INSJ STABLJ DEV W/O DCMPRN LUMBAR SINGLE LEVEL	eC	eC	eC	eC	No Auth Needed	
22870	INSJ STABLJ DEV W/O DCMPRN LUMBAR SECOND LEVEL	eC	eC	eC	eC	No Auth Needed	
23000	REMOVAL SUBDELTOID CALCAREOUS DEPOSITS OPEN	eC	eC	eC	eC	THP	
23020	CAPSULAR CONTRACTURE RELEASE	eC	eC	eC	eC	THP	
23120	CLAVICULECTOMY PARTIAL	eC	eC	eC	eC	THP	
23130	PARTIAL REPAIR OR REMOVAL OF SHOULDER BONE	eC	eC	eC	eC	THP	
23410	OPEN REPAIR OF ROTATOR CUFF ACUTE	eC	eC	eC	eC	THP	
23412	OPEN REPAIR OF ROTATOR CUFF CHRONIC	eC	eC	eC	eC	THP	
23415	CORACOACROMIAL LIGAMENT RELEAS W/WOACROMIOPLASTY	eC	eC	eC	eC	THP	
23420	RECONSTRUCTION ROTATOR CUFF AVULSION CHRONIC	eC	eC	eC	eC	THP	
23430	TENODESIS LONG TENDON BICEPS	eC	eC	eC	eC	THP	
23440	RESECTION/TRANSPLANTATION LONG TENDON BICEPS	eC	eC	eC	eC	THP	
23450	CAPSULORRHAPHY ANTERIOR PUTTI-PLATT/MAGNUSON	eC	eC	eC	eC	THP	
23455	CAPSULORRHAPHY ANTERIOR W/LABRAL REPAIR	eC	eC	eC	eC	THP	
23460	CAPSULORRHAPHY ANTERIOR WITH BONE BLOCK	eC	eC	eC	eC	THP	
23462	CAPSULORRHAPHY ANTERIOR W/CORACOID PROCESS TR	eC	eC	eC	eC	THP	
23465	CAPSULORRHAPHY GLENOHUMERAL JT PST W/WO BONE BLK	eC	eC	eC	eC	THP	
23466	CAPSULORRHAPHY GLENOHUMRL JT MULTI-DIRIONAL INS	eC	eC	eC	eC	THP	
23470	ARTHROPLASTY GLENOHUMRL JT HEMIARTHROPLASTY	eC	eC	eC	eC	THP	
23472	ARTHROPLASTY GLENOHUMERAL JOINT TOTAL SHOULDER	eC	eC	eC	eC	THP	
23473	REVIS SHOULDER ARTHRPLSTY HUMERAL/GLENOID COMPNT	eC	eC	eC	eC	THP	
23474	REVIS SHOULDER ARTHRPLSTY HUMERAL&GLENOID COMPNT	eC	eC	eC	eC	THP	
23700	MANIPULATION UNDER ANESTHESIA, SHOULDER JOINT, INCLUDING APPLICATION OF FIXATION APPARATUS (DISLOCATION EXCLUDED)	eC	eC	eC	eC	THP	
27096	INJECT SI JOINT ARTHRGRPHY&/ANES/STEROID W/IMA	eC	eC	eC	eC	No Auth Needed	
27125	HEMIARTHROPLASTY HIP PARTIAL	eC	eC	eC	eC	THP	
27130	ARTHRP ACETBLR/PROX FEM PROSTC AGRFT/ALGRFT	eC	eC	eC	eC	THP	
27132	CONV PREV HIP TOT HIP ARTHRP W/WO AGRFT/ALGRFT	eC	eC	eC	eC	THP	
27134	REVJ TOT HIP ARTHRP BTH W/WO AGRFT/ALGRFT	eC	eC	eC	eC	THP	
27137	REVJ TOT HIP ARTHRP ACTBLR W/WO AGRFT/ALGRFT	eC	eC	eC	eC	THP	
27138	REVJ TOT HIP ARTHRP FEM ONLY W/WO ALGRFT	eC	eC	eC	eC	THP	
27278	ARTHRODESIS, SI JOINT, INCL IA IMPLANT	eC	eC	eC	eC	THP	
27279	ARTHRODESIS SACROILIAC JOINT PERCUTANEOUS	eC	eC	eC	eC	THP	
27280	ARTHRODESIS SACROILIAC JOINT W/OBTAINING GRAFT	eC	eC	eC	eC	THP	
27332	ARTHRT W/EXC SEMILUNAR CRTLG KNEE MEDIAL/LAT	eC	eC	eC	eC	THP	
27333	ARTHRT W/EXC SEMILUNAR CRTLG KNEE MEDIAL&LAT	eC	eC	eC	eC	THP	
27334	ARTHROTOMY W/SYNOVECTOMY KNEE ANTERIOR/POSTERIOR	eC	eC	eC	eC	THP	
27335	ARTHRT W/SYNVCT KNE ANT&POST W/POP AREA	eC	eC	eC	eC	THP	
27339	EXC TUMOR SOFT TISSUE THIGH/KNEE SUBFASC 5 CM/>	THP	THP	THP	THP	THP	
27403	ARTHROTOMY W/MENISCUS REPAIR KNEE	eC	eC	eC	eC	THP	



Codes Requiring Authorization

THP = The Health Plan eC = eviCore MHT = Mountain Health Trust

Code	Description	Commercial	PEIA	Auth Vendor			Notes
				MHT	Medicare	Self-Funded	
27405	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; COLLATERAL	eC	eC	eC	eC	THP	
27412	AUTOLOGOUS CHONDROCYTE IMPLANTATION KNEE	eC	eC	eC	eC	THP	
27415	OSTEOCHONDRAL ALLOGRAFT KNEE OPEN	eC	eC	eC	eC	THP	
27416	OSTEOCHONDRAL AUTOGRAFT KNEE OPEN MOSAICPLASTY	eC	eC	eC	eC	THP	
27418	ANTERIOR TIBIAL TUBERCLEPLASTY	eC	eC	eC	eC	THP	
27420	RCNSTJ DISLOCATING PATELLA	eC	eC	eC	eC	THP	
27422	RCNSTJ DISLC PATELLA W/XTNSR RELIGNMT&/MUSC RL	eC	eC	eC	eC	THP	
27424	RCNSTJ DISLC PATELLA W/PATELLECTOMY	eC	eC	eC	eC	THP	
27425	LATERAL RETINACULAR RELEASE OPEN	eC	eC	eC	eC	THP	
27427	LIGAMENOUS RECONSTRUCTION KNEE EXTRA-ARTICULAR	eC	eC	eC	eC	THP	
27428	LIGAMENOUS RECONSTRUCTION KNEE INTRA-ARTICULAR	eC	eC	eC	eC	THP	
27429	LIGMOUS RCNSTJ AGMNTJ KNE INTRA-ARTICULAR XTR	eC	eC	eC	eC	THP	
27430	QUADRICEPSPLASTY	eC	eC	eC	eC	THP	
27437	ARTHROPLASTY PATELLA W/O PROSTHESIS	THP	THP	THP	THP	THP	
27438	ARTHROPLASTY PATELLA W/PROSTHESIS	eC	eC	eC	eC	THP	
27440	ARTHROPLASTY KNEE TIBIAL PLATEAU	eC	eC	eC	eC	THP	
27441	ARTHRP KNEE TIBIAL PLATEAU DBRDMT&PRTL SYNVCCT	eC	eC	eC	eC	THP	
27442	ARTHROPLASTY FEM CONDYLES/TIBIAL PLATEAU KNEE	eC	eC	eC	eC	THP	
27443	ARTHRP FEM CONDYLES/TIBL PLATU KNE DBRDMT&PRTL	eC	eC	eC	eC	THP	
27446	ARTHRP KNEE CONDYLE&PLATEAU MEDIAL/LAT CMPRT	eC	eC	eC	eC	THP	
27447	ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS	eC	eC	eC	eC	THP	
27472	RPR NON/MAL FEMUR DSTL H/N W/IILIAC/AUTOG BONE	THP	THP	THP	THP	THP	
27486	REVJ TOTAL KNEE ARTHRP W/WO ALGRFT 1 COMPONENT	eC	eC	eC	eC	THP	
27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	eC	eC	eC	eC	THP	
27570	MANIPULATION OF KNEE JOINT UNDER GENERAL ANESTHESIA (INCLUDES APPLICATION OF TRACTION OR OTHER FIXATION DEVICES)	eC	eC	eC	eC	THP	
27599	UNLISTED PROCEDURE FEMUR/KNEE	THP	THP	THP	THP	THP	
28112	OSTECTOMY COMPLETE OTHER METATARSAL HEAD 2/3/4	THP	THP	THP	THP	THP	
28270	CAPSUL MITTARPHLNGL JT W/WO TENORRHAPHY EA JT SPX	THP	THP	THP	THP	THP	
28890	ESWT HI NRG PHYS/QHP W/US GDN INVG PLNTAR FASCIA	THP	THP	THP	THP	THP	
29800	ARTHRS TEMPOROMANDIBULR JT DX W/WO SYNVAL BX SPX	THP	THP	THP	THP	THP	
29804	ARTHROSCOPY TEMPOROMANDIBULAR JOINT SURGICAL	THP	THP	THP	THP	THP	
29805	ARTHROSCOPY SHOULDER DX W/WO SYNOVIAL BIOPSY SPX	eC	eC	eC	eC	THP	
29806	ARTHROSCOPY SHOULDER SURGICAL CAPSULORRHAPHY	eC	eC	eC	eC	THP	
29807	ARTHROSCOPY SHOULDER SURGICAL REPAIR SLAP LESION	eC	eC	eC	eC	THP	
29819	ARTHROSCOPY SHOULDER SURGICAL REMOVAL LOOSE/FB	eC	eC	eC	eC	THP	
29820	ARTHROSCOPY SHOULDER SURG SYNOVECTOMY PARTIAL	eC	eC	eC	eC	THP	
29821	ARTHROSCOPY SHOULDER SURG SYNOVECTOMY COMPLETE	eC	eC	eC	eC	THP	
29822	ARTHROSCOPY SHOULDER SURG DEBRIDEMENT LIMITED	eC	eC	eC	eC	THP	
29823	ARTHROSCOPY SHOULDER SURG DEBRIDEMENT EXTENSIVE	eC	eC	eC	eC	THP	
29824	ARTHROSCOPY SHOULDER DISTAL CLAVICULECTOMY	eC	eC	eC	eC	THP	
29825	ARTHROSCOPY SHOULDER AHESIOLYSIS W/WO MANIPJ	eC	eC	eC	eC	THP	



Codes Requiring Authorization

THP = The Health Plan eC = eviCore MHT = Mountain Health Trust

Code	Description	Commercial	PEIA	Auth Vendor			Notes
				MHT	Medicare	Self-Funded	
29826	ARTHROSCOPY SHOULDER W/CORACOACRM LIGMNT RELEASE	eC	eC	eC	eC	THP	
29827	ARTHROSCOPY SHOULDER ROTATOR CUFF REPAIR	eC	eC	eC	eC	THP	
29828	ARTHROSCOPY SHOULDER BICEPS TENODESIS	eC	eC	eC	eC	THP	
29860	ARTHROSCOPY HIP DIAGNOSTIC W/WO SYNOVIAL BYP SPX	eC	eC	eC	eC	THP	
29861	ARTHROSCOPY HIP SURGICAL W/REMOVAL LOOSE/FB	eC	eC	eC	eC	THP	
29862	ARTHRS HIP DEBRIDEMENT/SHAVING ARTICULAR CRTLG	eC	eC	eC	eC	THP	
29863	ARTHROSCOPY HIP SURGICAL W/SYNOVECTOMY	eC	eC	eC	eC	THP	
29866	ARTHROSCOPY KNEE OSTEOCHONDRAL AGRFT MOSAICPLAST	eC	eC	eC	eC	THP	
29867	ARTHROSCOPY KNEE OSTEOCHONDRAL ALLOGRAFT	eC	eC	eC	eC	THP	
29868	ARTHROSCOPY KNEE MENISCAL TRNSPLJ MED/LAT	eC	eC	eC	eC	THP	
29870	ARTHROSCOPY KNEE DIAGNOSTIC W/WO SYNOVIAL BX SPX	eC	eC	eC	eC	THP	
29871	ARTHROSCOPY KNEE INFECTION LAVAGE & DRAINAGE	eC	eC	eC	eC	THP	
29873	ARTHROSCOPY KNEE LATERAL RELEASE	eC	eC	eC	eC	THP	
29874	ARTHROSCOPY KNEE REMOVAL LOOSE/FOREIGN BODY	eC	eC	eC	eC	THP	
29875	ARTHROSCOPY KNEE SYNOVECTOMY LIMITED SPX	eC	eC	eC	eC	THP	
29876	ARTHROSCOPY KNEE SYNOVECTOMY 2/>COMPARTMENTS	eC	eC	eC	eC	THP	
29877	ARTHRS KNEE DEBRIDEMENT/SHAVING ARTCLR CRTLG	eC	eC	eC	eC	THP	
29879	ARTHRS KNEE ABRASION ARTHRP/MLT DRLG/MICROFX	eC	eC	eC	eC	THP	
29880	ARTHRS KNEE W/MENISCECTOMY MED&LAT W/SHAVING	eC	eC	eC	eC	THP	
29881	ARTHRS KNE SURG W/MENISCECTOMY MED/LAT W/SHVG	eC	eC	eC	eC	THP	
29882	ARTHROSCOPY KNEE W/MENISCUS RPR MEDIAL/LATERAL	eC	eC	eC	eC	THP	
29883	ARTHROSCOPY KNEE W/MENISCUS RPR MEDIAL&LATERAL	eC	eC	eC	eC	THP	
29884	ARTHROSCOPY KNEE W/LYSIS ADHESIONS W/WO MANJ SPX	eC	eC	eC	eC	THP	
29885	ARTHRS KNEE DRILL OSTEOCHONDRITIS DISSECANS GRFG	eC	eC	eC	eC	THP	
29886	ARTHRS KNEE DRILLING OSTEOCHOND DISSECANS LESION	eC	eC	eC	eC	THP	
29887	ARTHRS KNEE DRLG OSTEOCHOND DISSECANS INT FIXJ	eC	eC	eC	eC	THP	
29888	ARTHRS AIDED ANT CRUCIATE LIGM RPR/AGMNTJ/RCNSTJ	eC	eC	eC	eC	THP	
29889	ARTHRS AIDED PST CRUCIATE LIGM RPR/AGMNTJ/RCNSTJ	eC	eC	eC	eC	THP	
29914	ARTHROSCOPY HIP W/FEMOROPLASTY	eC	eC	eC	eC	THP	
29915	ARTHROSCOPY HIP W/ACETABULOPLASTY	eC	eC	eC	eC	THP	
29916	ARTHROSCOPY HIP W/LABRAL REPAIR	eC	eC	eC	eC	THP	
29999	UNLISTED PROCEDURE ARTHROSCOPY	THP	THP	THP	THP	THP	
30125	EXC DERMOID CYST NOSE COMPLEX UNDER BONE/CRTLG	THP	THP	THP	THP	THP	
30130	EXCISION INFERIOR TURBINATE PARTIAL/COMPLETE	THP	THP	THP	THP	THP	
30400	RHINP PRIM LAT&ALAR CRTLGS&/ELVTN NASAL TI	THP	THP	THP	THP	THP	
30410	RHINP PRIM COMPLETE XTRNL PARTS	THP	THP	THP	THP	THP	
30420	RHINOPLASTY PRIMARY W/MAJOR SEPTAL REPAIR	THP	THP	THP	THP	THP	
30430	RHINOPLASTY SECONDARY MINOR REVISION	THP	THP	THP	THP	THP	
30435	RHINOPLASTY SECONDARY INTERMEDIATE REVISION	THP	THP	THP	THP	THP	
30440	RHINOPLASTY,SECOND,MINOR REVISION,NEW PA	THP	THP	THP	THP	THP	
30450	RHINOPLASTY SECONDARY MAJOR REVISION	THP	THP	THP	THP	THP	
30460	RHINP DFRM W/COLUM LNGTH TIP ONLY	THP	THP	THP	THP	THP	
30462	RHINP DFRM COLUM LNGTH TIP SEPTUM OSTEO	THP	THP	THP	THP	THP	
30468	RPR NSL VLV COLLAPSE W/IMPLT	THP	THP	THP	THP	THP	



Codes Requiring Authorization

THP = The Health Plan eC = eviCore MHT = Mountain Health Trust

Code	Description	Auth Vendor					Notes
		Commercial	PEIA	MHT	Medicare	Self-Funded	
30469	RPR NSL VLV COLLAPSE LW NRG SUBQ/SBMCSL RMDLG	THP	THP	THP	THP	THP	
30500	REPAIR, SUBMUCOUS RESECTION, CLASSIC, NA	THP	THP	THP	THP	THP	
30520	SEPTOPLASTY/SUBMUCOUS RESECJ W/WO CARTILAGE GRF	THP	THP	THP	THP	THP	
30540	REPAIR CHOANAL ATRESIA INTRANASAL	THP	THP	THP	THP	THP	
30545	REPAIR CHOANAL ATRESIA TRANSPALATINE	THP	THP	THP	THP	THP	
30560	LYSIS INTRANASAL SYNECHIA	THP	THP	THP	THP	THP	
30580	REPAIR FISTULA OROMAXILLARY	THP	THP	THP	THP	THP	
30600	REPAIR FISTULA ORONASAL	THP	THP	THP	THP	THP	
30620	SEPTAL/OTHER INTRANASAL DERMATOPLASTY	THP	THP	THP	THP	THP	
30630	REPAIR NASAL SEPTAL PERFORATIONS	THP	THP	THP	THP	THP	
31255	NASAL/SINUS NDSC W/TOTAL ETHOIDECTOMY	THP	THP	THP	THP	THP	
31288	NSL/SINUS NDSC SPHENDT RMVL TISS SPHENOID SINUS	THP	THP	THP	THP	THP	
31295	NASAL/SINUS NDSC SURG W/DILATION MAXILLARY SINUS	THP	THP	THP	THP	THP	
31296	NASAL/SINUS NDSC SURG W/DILATION FRONTAL SINUS	THP	THP	THP	THP	THP	
31297	NASAL/SINUS NDSC SURG W/DILATION SPHENOID SINUS	THP	THP	THP	THP	THP	
31599	UNLISTED PROCEDURE, LARYNX (LARYNGOPLASTY)	THP	THP	THP	THP	THP	
31627	BRONCHOSCOPY W/CPTR-ASST IMAGE-GUIDED NAVIGATION	THP	THP	THP	THP	THP	
31660	BRONCHOSCOPIC THERMOPLASTY ONE LOBE	THP	THP	THP	THP	THP	
31661	BRONCHOSCOPIC THERMOPLASTY 2/> LOBES	THP	THP	THP	THP	THP	
32851	LUNG TRANSPLANT, SINGLE W/O CARDIOPULM BYPASS	THP	THP	THP	THP	THP	
32852	LUNG TRANSPLANT, W/ CARDIOPULM BYPASS	THP	THP	THP	THP	THP	
32853	LUNG TRANSPLANT, DOUBLE W/O CARDIOPULM BYPASS	THP	THP	THP	THP	THP	
32854	LUNG TRANSPLANT, DOUBLE W/ CARDIOPULM BYPASS	THP	THP	THP	THP	THP	
32988	ABLATION THER REDUCT/ERAD OF 1 OR > PULM TUMORS	THP	THP	THP	THP	THP	
32994	ABLATION THER 1+ PULM TUMORS PERQ CRYOABLATION	THP	THP	THP	THP	THP	
32998	ABLATION THER 1+ PULM TUMORS PERQ RADIOFREQUENCY	THP	THP	THP	THP	THP	
33202	INSERTION EPICARDIAL ELECTRODE OPEN	THP	THP	THP	THP	THP	
33206	INS NEW/RPLCMT PRM PACEMAKR W/TRANS ELTRD ATRIAL	eC	eC	eC	eC	THP	
33207	INS NEW/RPLC PRM PACEMAKER W/TRANSV ELTRD VENTR	eC	eC	eC	eC	THP	
33208	INS NEW/RPLCMT PRM PM W/TRANSV ELTRD ATRIAL&VENT	eC	eC	eC	eC	THP	
33212	INS PM PLS GEN W/EXIST SINGLE LEAD	eC	eC	eC	eC	THP	
33213	INS PACEMAKER PULSE GEN ONLY W/EXIST DUAL LEADS	eC	eC	eC	eC	THP	
33214	UPG PACEMAKER SYS CONVERT 1CHMBR SYS 2CHMBR SYS	eC	eC	eC	eC	THP	
33215	RPSG PREV IMPLTED PM/DFB R ATR/R VENTR ELECTRODE	THP	THP	THP	THP	THP	
33216	INSJ 1 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	THP	THP	THP	THP	THP	
33217	INSJ 2 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	THP	THP	THP	THP	THP	
33218	RPR 1 TRANSVNS ELTRD PRM PM/PACING IMPLNTBL DFB	THP	THP	THP	THP	THP	
33219	REPAIR/REPLACE PULSE GENERATOR	THP	THP	THP	THP	THP	
33220	RPR 2 TRANSVNS ELECTRODES PRM PM/IMPLANTABLE DFB	THP	THP	THP	THP	THP	
33221	INS PACEMAKER PULSE GEN ONLY W/EXIST MULT LEADS	eC	eC	eC	eC	THP	
33222	RELOCATION OF SKIN POCKET FOR PACEMAKER	THP	THP	THP	THP	THP	
33223	RELOCATE SKIN POCKET IMPLANTABLE DEFIBRILLATOR	THP	THP	THP	THP	THP	
33224	INSJ ELTRD CAR VEN SYS ATCH PREV PM/DFB PLS GEN	eC	eC	eC	eC	THP	
33225	INSJ ELTRD CAR VEN SYS TM INSJ DFB/PM PLS GEN	eC	eC	eC	eC	THP	
33226	RPSG PREV IMPLTED CAR VEN SYS L VENTR ELTRD	THP	THP	THP	THP	THP	



Codes Requiring Authorization

THP = The Health Plan eC = eviCore MHT = Mountain Health Trust

Code	Description	Commercial	PEIA	Auth Vendor			Notes
				MHT	Medicare	Self-Funded	
33227	REMLV PERM PM PLSE GEN W/REPL PLSE GEN SNGL LEAD	eC	eC	eC	eC	No Auth Needed	
33228	REMLV PERM PM PLS GEN W/REPL PLSE GEN 2 LEAD SYS	eC	eC	eC	eC	No Auth Needed	
33229	REMLV PERM PM PLS GEN W/REPL PLSE GEN MULT LEAD	eC	eC	eC	eC	No Auth Needed	
33230	INSJ IMPLNTBL DEFIB PULSE GEN W/EXIST DUAL LEADS	eC	eC	eC	eC	THP	
33231	INSJ IMPLNTBL DEFIB PULSE GEN W/EXIST MULTILEADS	eC	eC	eC	eC	THP	
33232	REMOVAL OF PERMANENT PACEMAKER	THP	THP	THP	THP	THP	
33233	REMOVAL PERMANENT PACEMAKER PULSE GENERATOR ONLY	THP	THP	THP	THP	THP	
33234	RMVL TRANSVNS PM ELTRD 1 LEAD SYS ATR/VENTR	THP	THP	THP	THP	THP	
33235	RMVL TRANSVNS PM ELTRD DUAL LEAD SYS	THP	THP	THP	THP	THP	
33236	RMVL PRM EPICAR PM&ELTRDS THORCOM 1 LEAD SYS	THP	THP	THP	THP	THP	
33237	RMVL PRM EPICAR PM&ELTRDS THORCOM DUAL LEAD SY	THP	THP	THP	THP	THP	
33238	RMVL PRM TRANSVENOUS ELECTRODE THORACOTOMY	THP	THP	THP	THP	THP	
33240	INSJ IMPLNTBL DEFIB PULSE GEN W/1 EXISTING LD	eC	eC	eC	eC	THP	
33241	REMOVAL IMPLANTABLE DEFIB PULSE GENERATOR ONLY	THP	THP	THP	THP	THP	
33242	REPAIR IMPLANT. CARDIOVERTER-DEFIB-PULSE GEN.	THP	THP	THP	THP	THP	
33243	RMVL 1/DUAL CHAMBER DEFIB ELECTRODE BY THORACOM	THP	THP	THP	THP	THP	
33244	RMVL1/DUAL CHMBR IMPLTBL DFB ELTRD TRANSVNS XTRJ	THP	THP	THP	THP	THP	
33245	IMPLANTATION OF AUTOMATIC DEFIBRILLATOR	THP	THP	THP	THP	THP	
33246	IMPLANT OF AUTO DEFIBRILLATOR-PULSE GEN	THP	THP	THP	THP	THP	
33247	INS./REP.IMPLANT CARDIO-DEFIB LEADS OTHER THAN THO	THP	THP	THP	THP	THP	
33248	REMOV.AUTO. IMPLANTABLE DEFIBRILLATOR	THP	THP	THP	THP	THP	
33249	INSJ/RPLCMT PERM DFB W/TRNSVNS LDS 1/DUAL CHMBR	eC	eC	eC	eC	THP	
33262	RMVL IMPLTBL DFB PLSE GEN W/REPL PLSE GEN 1 LEAD	eC	eC	eC	eC	No Auth Needed	
33263	RMVL IMPLTBL DFB PLSE GEN W/RPLCMT PLSE GEN 2 LD	eC	eC	eC	eC	No Auth Needed	
33264	RMVL IMPLTBL DFB PLS GEN W/RPLCMT PLS GEN MLT LD	eC	eC	eC	eC	No Auth Needed	
33267	EXCLUSION LEFT ATRIAL APPENDAGE OPEN ANY METHOD	THP	THP	THP	THP	THP	
33268	EXCLUSION LAA OPEN TM STRNT/THRCM ANY METHOD	THP	THP	THP	THP	THP	
33269	EXCLUSION L ATR APPENDAGE THORACOSCOPIC ANY METH	THP	THP	THP	THP	THP	
33270	INS/RPLCMNT PERM SUBQ IMPLTBL DFB W/SUBQ ELTRD	eC	eC	eC	eC	THP	
33271	INSJ OF SUBQ IMPLANTABLE DEFIBRILLATOR ELECTRODE	THP	THP	THP	THP	THP	
33274	TCAT INSJ/RPL PERM LEADLESS PACEMAKER RV W/IMG	eC	eC	eC	eC	THP	
33275	TCAT REMOVAL PERM LEADLESS PM RIGHT VENTR W/IMG	eC	eC	eC	eC	THP	
33282	IMPLANTATION OF CARDIAC EVENT RECORDER	THP	THP	THP	THP	THP	
33284	REMOVAL OF CARDIAC EVENT RECORDER	THP	THP	THP	THP	THP	
33289	TCAT IMPL WRLS P-ART PRS SNR L-T HEMODYN MNTR	eC	eC	eC	eC	THP	
33361	TAVR/TAVI; PERCUTANEOUS FEMORAL	THP	THP	THP	THP	THP	
33362	TAVR/TAVI; OPEN FEMORAL	THP	THP	THP	THP	THP	
33363	TAVR/TAVI; OPEN AXILLARY	THP	THP	THP	THP	THP	
33364	TAVR/TAVI; OPEN ILIAC	THP	THP	THP	THP	THP	
33365	TAVR/TAVI; TRANSAORTIC APPROACH	THP	THP	THP	THP	THP	
33366	TAVR/TAVI; TRANSAPICAL EXPOSURE	THP	THP	THP	THP	THP	
33367	TAVR/TAVI; CP BYPASS PC PERIPH ART-VEN CANNULATION	THP	THP	THP	THP	THP	
33368	TAVR/TAVI; CP BYPASS OPEN PERIPH ART-VEN CANNULATION	THP	THP	THP	THP	THP	
33369	TAVR/TAVI; CP BYASS CENTRAL ART-VEN CANNULATION	THP	THP	THP	THP	THP	
33405	RPLCMT PROST AORTIC VALVE OPEN XCP HOMOGRF/STENT	THP	THP	THP	THP	THP	



Codes Requiring Authorization

THP = The Health Plan eC = eviCore MHT = Mountain Health Trust

Code	Description	Auth Vendor					Notes
		Commercial	PEIA	MHT	Medicare	Self-Funded	
33418	TCAT MITRAL VALVE REPAIR INITIAL PROSTHESIS	THP	THP	THP	THP	THP	
33430	REPLACEMENT MITRAL VALVE W/CARDIOPULMONARY BYP	THP	THP	THP	THP	THP	
33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	THP	THP	THP	THP	THP	
33741	TAS CONGENITAL CAR ANOMAL	THP	THP	THP	THP	THP	
33745	TIS CGEN CAR ANOMAL 1ST SHNT	THP	THP	THP	THP	THP	
33746	TIS CGEN CAR ANOMAL EA ADDL	THP	THP	THP	THP	THP	
33894	EVASC ST RPR COARCJ THRC/AA ACRS MAJ SIDE BRNCH	THP	THP	THP	THP	THP	
33895	EVASC ST RPR COARCJ THRC/AA XCRSG MAJ SIDE BRNCH	THP	THP	THP	THP	THP	
33897	PERQ TRANSLUMINAL ANGIOPLASTY NATIVE/RECR COA	THP	THP	THP	THP	THP	
33945	HEART TRANSPLANT, WITH OR WITHOUT RECIPE	THP	THP	THP	THP	THP	
33976	INSJ VENTRIC ASSIST DEV XTRCORP BIVENTRICULAR	THP	THP	THP	THP	THP	
33978	REMOVAL VENTR ASSIST DEVICE XTRCORP BIVENTR	THP	THP	THP	THP	THP	
33979	INSJ VENTR ASSIST DEV IMPLTABLE ICORP 1 VNTRC	THP	THP	THP	THP	THP	
33980	RMVL VENTR ASSIST DEV IMPLTABLE ICORP 1 VNTRC	THP	THP	THP	THP	THP	
33995	INSJ PERQ VAD R HRT VENOUS	THP	THP	THP	THP	THP	
33997	RMVL PERQ RIGHT HEART VAD	THP	THP	THP	THP	THP	
33999	UNLISTED CARDIAC SURGERY	THP	THP	THP	THP	THP	
35556	BYPASS W/VEIN FEMORAL-POPLITEAL	THP	THP	THP	THP	THP	
36465	NJX NONCMPND SCLEROSANT SINGLE INCMPTNT VEIN	THP	THP	THP	THP	THP	
36466	NJX NONCMPND SCLEROSANT MULTIPLE INCMPTNT VEINS	THP	THP	THP	THP	THP	
36468	INJECTIONS SCLEROSANT FOR SPIDER VEINS LIM/TRNK	THP	THP	THP	THP	THP	
36469	ONE OR MORE INJECT SCLEROSING SOL. FACE	THP	THP	THP	THP	THP	
36470	INJECTION SCLEROSANT SINGLE INCMPTNT VEIN	THP	THP	THP	THP	THP	
36471	INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	THP	THP	THP	THP	THP	
36473	ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM 1ST VEIN	THP	THP	THP	THP	THP	
36474	ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM SBSQ VEINS	THP	THP	THP	THP	THP	
36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	THP	THP	THP	THP	THP	
36476	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 2ND+ VEINS	THP	THP	THP	THP	THP	
36478	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 1ST VEIN	THP	THP	THP	THP	THP	
36479	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 2ND+ VEINS	THP	THP	THP	THP	THP	
36482	ENDOVEN ABLTI THER CHEM ADHESIVE 1ST VEIN	THP	THP	THP	THP	THP	
36483	ENDOVEN ABLTI THER CHEM ADHESIVE SBSQ VEIN	THP	THP	THP	THP	THP	
36522	PHOTOPHERESIS EXTRACORPOREAL	THP	THP	THP	THP	THP	
37217	TCATH STENT PLACEMT RETROGRAD CAROTID/INNOMINATE	THP	THP	THP	THP	THP	
37218	TCATH STENT PLACEMT ANTEGRADE CAROTID/INNOMINATE	THP	THP	THP	THP	THP	
37500	VASC ENDOSCOPY SURG W/LIG PERFORATOR VEINS SPX	THP	THP	THP	THP	THP	
37700	LIG&DIV LONG SAPH VEIN SAPHFEM JUNCT/INTERRUPJ	THP	THP	THP	THP	THP	
37701	LIGATE & DIVIDE LONG SAPHEN.FEMORAL;BIL.	THP	THP	THP	THP	THP	
37718	LIGJ DIVJ & STRIPPING SHORT SAPHENOUS VEIN	THP	THP	THP	THP	THP	
37720	COMP.STRIPPING LONG/SHORT SAPHENOUS.UNI.	THP	THP	THP	THP	THP	
37721	COMP.STRIPPING LONG/SHORT SAPHENOUS.BIL.	THP	THP	THP	THP	THP	
37722	LIGJ DIVJ&STRIP LONG SAPH SAPHFEM JUNCT KNE/BELW	THP	THP	THP	THP	THP	
37723	LIGATION, DIV OF SAPHENOUS VEIN, BILATER	THP	THP	THP	THP	THP	
37724	LIGATION, DIV OF SHORT SAPHENOUS VEIN,UN	THP	THP	THP	THP	THP	
37725	LIGATION, DIV OF SHORT SAPHENOUS VEIN,BI	THP	THP	THP	THP	THP	



Codes Requiring Authorization

THP = The Health Plan eC = eviCore MHT = Mountain Health Trust

Code	Description	Auth Vendor					Notes
		Commercial	PEIA	MHT	Medicare	Self-Funded	
37727	LIGATION, DIV OF LONG SAPHENOUS, W DISSE	THP	THP	THP	THP	THP	
37728	LIGATION, DIV OF LONG SAPHENOUS, W DISSE	THP	THP	THP	THP	THP	
37730	LIGATION AND DIVISION AND COMPLETE STRIP	THP	THP	THP	THP	THP	
37731	LIGATION AND DIVISION AND COMPLETE STRIP	THP	THP	THP	THP	THP	
37732	LIGATION W INTERRUPT, PERFORATOR,	THP	THP	THP	THP	THP	
37733	LIGATION W INTERRUPT, PERFORATOR, BILATE	THP	THP	THP	THP	THP	
37735	LIGJ & DIVJ RADICAL STRIP LONG/SHORT SAPHENOUS	THP	THP	THP	THP	THP	
37737	COMP.STRIP.SAPHENOUS W RADICAL EXC.BIL.	THP	THP	THP	THP	THP	
37760	LIG PRFRATR VEIN SUBFSCAL RAD INCL SKN GRF 1 LEG	THP	THP	THP	THP	THP	
37761	LIG PRFRATR VEIN SUBFSCAL OPEN INCL US GID 1 LEG	THP	THP	THP	THP	THP	
37765	STAB PHLEBT VARICOSE VEINS 1 XTR 10-20 STAB INCS	THP	THP	THP	THP	THP	
37766	STAB PHLEBT VARICOSE VEINS 1 XTR > 20 INCS	THP	THP	THP	THP	THP	
37780	LIGJ & DIV SHORT SAPH VEIN SAPHENOPOP JUNCT SPX	THP	THP	THP	THP	THP	
37781	LIGAT.SHORT SAPHENOUS @ SAPHENOPOPLITEAL	THP	THP	THP	THP	THP	
37785	LIGJ DIVJ &/EXCJ VARICOSE VEIN CLUSTER 1 LEG	THP	THP	THP	THP	THP	
37788	PENILE REVASCLARIZATION ARTERY W/VO VEIN GRAFT	THP	THP	THP	THP	THP	
37799	UNLISTED PROCEDURE VASCULAR SURGERY	THP	THP	THP	THP	THP	
38240	TRNSPLJ ALLOGENEIC HEMATOPOIETIC CELLS PER DONOR	THP	THP	THP	THP	THP	
38241	TRNSPLJ AUTOLOGOUS HEMATOPOIETIC CELLS PER DONOR	THP	THP	THP	THP	THP	
38242	ALLOGENEIC LYMPHOCYTE INFUSIONS	THP	THP	THP	THP	THP	
38243	TRNSPLJ HEMATOPOIETIC CELL BOOST	THP	THP	THP	THP	THP	
42226	LENGTHENING PALATE & PHARYNGEAL FLAP	THP	THP	THP	THP	THP	
42299	UNLISTED PROCEDURE PALATE UVULA	THP	THP	THP	THP	THP	
42699	UNLISTED PX SALIVARY GLANDS/DUCTS	THP	THP	THP	THP	THP	
42820	TONSILLECTOMY & ADENOIDECTOMY <AGE 12	THP	THP	THP	THP	No Auth Needed	
42821	TONSILLECTOMY & ADENOIDECTOMY AGE 12/>	THP	THP	THP	THP	No Auth Needed	
42825	TONSILLECTOMY PRIMARY/SECONDARY <AGE 12	THP	THP	THP	THP	No Auth Needed	
42826	TONSILLECTOMY PRIMARY/SECONDARY AGE 12/>	THP	THP	THP	THP	No Auth Needed	
42830	ADENOIDECTOMY PRIMARY <AGE 12	THP	THP	THP	THP	No Auth Needed	
42831	ADENOIDECTOMY PRIMARY AGE 12/>	THP	THP	THP	THP	No Auth Needed	
42835	ADENOIDECTOMY SECONDARY<AGE 12	THP	THP	THP	THP	No Auth Needed	
42836	ADENOIDECTOMY SECONDARY AGE 12/>	THP	THP	THP	THP	No Auth Needed	
43284	LAPS ESOPHGL SPHNCTR AGMNTJ PLMT DEV CRRPL	THP	THP	THP	THP	THP	
43285	REMOVAL ESOPHAGEAL SPHINCTER AGMNTJ DEVICE	THP	THP	THP	THP	THP	
43497	TRANSORAL LOWER ESOPHAGEAL MYOTOMY	THP	THP	THP	THP	THP	
43620	GSTRCT TOT W/ESOPHAGOENTEROSTOMY	THP	THP	THP	THP	THP	
43621	GSTRCT TOT W/ROUX-EN-Y RCNSTJ	THP	THP	THP	THP	THP	
43631	GSTRCT PRTL DSTL W/GASTRODUODENOSTOMY	THP	THP	THP	THP	THP	
43632	GSTRCT PRTL DSTL W/GASTROJEJUNOSTOMY	THP	THP	THP	THP	THP	
43633	GSTRCT PRTL DSTL W/ROUX-EN-Y RCNSTJ	THP	THP	THP	THP	THP	
43634	GSTRCT PRTL DSTL W/FRMJ INTSTINAL POUCH	THP	THP	THP	THP	THP	
43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	THP	THP	THP	THP	THP	
43645	LAPS GSTR RSTCV PX W/BYP&SM INT RCNSTJ	THP	THP	THP	THP	THP	
43647	LAPS IMPLTJ/RPLCMT GASTRIC NSTIM ELTRD ANTRUM	THP	THP	THP	THP	THP	
43648	LAPS REVISION/RMVL GASTRIC NSTIM ELTRD ANTRUM	THP	THP	THP	THP	THP	



Codes Requiring Authorization

THP = The Health Plan eC = eviCore MHT = Mountain Health Trust

Code	Description	Commercial	PEIA	Auth Vendor			Notes
				MHT	Medicare	Self-Funded	
43659	UNLISTED LAPAROSCOPIC PROCEDURE STOMACH	THP	THP	THP	THP	THP	
43770	LAPS GASTRIC RESTRICTIVE PROCEDURE PLACE DEVICE	THP	THP	THP	THP	THP	
43771	LAPS GASTRIC RESTRICTIVE PX REVISION DEVICE	THP	THP	THP	THP	THP	
43772	LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE	THP	THP	THP	THP	THP	
43773	LAPS GASTRIC RESTRICTIVE PX REMOVE&RPLCMT DEVICE	THP	THP	THP	THP	THP	
43774	LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE & PORT	THP	THP	THP	THP	THP	
43775	LAPS GSTRC RSTRCTIV PX LONGITUDINAL GASTRECTOMY	THP	THP	THP	THP	THP	
43842	GASTRIC RSTCV W/O BYP VERTICAL-BANDED GASTROPLY	THP	THP	THP	THP	THP	
43843	GSTR RSTCV W/O BYP OTH/THN VER-BANDED GSTP	THP	THP	THP	THP	THP	
43844	GASTRIC BYPASS FOR MORBID OBESITY	THP	THP	THP	THP	THP	
43845	GASTRIC RSTCV W/PRTL GASTRECTOMY 50-100 CM	THP	THP	THP	THP	THP	
43846	GASTRIC RSTCV W/BYP W/SHORT LIMB 150 CM/<	THP	THP	THP	THP	THP	
43847	GASTRIC RSTCV W/BYP W/SM INT RCNSTJ LIMIT ABSRPJ	THP	THP	THP	THP	THP	
43848	REVISION OPEN GASTRIC RESTRICTIVE PX NOT DEVICE	THP	THP	THP	THP	THP	
43881	IMPLTJ/RPLCMT GASTRIC NSTIM ELTRDE ANTRUM OPEN	THP	THP	THP	THP	THP	
43886	GSTR RSTCV PX OPN REVJ SUBQ PORT COMPONENT ONLY	THP	THP	THP	THP	THP	
43887	GSTR RSTCV PX OPN RMVL SUBQ PORT COMPONENT ONLY	THP	THP	THP	THP	THP	
43888	GSTR RSTCV OPN RMVL & RPLCMT SUBQ PORT	THP	THP	THP	THP	THP	
43999	UNLISTED PROCEDURE STOMACH	THP	THP	THP	THP	THP	
44620	CLOSURE ENTEROSTOMY LG/SMALL INTESTINE	THP	THP	THP	THP	THP	
44705	PREPARE FECAL MICROBIOTA FOR INSTILLATION	THP	THP	THP	THP	THP	
46916	DSTRJ LESION ANUS SIMPLE CRYOSURGERY	THP	THP	THP	THP	THP	
47120	HEPATECTOMY RESCJ PARTIAL LOBECTOMY	THP	THP	THP	THP	THP	
47135	LVR ALTRNSPLJ ORTHOTOPIC PRTL/WHL DON ANY AGE	THP	THP	THP	THP	THP	
47379	UNLIS LAPAROSCOPIC PROCEDURE LIVER	THP	THP	THP	THP	THP	
47605	CHOLECYSTECTOMY W/CHOLANGIOGRAPHY	THP	THP	THP	THP	THP	
47780	ANAST ROUX-EN-Y XTRHEPATC BILIARY DUCTS & GI	THP	THP	THP	THP	THP	
49185	SCLEROTHERAPY FLUID COLLECTION PRQ W/IMG GUID	THP	THP	THP	THP	THP	
49329	UNLISTED LAPAROSCOPIC PX ABD PERTONEUM & OMENTUM	THP	THP	THP	THP	THP	
49568	IMPLANT MESH OPN HERNIA RPR/DEBRIDEMENT CLOSURE	THP	THP	THP	THP	THP	
49999	UNLISTED PROCEDURE ABDOMEN PERITONEUM & OMENTUM	THP	THP	THP	THP	THP	
50360	RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP NEPHRECTOMY	THP	THP	THP	THP	THP	
51715	NDSC NJX IMPLT MATRL URT&/BLDR NCK	THP	THP	THP	THP	THP	
51726	BLADDER PRESSURE MEASUREMENT DURING FILLING	THP	THP	THP	THP	THP	
51800	CSTOPLASTY/CSTOURTP PLSTC ANY	THP	THP	THP	THP	THP	
51820	CSTOURTP W/UNI/BI URTRONEOCSTOST	THP	THP	THP	THP	THP	
51840	ANT VESICOURETHROPEXY/URETHROPEXY SMPL	THP	THP	THP	THP	THP	
51841	ANT VESICOURETHROPEXY/URETHROPEXY COMP	THP	THP	THP	THP	THP	
51845	ABDOMINO-VAG VESICAL NCK SSP W/WO NDSC CTRL	THP	THP	THP	THP	THP	
51860	CYSTORRHAPHY SUTR BLDR WND INJ/RPT SIMPLE	THP	THP	THP	THP	THP	
51865	CYSTORRHAPHY SUTR BLDR WND INJ/RPT COMPLICATED	THP	THP	THP	THP	THP	
51880	CLOSURE CYSTOSTOMY SEPARATE PROCEDURE	THP	THP	THP	THP	THP	
51900	CLSR VESICOVAGINAL FISTUL AABDL APPROACH	THP	THP	THP	THP	THP	
51920	CLOSURE VESICOUTERINE FISTULA	THP	THP	THP	THP	THP	
51925	CLSR VESICOUTERINE FISTULA W/HYSTERECTOMY	THP	THP	THP	THP	THP	



Codes Requiring Authorization

THP = The Health Plan eC = eviCore MHT = Mountain Health Trust

Code	Description	Auth Vendor					Notes
		Commercial	PEIA	MHT	Medicare	Self-Funded	
51940	CLOSURE EXSTROPHY BLADDER	THP	THP	THP	THP	THP	
51960	ENTEROCYSTOPLASTY W/INTESTINAL ANASTOMOSIS	THP	THP	THP	THP	THP	
51980	CUTANEOUS VESICOSTOMY	THP	THP	THP	THP	THP	
52287	CYSTOURETHROSCOPY INJ CHEMODENERVATION BLADDER	THP	THP	THP	THP	No Auth Needed	
53410	URETHROPLASTY, 1 STG RECONSTR MALE ANT URETHRA	THP	THP	THP	THP	THP	
53420	URETHROPLASTY, 2 STG RECONSTR PROSTATIC/MEMBRANOUS URETHRA; FIRST STAGE	THP	THP	THP	THP	THP	
53425	URETHROPLASTY, 2 STG RECONSTR PROSTATIC/MEMBRANOUS URETHRA; 2ND STAGE	THP	THP	THP	THP	THP	
53430	URETHROPLASTY, RECONSTR FEMALE URETHRA	THP	THP	THP	THP	THP	
53451	PERIURETHRAL TPRNL ADJTBL BALO CNTNC DEV BI INSJ	THP	THP	THP	THP	THP	
53452	PERIURETHRAL TPRNL ADJTBL BALO CNTNC DEV UNI INSJ	THP	THP	THP	THP	THP	
53453	PERIURETHRAL TPRNL ADJTBL BALO CNTNC DEV RMVL EA	THP	THP	THP	THP	THP	
53454	PERIURETHRAL TPRNL ADJTBL BALO CNTNC DEV ADJMT	THP	THP	THP	THP	THP	
54125	AMPUTATION OF PENIS; COMPLETE	THP	THP	THP	THP	THP	
54405	INSJ MULTI-COMPONENT INFLATABLE PENILE PROSTH	THP	THP	THP	THP	THP	
54520	ORCHIECTOMY, SIMPLE W/ W/O PROSTH, SCROTAL OR ING APPROACH	THP	THP	THP	THP	THP	
54522	ORCHIECTOMY, PARTIAL	THP	THP	THP	THP	THP	
54690	LAPAROSCOPY, SURGICAL; ORCHIECTOMY	THP	THP	THP	THP	THP	
55180	SCROTOPLASTY; COMPLICATED	THP	THP	THP	THP	THP	
55880	ABLTJ MAL PRST8 TISS HIFU	THP	THP	THP	THP	THP	
55899	UNLISTED PROCEDURE, MALE GENITAL SYSTEM	THP	THP	THP	THP	THP	
55970	INTERSEX SURGERY; MALE TO FEMALE	THP	THP	THP	THP	THP	
55980	INTERSEX SURGERY; FEMALE TO MALE	THP	THP	THP	THP	THP	
56625	VULVECTOMY SIMPLE COMPLETE	THP	THP	THP	THP	THP	
56805	CLITOROPLASTY FOR INTERSEX STATE	THP	THP	THP	THP	THP	
56810	PERINEOPLASTY RPR PERINEUM NONOBSTETRICAL SPX	THP	THP	THP	THP	THP	
57110	VAGINECTOMY, COMPLETE REMOVAL OF VAGINAL WALL	THP	THP	THP	THP	THP	
57250	POST COLPORRHAPHY RECTOCELE W/WO PERINEORRHAPHY	THP	THP	THP	THP	THP	
57291	CONSTRUCTION OF ARTIFICIAL VAGINA; WITHOUT GRAFT	THP	THP	THP	THP	THP	
57292	CONSTRUCTION OF ARTIFICIAL VAGINA; WITH GRAFT	THP	THP	THP	THP	THP	
57335	VAGINOPLASTY FOR INTERSEX STATE	THP	THP	THP	THP	THP	
58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	THP	THP	THP	THP	THP	
58152	TOT ABD HYST W/WO RMVL TUBE OVARY W/COLPURETHRXY	THP	THP	THP	THP	THP	
58155	TOTAL HYSTORECTOMY W COLPO-URETHRO-CYSTO	THP	THP	THP	THP	THP	
58180	SUPRACERVICAL ABDL HYSTER W/WO RMVL TUBE OVARY	THP	THP	THP	THP	THP	
58185	SUPRACERV HYSTERECTOMY W COLPO-URETHRO-C	THP	THP	THP	THP	THP	
58200	TOT ABD HYST W/PARAORTIC & PELVIC LYMPH NODE SAM	THP	THP	THP	THP	THP	
58205	TOTAL HYSTERECTOMY, EXTENDED, CORPUS CAN	THP	THP	THP	THP	THP	
58210	RAD ABDL HYSTERECTOMY W/BI PELVIC LMPHADENECTOMY	THP	THP	THP	THP	THP	
58240	PEL EXNTJ GYNECOLOGIC MAL	THP	THP	THP	THP	THP	
58260	VAGINAL HYSTERECTOMY UTERUS 250 GM/<	THP	THP	THP	THP	THP	
58261	WITH REPAIR OF ENTEROCELE	THP	THP	THP	THP	THP	
58262	VAG HYST 250 GM/< W/RMVL TUBE&/OVARY	THP	THP	THP	THP	THP	



Codes Requiring Authorization

THP = The Health Plan eC = eviCore MHT = Mountain Health Trust

Code	Description	Auth Vendor					Notes
		Commercial	PEIA	MHT	Medicare	Self-Funded	
58263	VAG HYST 250 GM/< W/RMVL TUBE OVARY W/RPR NTRCL	THP	THP	THP	THP	THP	
58265	VAGINAL HYSTERECTOMY, WITH PLASTIC REPAI	THP	THP	THP	THP	THP	
58267	VAG HYST 250 GM/< W/COLPO-URTCSTOPEXY	THP	THP	THP	THP	THP	
58270	VAGINAL HYSTERECTOMY 250 GM/< W/RPR ENTEROCELE	THP	THP	THP	THP	THP	
58275	VAGINAL HYSTERECTOMY W/TOT/PRTL VAGINECTOMY	THP	THP	THP	THP	THP	
58280	VAG HYSTER W/TOT/PRTL VAGINECT W/RPR ENTEROCELE	THP	THP	THP	THP	THP	
58285	VAGINAL HYSTERECTOMY RADICAL SCHAUTA OPERATION	THP	THP	THP	THP	THP	
58290	VAGINAL HYSTERECTOMY UTERUS > 250 GM	THP	THP	THP	THP	THP	
58291	VAG HYST > 250 GM RMVL TUBE&/OVARY	THP	THP	THP	THP	THP	
58292	VAG HYST > 250 GM RMVL TUBE&/OVARY W/RPR ENTRCLE	THP	THP	THP	THP	THP	
58293	VAG HYST >250 GM COLPOURTCSTOPEXY W/NO NDSC CTR	THP	THP	THP	THP	THP	
58294	VAGINAL HYSTERECTOMY >250 GM RPR ENTEROCELE	THP	THP	THP	THP	THP	
58322	ARTIFICIAL INSEMINATION INTRA-UTERINE	THP	THP	THP	THP	THP	
58541	LAPAROSCOPY SUPRACERVICAL HYSTERECTOMY 250 GM/<	THP	THP	THP	THP	THP	
58542	LAPS SUPRACRV HYSTERECT 250 GM/< RMVL TUBE/OVAR	THP	THP	THP	THP	THP	
58543	LAPS SUPRACERVICAL HYSTERECTOMY >250	THP	THP	THP	THP	THP	
58544	LAPS SUPRACRV HYSTEREC >250 G RMVL TUBE/OVARY	THP	THP	THP	THP	THP	
58545	LAPS MYOMECTOMY EXC 1-4 MYOMAS 250 GM/<	THP	THP	THP	THP	THP	
58546	LAPS MYOMECTOMY EXC 5/> MYOMAS >250 GRAMS	THP	THP	THP	THP	THP	
58548	LAPS W/RAD HYST W/BILAT LMPHADEC RMVL TUBE/OVARY	THP	THP	THP	THP	THP	
58550	LAPS VAGINAL HYSTERECTOMY UTERUS 250 GM/<	THP	THP	THP	THP	THP	
58551	LAPAROSCOPY; WITH REMOVAL OF LEIOMYOMATA	THP	THP	THP	THP	THP	
58552	LAPS W/VAG HYSTERECT 250 GM/&RMVL TUBE&/OVARIES	THP	THP	THP	THP	THP	
58553	LAPS W/VAGINAL HYSTERECTOMY > 250 GRAMS	THP	THP	THP	THP	THP	
58554	LAPS VAGINAL HYSTERECT > 250 GM RMVL TUBE&/OVAR	THP	THP	THP	THP	THP	
58570	LAPAROSCOPY W TOTAL HYSTERECTOMY UTERUS 250 GM/<	THP	THP	THP	THP	THP	
58571	LAPS TOTAL HYSTERECT 250 GM/< W/RMVL TUBE/OVARY	THP	THP	THP	THP	THP	
58572	LAPAROSCOPY TOTAL HYSTERECTOMY UTERUS >250 GM	THP	THP	THP	THP	THP	
58573	LAPAROSCOPY TOT HYSTERECTOMY >250 G W/TUBE/OVAR	THP	THP	THP	THP	THP	
58575	LAPS TOT HYSTERECTOMY RESJ MALIGNANCY W/OMNTC	THP	THP	THP	THP	THP	
58578	UNLISTED LAPAROSCOPY PROCEDURE UTERUS	THP	THP	THP	THP	THP	
58579	UNLISTED HYSTEROSCOPY PROCEDURE UTERUS	THP	THP	THP	THP	THP	
58661	LAPAROSCOPY, SURGICAL; RMVL ADNEXAL STRUCTURE (PART/TOT OOPHORECTOMY &/OR SALPINGECTOMY)	THP	THP	THP	THP	THP	
58679	UNLISTED LAPAROSCOPY PROCEDURE OVIDUCT/OVARY	THP	THP	THP	THP	THP	
58720	SALPINGO-OOPHORECTOMY, COMPLETE OR PARTIAL UNI OR B/L	THP	THP	THP	THP	THP	
58940	OOPHORECTOMY, PARTIAL OR TOTAL, UNI OR B/L	THP	THP	THP	THP	THP	
58999	UNLISTED PROC. FEMALE GENITAL SYSTEM (NONOBSTETRIC)	THP	THP	THP	THP	THP	
59510	OB ANTEPARTUM CARE CESAREAN DLVR & POSTPARTUM	THP	THP	THP	THP	THP	
59514	CESAREAN DELIVERY ONLY	THP	THP	THP	THP	THP	
59515	CESAREAN DELIVERY ONLY W/POSTPARTUM CARE	THP	THP	THP	THP	THP	
59841	INDUCED ABORTION DILATION & EVACUATION	THP	THP	N/A	THP	THP	
61510	CRANIEC TREPHINE BONE FLP BRAIN TUMOR SUPRTENTOR	THP	THP	THP	THP	THP	
61736	LIT LES ICR SINGLE TRAJECTORY 1 SIMPLE LESION	THP	THP	THP	THP	THP	



Codes Requiring Authorization

THP = The Health Plan eC = eviCore MHT = Mountain Health Trust

Code	Description	Commercial	PEIA	Auth Vendor			Notes
				MHT	Medicare	Self-Funded	
61737	LITT LES ICR MLT TRAJECTORIES MLT/CPLX LESIONS	THP	THP	THP	THP	THP	
61782	STRCTC CPTR ASSTD PX EXTRADURAL CRANIAL	THP	THP	THP	THP	THP	
61796	STEREOTACTIC RADIOSURGERY 1 SIMPLE CRANIAL LES	THP	THP	THP	THP	THP	
61797	STRCTC RADIOSURGERY EA ADDL CRANIAL LES SIMPLE	THP	THP	THP	THP	THP	
61798	STEREOTACTIC RADIOSURGERY 1 COMPLEX CRANIAL LES	THP	THP	THP	THP	THP	
61799	STRCTC RADIOSURGERY EA ADDL CRANIAL LES COMPLEX	THP	THP	THP	THP	THP	
61800	APPL STRCTC HEADFRAME STEREOTACTIC RADIOSURGERY	THP	THP	THP	THP	THP	
61885	INSJ/RPLCMT CRANIAL NEUROSTIM PULSE GENERATOR	THP	THP	THP	THP	THP	
61886	INSJ/RPLCMT CRANIAL NEUROSTIM GENER 2/> ELTRDS	THP	THP	THP	THP	THP	
61888	REVJ/RMVL NEUROSTIMULATOR PULSE GENERATOR	THP	THP	THP	THP	THP	
62263	PRQ LYSIS EPIDURAL ADHESIONS MULT SESS 2/> DAYS	eC	eC	eC	eC	No Auth Needed	
62264	PRQ LYSIS EPIDURAL ADHESIONS MULT SESSIONS 1 DAY	eC	eC	eC	eC	No Auth Needed	
62280	INJX/INFUSION NEUROLYTIC SUBSTANCE SUBARACHNOID	eC	eC	eC	eC	THP	
62281	INJX/INFUS NEUROLYT SUBST EPIDURAL CERV/THORACIC	eC	eC	eC	eC	THP	
62282	INJX/INFUS NEUROLYT SBST EPIDURAL LUMBAR/SACRAL	eC	eC	eC	eC	THP	
62287	DCMPRN PERQ NUCLEUS PULPOSUS 1/> LEVELS LUMBAR	eC	eC	eC	eC	THP	
62290	INJECTION PX DISCOGRAPHY EACH LEVEL LUMBAR	THP	THP	THP	THP	No Auth Needed	
62292	INJECTION PX CHEMONUCLEOLYSIS 1/MLT LUMBAR	eC	eC	eC	eC	THP	
62320	NJX DX/THER SBST INTRLMNR CRV/THRC W/O IMG GDN	eC	eC	eC	eC	No Auth Needed	
62321	NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	eC	eC	eC	eC	No Auth Needed	
62322	NJX DX/THER SBST INTRLMNR LMBR/SAC W/O IMG GDN	eC	eC	eC	eC	No Auth Needed	
62323	NJX DX/THER SBST INTRLMNR LMBR/SAC W/IMG GDN	eC	eC	eC	eC	No Auth Needed	
62324	NJX DX/THER SBST INTRLMNR CRV/THRC W/O IMG GDN	eC	eC	eC	eC	No Auth Needed	
62325	NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	eC	eC	eC	eC	No Auth Needed	
62326	NJX DX/THER SBST INTRLMNR LMBR/SAC W/O IMG GDN	eC	eC	eC	eC	No Auth Needed	
62327	NJX DX/THER SBST INTRLMNR LMBR/SAC W/IMG GDN	eC	eC	eC	eC	No Auth Needed	
62350	IMPLTJ REVJ/RPSG ITHCL/EDRL CATH PMP W/O LAM	eC	eC	eC	eC	THP	
62351	IMPLTJ REVJ/RPSG ITHCL/EDRL CATH W/LAM	eC	eC	eC	eC	THP	
62360	IMPLTJ/RPLCMT ITHCL/EDRL DRUG NFS SUBQ RSVR	eC	eC	eC	eC	THP	
62361	IMPLTJ/RPLCMT FS NON-PRGRBL PUMP	eC	eC	eC	eC	THP	
62362	IMPLTJ/RPLCMT ITHCL/EDRL DRUG NFS PRGRBL PUMP	eC	eC	eC	eC	THP	
62380	NDSG DCMPRN SPINAL CORD 1 W/LAMOT NTRSPC LUMBAR	eC	eC	eC	eC	THP	
63001	LAM W/O FACETEC FORAMOT/DSKC 1/2 VRT SEG CRV	eC	eC	eC	eC	THP	
63005	LAMINECTOMY W/O FFD 1/2 VERT SEG LUMBAR	eC	eC	eC	eC	THP	
63012	LAMINECTOMY W/RMVL ABNORMAL FACETS LUMBAR	eC	eC	eC	eC	THP	
63015	LAMINECTOMY W/O FFD > 2 VERT SEG CERVICAL	eC	eC	eC	eC	THP	
63017	LAMINECTOMY W/O FFD > 2 VERT SEG LUMBAR	eC	eC	eC	eC	THP	
63020	LAMNOTMY INCL W/DCMPRSN NRV ROOT 1 INTRSPC CERV	eC	eC	eC	eC	THP	
63030	LAMNOTMY INCL W/DCMPRSN NRV ROOT 1 INTRSPC LUMBR	eC	eC	eC	eC	THP	
63035	LAMNOTMY W/DCMPRSN NRV EACH ADDL CRVCL/LMBR	eC	eC	eC	eC	THP	
63040	LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC CERVICAL	eC	eC	eC	eC	THP	
63042	LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC LUMBAR	eC	eC	eC	eC	THP	
63043	LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC EA CRV	eC	eC	eC	eC	THP	
63044	LAMOT W/PRTL FFD HRNA8 REEXPL 1 NTRSPC EA LMBR	eC	eC	eC	eC	THP	
63045	LAM FACETECTOMY & FORAMOTOMY 1 SEGMENT CERVICAL	eC	eC	eC	eC	THP	



Codes Requiring Authorization

THP = The Health Plan eC = eviCore MHT = Mountain Health Trust

Code	Description	Commercial	PEIA	Auth Vendor			Notes
				MHT	Medicare	Self-Funded	
63047	LAM FACETECTOMY & FORAMOTOMY 1 SEGMENT LUMBAR	eC	eC	eC	eC	THP	
63048	LAM FACETECTOMY&FORAMOTOMY 1 SGM EA CRV THRC/LMBR	eC	eC	eC	eC	THP	
63050	LAMOP CERVICAL W/DCMPRN SPI CORD 2/> VERT SEG	eC	eC	eC	eC	THP	
63051	LAMOPLASTY CERVICAL DCMPRN CORD 2/> SEG RCNSTJ	eC	eC	eC	eC	THP	
63052	LAM FACETECTOMY&FORAMOTOMY 1 SGM, LMBR	eC	eC	eC	eC	THP	
63053	LAM FACETECTOMY&FORAMOTOMY 1 SGM, EA ADDL, LMBR	eC	eC	eC	eC	THP	
63056	TRANSPEDICULAR DCMPRN SPINAL CORD 1 SEG LUMBAR	eC	eC	eC	eC	THP	
63057	TRANSPEDICULAR DCMPRN 1 SEG EA THORACIC/LUMBAR	eC	eC	eC	eC	THP	
63075	DISCECTOMY ANT DCMPRN CORD CERVICAL 1 NTRSPC	eC	eC	eC	eC	THP	
63076	DISCECTOMY ANT DCMPRN CORD CERVICAL EA NTRSPC	eC	eC	eC	eC	THP	
63081	VERTEBRAL CORPECTOMY ANT DCMPRN CERVICAL 1 SEG	eC	eC	eC	eC	THP	
63082	VERTEBRAL CORPECTOMY DCMPRN CERVICAL EA SEG	eC	eC	eC	eC	THP	
63650	PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	eC	eC	eC	eC	THP	
63655	LAM IMPLTJ NSTIM ELTRDS PLATE/PADDLE EDRL	eC	eC	eC	eC	THP	
63663	REVJ INCL RPLCMT NSTIM ELTRD PRQ RA INCL FLUOR	eC	eC	eC	eC	THP	
63664	REVJ INCL RPLCMT NSTIM ELTRD PLT/PDLE INCL FLUOR	eC	eC	eC	eC	THP	
63685	INSJ/RPLCMT SPI NPGR DIR/INDUXIVE COUPLING	eC	eC	eC	eC	THP	
64451	INJ(S), ANESTH AG(S) &/OR STEROID; SI JOINT, W/ GUID	eC	eC	eC	eC	THP	
64479	NJX ANES&/STRD W/IMG TFRML EDRL CRV/THRC 1 LVL	eC	eC	eC	eC	No Auth Needed	
64480	NJX ANES&/STRD W/IMG TFRML EDRL CRV/THRC EA LV	eC	eC	eC	eC	No Auth Needed	
64483	NJX ANES&/STRD W/IMG TFRML EDRL LMBR/SAC 1 LVL	eC	eC	eC	eC	No Auth Needed	
64484	NJX ANES&/STRD W/IMG TFRML EDRL LMBR/SAC EA LV	eC	eC	eC	eC	No Auth Needed	
64490	NJX DX/THER AGT PVRT FACET JT CRV/THRC 1 LEVEL	eC	eC	eC	eC	No Auth Needed	
64491	NJX DX/THER AGT PVRT FACET JT CRV/THRC 2ND LEVEL	eC	eC	eC	eC	No Auth Needed	
64492	NJX DX/THER AGT PVRT FACET JT CRV/THRC 3+ LEVEL	eC	eC	eC	eC	No Auth Needed	
64493	NJX DX/THER AGT PVRT FACET JT LMBR/SAC 1 LEVEL	eC	eC	eC	eC	No Auth Needed	
64494	NJX DX/THER AGT PVRT FACET JT LMBR/SAC 2ND LEVEL	eC	eC	eC	eC	No Auth Needed	
64495	NJX DX/THER AGT PVRT FACET JT LMBR/SAC 3+ LEVEL	eC	eC	eC	eC	No Auth Needed	
64510	NJX ANES STELLATE GANGLION CRV SYMPATHETIC	eC	eC	eC	eC	No Auth Needed	
64520	INJECTION ANES LMBR/THRC PARAVERTEBRL SYMPATHETIC	eC	eC	eC	eC	No Auth Needed	
64555	PRQ IMPLTJ NEUROSTIMULATOR ELTRD PERIPHERAL NRV	THP	THP	THP	THP	THP	
64561	PRQ IMPLTJ NEUROSTIM ELTRD SACRAL NRVE W/IMAGING	THP	THP	THP	THP	THP	
64568	INC IMPLTJ CRNL NRV NSTIM ELTRDS & PULSE GENER	THP	THP	THP	THP	THP	
64581	INC IMPLTJ NEUROSTIMULATOR ELTRD SACRAL NERVE	THP	THP	THP	THP	THP	
64582	OPEN IMPLTJ HPGLSL NRV NSTIM RA PG&RESPIR SENSOR	THP	THP	THP	THP	THP	
64583	REVJ/RPLCMT HPGLSL NERVE NSTIM RA PG&RESPIR SNR	THP	THP	THP	THP	THP	
64584	REMOVAL HYPOGLOSSAL NERVE NSTIM RA PG&RESPIR SNR	THP	THP	THP	THP	THP	
64590	INSERTION/RPLCMT PERIPHERAL/GASTRIC NPGR	THP	THP	THP	THP	THP	
64595	REVISION/RMVL PERIPHERAL/GASTRIC NPGR	THP	THP	THP	THP	THP	
64605	NERVE BLOCK, INTRODUCTION OF NEUROLYTIC	THP	THP	THP	THP	THP	
64610	NERVE BLOCK: INTRODUCTION OF NEUROLYTIC	THP	THP	THP	THP	THP	
64612	CHEMODNRVTJ MUSC MUSC INNERVATED FACIAL NRV UNIL	THP	THP	THP	THP	THP	
64622	PARAVERTEBRAL FACET JOINT NERVE	THP	THP	THP	THP	No Auth Needed	
64623	PARAVERTEBRAL FACET JOINT NERVE	THP	THP	THP	THP	No Auth Needed	
64625	RADIOFREQ ABLAT, SI JOINT, W/ GUIDANCE	eC	eC	eC	eC	THP	



Codes Requiring Authorization

THP = The Health Plan eC = eviCore MHT = Mountain Health Trust

Code	Description	Auth Vendor					Notes
		Commercial	PEIA	MHT	Medicare	Self-Funded	
64626	DESTRUCTION OF PARAVERTEBRAL FACET JOINT NERVE	THP	THP	THP	THP	THP	
64628	THERMAL DSTRJ INTRAOSSEOUS BVN 1ST 2 LMBR/SAC	THP	THP	THP	THP	THP	
64629	THERMAL DSTRJ INTRAOSSEOUS BVN EA ADDL LMBR/SAC	THP	THP	THP	THP	THP	
64633	DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL/THORA	eC	eC	eC	eC	THP	
64634	DSTR NROLYTC AGNT PARVERTEB FCT ADDL CRVCL/THORA	eC	eC	eC	eC	THP	
64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	eC	eC	eC	eC	THP	
64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	eC	eC	eC	eC	THP	
64640	DSTRJ NEUROLYTIC AGENT OTHER PERIPHERAL NERVE	THP	THP	THP	THP	THP	
64999	UNLISTED PROCEDURE NERVOUS SYSTEM	THP	THP	THP	THP	THP	
65710	KERATOPLASTY ANTERIOR LAMELLAR	THP	THP	THP	THP	THP	
65720	KERATOPLASTY (CORNEAL TRANSPLANT) LAMELL	THP	THP	THP	THP	THP	
65725	KERATOPLASTY (CORNEAL TRANSPLANT) LAMELL	THP	THP	THP	THP	THP	
65730	KERATOPLASTY PENTRG EXCEPT APHAKIA/PSEUDOPHAKIA	THP	THP	THP	THP	THP	
65740	CORNEA REPAIR-KERATOPLASTY (CORNEAL TRAN	THP	THP	THP	THP	THP	
65745	KERATOPLASTY (CORNEAL TRANSPLANT) PENETR	THP	THP	THP	THP	THP	
65750	KERATOPLASTY PENETRAING APHAKIA	THP	THP	THP	THP	THP	
65755	KERATOPLASTY PENETRATING PSEUDOPHAKIA	THP	THP	THP	THP	THP	
65756	KERATOPLASTY ENDOTHELIAL	THP	THP	THP	THP	THP	
65757	BACKBENCH PREPJ CORNEAL ENDOTHELIAL ALLOGRAFT	THP	THP	THP	THP	THP	
65760	KERATOMILEUSIS	THP	THP	THP	THP	THP	
65765	KERATOPHAKIA	THP	THP	THP	THP	THP	
65767	EPIKERATOPLASTY	THP	THP	THP	THP	THP	
65770	KERATOPROSTHESIS	THP	THP	THP	THP	THP	
65771	RADIAL KERATOTOMY	THP	THP	THP	THP	THP	
65772	CRNL RELAXING INC CORRJ INDUCED ASTIGMATISM	THP	THP	THP	THP	THP	
65775	CRNL WEDGE RESCJ CORRJ INDUCED ASTIGMATISM	THP	THP	THP	THP	THP	
65779	PLACE AMNIOTIC MEMBRANE OCULAR SURFACE SUTURED	THP	THP	THP	THP	THP	
65780	OCULAR SURFACE RECONSTRUCTION AMNIOTIC MEMBRANE	THP	THP	THP	THP	THP	
65781	OCULAR SURFACE RECONSTRUCTION LIMBAL ALLOGRAFT	THP	THP	THP	THP	THP	
65782	OCCULAR SURFACE RECONSTRUCTION LIMBAL AUTOGRAFT	THP	THP	THP	THP	THP	
65785	IMPLANTATION INTRASTROMAL CORNEAL RING SEGMENTS	THP	THP	THP	THP	THP	
66180	AQUEOUS SHUNT EXTRAOC EQUAT PLATE RSVR W/GRAFT	THP	THP	THP	THP	THP	
66183	INSERT ANTER DRAINAGE DEV W/O EXTRAOC RESERVOIR	THP	THP	THP	THP	THP	
66185	REVJ AQUEOUS SHUNT EXTRAOCULAR RESERVOIR W/GRAFT	THP	THP	THP	THP	THP	
66710	CILIARY BODY DSTRJ CYCLOPHOTOAG TRANSSCERAL	THP	THP	THP	THP	THP	
66986	EXCHANGE INTRAOCULAR LENS	THP	THP	THP	THP	THP	
66989	XCAPSL CTRC RMVL INSJ IO LENS PRSTH CPLX INSJ 1+	THP	THP	THP	THP	THP	
66991	XCAPSL CTRC RMVL INSJ IO LENS PROSTH INSJ 1+	THP	THP	THP	THP	THP	
66999	UNLISTED PROCEDURE ANTERIOR SEGMENT EYE	THP	THP	THP	THP	THP	
67025	INJ SUBSTITUTE PARS PLANA/LIMBL W/WO ASPIR SPX	THP	THP	THP	THP	THP	
67840	EXC LESION EYELID W/O CLSR/W/SIMPLE DIR CLOSURE	THP	THP	THP	THP	THP	
67900	REPAIR BROW PTOSIS	THP	THP	THP	THP	THP	
67901	RPR BLEPHAROPTOSIS FRONTALIS MUSC SUTR/OTH MATRL	THP	THP	THP	THP	THP	
67902	RPR BLEPHAROPT FRONTALIS MUSC AUTOL FASCAL SLING	THP	THP	THP	THP	THP	
67903	RPR BLEPHAROPTOSIS LEVATOR RESCJ/ADVMNT INTERNAL	THP	THP	THP	THP	THP	



Codes Requiring Authorization

THP = The Health Plan eC = eviCore MHT = Mountain Health Trust

Code	Description	Auth Vendor					Notes
		Commercial	PEIA	MHT	Medicare	Self-Funded	
67904	RPR BLEPHAROPTOSIS LEVATOR RESCJ/ADVMNT XTRNL	THP	THP	THP	THP	THP	
67906	RPR BLEPHAROPTOSIS SUPERIOR RECTUS FASCIAL SLING	THP	THP	THP	THP	THP	
67908	RPR BLPOS CONJUNCTIVO-TARSO-MUSC-LEVATOR RESCJ	THP	THP	THP	THP	THP	
67911	CORRECTION LID RETRACTION	THP	THP	THP	THP	THP	
67961	EXCISION & REPAIR EYELID < ONE-FOURTH LID MARGIN	THP	THP	THP	THP	THP	
67966	EXCISION & REPAIR EYELID ONE-FOURTH LID MARGIN	THP	THP	THP	THP	THP	
67973	RCNSTJ EYELID FULL THICKNESS LOWER EYELID 1 STG	THP	THP	THP	THP	THP	
67975	RCNSTJ EYELID FULL THICKNESS SECOND STAGE	THP	THP	THP	THP	THP	
67999	UNLISTED PROCEDURE EYELIDS	THP	THP	THP	THP	THP	
68899	UNLISTED PROCEDURE LACRIMAL SYSTEM	THP	THP	THP	THP	THP	
69300	OTOPLASTY PROTRUDING EAR W/WO SIZE RDCTJ	THP	THP	THP	THP	THP	
69637	TYMPANOPLASTY W/OSSICULAR CHAIN RECONSTR	THP	THP	THP	THP	THP	
69661	STAPEDECTOMY W/FOOTPLATE DRILL OUT	THP	THP	THP	THP	THP	
69705	NPS SURG DILAT EUST TUBE UNI	THP	THP	THP	THP	THP	
69706	NPS SURG DILAT EUST TUBE BI	THP	THP	THP	THP	THP	
69710	IMPLTJ/RPLCMT EMGNT BONE CNDJ DEV TEMPORAL BONE	THP	THP	THP	THP	THP	
69711	RMVL/RPR EMGNT BONE CNDJ DEV TEMPORAL BONE	THP	THP	THP	THP	THP	
69714	IMPLTJ OSSEOINTEGRATED TEMPORAL BONE W/MASTOID	THP	THP	THP	THP	THP	
69715	IMPLJ OSSEOINTEGRATED TEMPORAL BONE W/O MASTOID	THP	THP	THP	THP	THP	
69716	IMPLTJ OI IMPLT SKULL MAG TC ATTACHMENT ESP	THP	THP	THP	THP	THP	
69717	RPLMCT OSSEOINTEGRATE IMPLNT W/O MASTOIDECTOMY	THP	THP	THP	THP	THP	
69718	RPLMCT OSSEOINTEGRATE IMPLNT W/MASTOIDECTOMY	THP	THP	THP	THP	THP	
69719	REVJ/RPLCMT OI IMPLT SKULL MAG TC ATTACHMENT ESP	THP	THP	THP	THP	THP	
69726	REMOVAL OI IMPLT SKULL PERQ ATTACHMENT ESP	THP	THP	THP	THP	THP	
69727	REMOVAL OI IMPLT SKULL MAG TC ATTACHMENT ESP	THP	THP	THP	THP	THP	
69729	IMPL OI IMPLT SKULL MAG TC ATTACHMENT ESP>=100	THP	THP	THP	THP	THP	
69730	RPLCMT OI IMPLT SKULL MAG TC ATTACHMENT ESP>=100	THP	THP	THP	THP	THP	
69930	COCHLEAR DEVICE IMPLANTATION W/WO MASTOIDECTOMY	THP	THP	THP	THP	THP	
69949	UNLISTED PROCEDURE INNER EAR	THP	THP	THP	THP	THP	
69979	UNLISTED PROCEDURE TEMPORAL BONE MIDDLE FOSSA	THP	THP	THP	THP	THP	
70030	RADIOLOGIC EXAMINATION EYE DETECT FOREIGN BODY	THP	THP	THP	THP	No Auth Needed	
70040	RADIOLOGIC EXAMINATION, EYE--	THP	THP	THP	THP	No Auth Needed	
70050	RADIOLOGIC EXAMINATION, EYE--	THP	THP	THP	THP	No Auth Needed	
70100	RADIOLOGIC EXAMINATION MANDIBLE PRTL <4 VIEWS	THP	THP	THP	THP	No Auth Needed	
70110	RADIOLOG EXAM MANDIBLE COMPL MINIMUM 4 VIEWS	THP	THP	THP	THP	No Auth Needed	
70120	RADIOLOGIC EXAM MASTOIDS < 3 VIEWS PER SIDE	THP	THP	THP	THP	No Auth Needed	
70130	RADEX MASTOIDS COMPL MINIMUM 3 VIEWS PR SIDE	THP	THP	THP	THP	No Auth Needed	
70134	RADEX INTERNAL AUDITORY MEATI COMPLETE	THP	THP	THP	THP	No Auth Needed	
70136	MIDDLE & INNER EAR,POLYTOMOGRAPHY	THP	THP	THP	THP	No Auth Needed	
70140	RADEX FACIAL BONES < 3 VIEWS	THP	THP	THP	THP	No Auth Needed	
70154	RADIOLOGY, FACIAL BONES W NASAL BONES	THP	THP	THP	THP	No Auth Needed	
70170	DACRYOCSTOGRAPY NASOLACRIMAL DUCT RS&I	THP	THP	THP	THP	No Auth Needed	
70171	DACRYOCYSTOGRAPHY, NASOLACRIMAL DUCT--	THP	THP	THP	THP	No Auth Needed	
70190	RADEX OPTIC FORAMINA	THP	THP	THP	THP	No Auth Needed	
70200	RADEX ORBITS COMPLETE MINIMUM 4 VIEWS	THP	THP	THP	THP	No Auth Needed	



Codes Requiring Authorization

THP = The Health Plan eC = eviCore MHT = Mountain Health Trust

Code	Description	Auth Vendor					Notes
		Commercial	PEIA	MHT	Medicare	Self-Funded	
70230	RADIOLOGIC EXAMINATION, SINUSES, PARANAS	THP	THP	THP	THP	No Auth Needed	
70231	RADIOLOGIC EXAMINATION, SINUSES, PARANAS	THP	THP	THP	THP	No Auth Needed	
70240	RADIOLOGIC EXAMINATION SELLA TURCICA	THP	THP	THP	THP	No Auth Needed	
70260	RADIOLOGIC EXAM SKULL COMPLETE MINIMUM 4 VIEWS	THP	THP	THP	THP	No Auth Needed	
70300	RADIOLOGIC EXAMINATION TEETH 1 VIEW	THP	THP	THP	THP	No Auth Needed	
70310	RADIOLOGIC EXAM TEETH PRTL EXAM < FULL MOUTH	THP	THP	THP	THP	No Auth Needed	
70320	RADIOLOGIC EXAM TEETH COMPLETE FULL MOUTH	THP	THP	THP	THP	No Auth Needed	
70328	RADEX TEMPOROMANDBLE JT OPN & CLSD MOUTH UNILAT	THP	THP	THP	THP	THP	
70330	RADEX TEMPOROMANDBLE JT OPN & CLSD MOUTH BILAT	THP	THP	THP	THP	THP	
70332	TEMPOROMANDBLE JT ARTHROGRAPHY RS&I	THP	THP	THP	THP	THP	
70333	TEMPOROMANDIBULAR JOINT ARTHROGRAPHY COM	THP	THP	THP	THP	THP	
70336	MRI TEMPOROMANDIBULAR JOINT	eC	eC	eC	eC	THP	
70350	CEPHALOGRAM ORTHODONTIC	THP	THP	THP	THP	THP	
70355	ORTHOPANTOGRAM	THP	THP	THP	THP	THP	
70370	RADEX PHARYNX/LARX W/FLUOR&/MAGNIFICATION TQ	THP	THP	THP	THP	THP	
70371	CPLX DYNAMIC PHARYNGEAL&SP EVAL C/V REC	THP	THP	THP	THP	No Auth Needed	
70373	LARYNGOGRAPHY;CONTRAST-SUPERV/INTERP	THP	THP	THP	THP	No Auth Needed	
70374	LARYNGOGRAPHY, COMPLETE	THP	THP	THP	THP	No Auth Needed	
70380	RADIOLOGIC EXAMINATION SALIVARY GLAND CALCULUS	THP	THP	THP	THP	No Auth Needed	
70390	SIALOGRAPHY RS&I	THP	THP	THP	THP	No Auth Needed	
70450	CT HEAD/BRAIN W/O CONTRAST MATERIAL	eC	eC	eC	eC	No Auth Needed	
70460	CT HEAD/BRAIN W/CONTRAST MATERIAL	eC	eC	eC	eC	No Auth Needed	
70470	CT HEAD/BRAIN W/O & W/CONTRAST MATERIAL	eC	eC	eC	eC	No Auth Needed	
70480	CT ORBIT SELLA/POST FOSSA/EAR W/O CONTRAST MATRL	eC	eC	eC	eC	No Auth Needed	
70481	CT ORBIT SELLA/POST FOSSA/EAR W/CONTRAST MATRL	eC	eC	eC	eC	No Auth Needed	
70482	CT ORBIT SELLA/POST FOSSA/EAR W/O & W/CONTR MATR	eC	eC	eC	eC	No Auth Needed	
70486	CT MAXILLOFACIAL W/O CONTRAST MATERIAL	eC	eC	eC	eC	No Auth Needed	
70487	CT MAXILLOFACIAL W/CONTRAST MATERIAL	eC	eC	eC	eC	No Auth Needed	
70488	CT MAXILLOFACIAL W/O & W/CONTRAST MATERIAL	eC	eC	eC	eC	No Auth Needed	
70490	CT SOFT TISSUE NECK W/O CONTRAST MATERIAL	eC	eC	eC	eC	No Auth Needed	
70491	CT SOFT TISSUE NECK W/CONTRAST MATERIAL	eC	eC	eC	eC	No Auth Needed	
70492	CT SOFT TISSUE NECK W/O & W/CONTRAST MATERIAL	eC	eC	eC	eC	No Auth Needed	
70496	CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	eC	eC	eC	eC	No Auth Needed	
70498	CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	eC	eC	eC	eC	No Auth Needed	
70540	MRI ORBIT FACE &/NECK W/O CONTRAST	eC	eC	eC	eC	No Auth Needed	
70542	MRI ORBIT FACE & NECK W/CONTRAST MATERIAL	eC	eC	eC	eC	No Auth Needed	
70543	MRI ORBIT FACE & NECK W/O & W/CONTRAST MATRL	eC	eC	eC	eC	No Auth Needed	
70544	MRA HEAD W/O CONTRST MATERIAL	eC	eC	eC	eC	No Auth Needed	
70545	MRA HEAD W/CONTRAST MATERIAL	eC	eC	eC	eC	No Auth Needed	
70546	MRA HEAD W/O & W/CONTRAST MATERIAL	eC	eC	eC	eC	No Auth Needed	
70547	MRA NECK W/O CONTRST MATERIAL	eC	eC	eC	eC	No Auth Needed	
70548	MRA NECK W/CONTRAST MATERIAL	eC	eC	eC	eC	No Auth Needed	
70549	MRA NECK W/O &W/CONTRAST MATERIAL	eC	eC	eC	eC	No Auth Needed	
70551	MRI BRAIN BRAIN STEM W/O CONTRAST MATERIAL	eC	eC	eC	eC	No Auth Needed	
70552	MRI BRAIN BRAIN STEM W/CONTRAST MATERIAL	eC	eC	eC	eC	No Auth Needed	



Codes Requiring Authorization

THP = The Health Plan eC = eviCore MHT = Mountain Health Trust

Code	Description	Commercial	PEIA	Auth Vendor			Notes
				MHT	Medicare	Self-Funded	
70553	MRI BRAIN BRAIN STEM W/O W/CONTRAST MATERIAL	eC	eC	eC	eC	No Auth Needed	
70554	MRI BRAIN FUNCTIONAL W/O PHYSICIAN ADMINISTRATION	eC	eC	eC	eC	No Auth Needed	
70555	MRI BRAIN FUNCTIONAL W/PHYSICIAN ADMINISTRATION	eC	eC	eC	eC	No Auth Needed	
71250	CT THORAX W/O CONTRAST MATERIAL	eC	eC	eC	eC	THP	
71260	CT THORAX W/CONTRAST MATERIAL	eC	eC	eC	eC	THP	
71270	CT THORAX W/O & W/CONTRAST MATERIAL	eC	eC	eC	eC	THP	
71271	COMP TOMOG, THORAX, LD LUNG CA SCREEN, W/O CONT	eC	eC	eC	eC	THP	
71275	CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	eC	eC	eC	eC	THP	
71550	MRI CHEST W/O CONTRAST MATERIAL	eC	eC	eC	eC	No Auth Needed	
71551	MRI CHEST W/CONTRAST MATERIAL	eC	eC	eC	eC	No Auth Needed	
71552	MRI CHEST W/O & W/CONTRAST MATERIAL	eC	eC	eC	eC	No Auth Needed	
71555	MRA CHEST W/O & W/CONTRAST MATERIAL	eC	eC	eC	eC	No Auth Needed	
72125	CT CERVICAL SPINE W/O CONTRAST MATERIAL	eC	eC	eC	eC	THP	
72126	CT CERVICAL SPINE W/CONTRAST MATERIAL	eC	eC	eC	eC	THP	
72127	CT CERVICAL SPINE W/O & W/CONTRAST MATERIAL	eC	eC	eC	eC	THP	
72128	CT THORACIC SPINE W/O CONTRAST MATERIAL	eC	eC	eC	eC	THP	
72129	CT THORACIC SPINE W/CONTRAST MATERIAL	eC	eC	eC	eC	THP	
72130	CT THORACIC SPINE W/O & W/CONTRAST MATERIAL	eC	eC	eC	eC	THP	
72131	CT LUMBAR SPINE W/O CONTRAST MATERIAL	eC	eC	eC	eC	THP	
72132	CT LUMBAR SPINE W/CONTRAST MATERIAL	eC	eC	eC	eC	THP	
72133	CT LUMBAR SPINE W/O & W/CONTRAST MATERIAL	eC	eC	eC	eC	THP	
72141	MRI SPINAL CANAL CERVICAL W/O CONTRAST MATRL	eC	eC	eC	eC	THP	
72142	MRI SPINAL CANAL CERVICAL W/CONTRAST MATRL	eC	eC	eC	eC	THP	
72143	MRI, SPINAL CANAL, THORACIC	THP	THP	THP	THP	THP	
72144	MRI, SPINAL CANAL, LUMBAR	THP	THP	THP	THP	THP	
72146	MRI SPINAL CANAL THORACIC W/O CONTRAST MATRL	eC	eC	eC	eC	THP	
72147	MRI SPINAL CANAL THORACIC W/CONTRAST MATRL	eC	eC	eC	eC	THP	
72148	MRI SPINAL CANAL LUMBAR W/O CONTRAST MATERIAL	eC	eC	eC	eC	THP	
72149	MRI SPINAL CANAL LUMBAR W/CONTRAST MATERIAL	eC	eC	eC	eC	THP	
72156	MRI SPINAL CANAL CERVICAL W/O & W/CONTR MATRL	eC	eC	eC	eC	THP	
72157	MRI SPINAL CANAL THORACIC W/O & W/CONTR MATRL	eC	eC	eC	eC	THP	
72158	MRI SPINAL CANAL LUMBAR W/O & W/CONTR MATRL	eC	eC	eC	eC	THP	
72159	MRA SPINAL CANAL W/WO CONTRAST MATERIAL	eC	eC	eC	eC	THP	
72191	CT ANGIOGRAPHY PELVIS W/CONTRAST/NONCONTRAST	eC	eC	eC	eC	No Auth Needed	
72192	CT PELVIS W/O CONTRAST MATERIAL	eC	eC	eC	eC	No Auth Needed	
72193	CT PELVIS W/CONTRAST MATERIAL	eC	eC	eC	eC	No Auth Needed	
72194	CT PELVIS W/O & W/CONTRAST MATERIAL	eC	eC	eC	eC	No Auth Needed	
72195	MRI PELVIS W/O CONTRAST MATERIAL	eC	eC	eC	eC	No Auth Needed	
72196	MRI PELVIS W/CONTRAST MATERIAL	eC	eC	eC	eC	No Auth Needed	
72197	MRI PELVIS W/O & W/CONTRAST MATERIAL	eC	eC	eC	eC	No Auth Needed	
72198	MRA PELVIS W/WO CONTRAST MATERIAL	eC	eC	eC	eC	No Auth Needed	
73200	CT UPPER EXTREMITY W/O CONTRAST MATERIAL	eC	eC	eC	eC	THP	
73201	CT UPPER EXTREMITY W/CONTRAST MATERIAL	eC	eC	eC	eC	THP	
73202	CT UPPER EXTREMITY W/O & W/CONTRAST MATERIAL	eC	eC	eC	eC	THP	
73206	CT ANGIOGRAPHY UPPER EXTREMITY	eC	eC	eC	eC	No Auth Needed	



Codes Requiring Authorization

THP = The Health Plan eC = eviCore MHT = Mountain Health Trust

Code	Description	Commercial	PEIA	Auth Vendor			Notes
				MHT	Medicare	Self-Funded	
73218	MRI UPPER EXTREMITY OTH THAN JT W/O CONTR MATRL	eC	eC	eC	eC	THP	
73219	MRI UPPER EXTREMITY OTH THAN JT W/CONTR MATRL	eC	eC	eC	eC	THP	
73220	MRI UPPER EXTREM OTHER THAN JT W/O & W/CONTRAS	eC	eC	eC	eC	THP	
73221	MRI ANY JT UPPER EXTREMITY W/O CONTRAST MATRL	eC	eC	eC	eC	THP	
73222	MRI ANY JT UPPER EXTREMITY W/CONTRAST MATRL	eC	eC	eC	eC	THP	
73223	MRI ANY JT UPPER EXTREMITY W/O & W/CONTR MATRL	eC	eC	eC	eC	THP	
73225	MRA UPPER EXTREMITY W/WO CONTRAST MATERIAL	eC	eC	eC	eC	THP	
73700	CT LOWER EXTREMITY W/O CONTRAST MATERIAL	eC	eC	eC	eC	THP	
73701	CT LOWER EXTREMITY W/CONTRAST MATERIAL	eC	eC	eC	eC	THP	
73702	CT LOWER EXTREMITY W/O & W/CONTRAST MATRL	eC	eC	eC	eC	THP	
73706	CT ANGIOGRAPHY LOWER EXTREMITY	eC	eC	eC	eC	No Auth Needed	
73718	MRI LOWER EXTREM OTH/THN JT W/O CONTR MATRL	eC	eC	eC	eC	THP	
73719	MRI LOWER EXTREM OTH/THN JT W/CONTRAST MATRL	eC	eC	eC	eC	THP	
73720	MRI LOWER EXTREM OTH/THN JT W/O & W/CONTR MATR	eC	eC	eC	eC	THP	
73721	MRI ANY JT LOWER EXTREM W/O CONTRAST MATRL	eC	eC	eC	eC	THP	
73722	MRI ANY JT LOWER EXTREM W/CONTRAST MATERIAL	eC	eC	eC	eC	THP	
73723	MRI ANY JT LOWER EXTREM W/O & W/CONTRAST MATRL	eC	eC	eC	eC	THP	
73725	MRA LOWER EXTREMITY W/WO CONTRAST MATERIAL	eC	eC	eC	eC	THP	
74150	CT ABDOMEN W/O CONTRAST MATERIAL	eC	eC	eC	eC	No Auth Needed	
74160	CT ABDOMEN W/CONTRAST MATERIAL	eC	eC	eC	eC	No Auth Needed	
74170	CT ABDOMEN W/O & W/CONTRAST MATERIAL	eC	eC	eC	eC	No Auth Needed	
74174	CT ANGIO ABD&PLVIS CNTRST MTRL W/WO CNTRST IMG	eC	eC	eC	eC	No Auth Needed	
74175	CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST	eC	eC	eC	eC	No Auth Needed	
74176	CT ABDOMEN & PELVIS W/O CONTRAST MATERIAL	eC	eC	eC	eC	No Auth Needed	
74177	CT ABDOMEN & PELVIS W/CONTRAST MATERIAL	eC	eC	eC	eC	No Auth Needed	
74178	CT ABDOMEN & PELVIS W/O CONTRST 1/> BODY RE	eC	eC	eC	eC	No Auth Needed	
74181	MRI ABDOMEN W/O CONTRAST MATERIAL	eC	eC	eC	eC	No Auth Needed	
74182	MRI ABDOMEN W/CONTRAST MATERIAL	eC	eC	eC	eC	No Auth Needed	
74183	MRI ABDOMEN W/O & W/CONTRAST MATERIAL	eC	eC	eC	eC	No Auth Needed	
74185	MRA ABDOMEN W/WO CONTRAST MATERIAL	eC	eC	eC	eC	No Auth Needed	
74261	CT COLONOGRPHY DX IMAGE POSTPROCESS W/O CONTRAST	eC	eC	eC	eC	THP	
74262	CT COLONOGRPHY DX IMAGE POSTPROCESS W/CONTRAST	eC	eC	eC	eC	THP	
74263	CT COLONOGRAPHY SCREENING IMAGE POSTPROCESSING	eC	eC	eC	eC	THP	
74455	URETHROCYSTOGRAPHY VOIDING RS&I	THP	THP	THP	THP	THP	
74712	FETAL MRI W/PLACNTL MATRNL PLVC IMG SING/1ST GES	eC	eC	eC	eC	No Auth Needed	
74713	FETAL MRI W/PLACNTL MATRNL PLVC IMG EA ADDL GES	eC	eC	eC	eC	No Auth Needed	
74740	HYSTEOSALPINGOGRAPHY RS&I	THP	THP	THP	THP	No Auth Needed	
75557	CARDIAC MRI MORPHOLOGY & FUNCTION W/O CONTRAST	eC	eC	eC	eC	THP	
75559	CARDIAC MRI W/O CONTRAST W/STRESS IMAGING	eC	eC	eC	eC	THP	
75561	CARDIAC MRI W/WO CONTRAST & FURTHER SEQ	eC	eC	eC	eC	THP	
75563	CARDIAC MRI W/W/O CONTRAST W/STRESS	eC	eC	eC	eC	THP	
75565	CARDIAC MRI FOR VELOCITY FLOW MAPPING	eC	eC	eC	eC	THP	
75571	CT HEART NO CONTRAST QUANT EVAL CORONRY CALCIUM	eC	eC	eC	eC	THP	
75572	CT HEART CONTRAST EVAL CARDIAC STRUCTURE&MORPH	eC	eC	eC	eC	THP	
75573	CT HRT CONTRST CARDIAC STRUCT&MORPH CONG HRT D	eC	eC	eC	eC	THP	



Codes Requiring Authorization

THP = The Health Plan eC = eviCore MHT = Mountain Health Trust

Code	Description	Auth Vendor						Notes
		Commercial	PEIA	MHT	Medicare	Self-Funded		
75574	CTA HRT CORNRY ART/BYPASS GRFTS CONTRST 3D POST	eC	eC	eC	eC	THP		
75580	NNINYSV EST COR FFR SOF ANAL OF CCTA W/ INTER	eC	eC	eC	eC	THP		
75635	CTA ABDL AORTA&BI ILIOFEM W/CONTRAST&POSTP	eC	eC	eC	eC	THP		
76376	3D RENDERING W/INTERP & POSTPROCESS SUPERVISION	eC	eC	eC	eC	No Auth Needed		
76377	3D RENDERING W/INTERP&POSTPROC DIFF WORK STATION	eC	eC	eC	eC	No Auth Needed		
76380	CT LIMITED/LOCALIZED FOLLOW UP STUDY	eC	eC	eC	eC	THP		
76390	MRI SPECTROSCOPY	eC	eC	eC	eC	No Auth Needed		
76391	MAGNETIC RESONANCE ELASTOGRAPHY	eC	eC	eC	eC	THP		
76497	UNLISTED COMPUTED TOMOGRAPHY PROCEDURE	eC	eC	eC	eC	THP		
76498	UNLISTED MAGNETIC RESONANCE PROCEDURE	eC	eC	eC	eC	THP		
77021	MRI GUIDANCE NEEDLE PLACEMENT RS&I	eC	eC	eC	eC	No Auth Needed		
77022	MRI GUIDANCE FOR PARENCHYMAL TISSUE ABLATION	eC	eC	eC	eC	No Auth Needed		
77046	MRI BREAST WITHOUT CONTRAST MATERIAL UNILATERAL	eC	eC	eC	eC	THP		
77047	MRI BREAST WITHOUT CONTRAST MATERIAL BILATERAL	eC	eC	eC	eC	THP		
77048	MRI BREAST W/OUT&WITH CONTRAST W/CAD UNILATERAL	eC	eC	eC	eC	THP		
77049	MRI BREAST WITHOUT&WITH CONTRAST W/CAD BILATERAL	eC	eC	eC	eC	THP		
77078	CT BONE MINERL DENSITY STUDY 1/> SITS AXIAL SKE	eC	eC	eC	eC	No Auth Needed		
77084	BONE MARROW BLOOD SUPPLY	eC	eC	eC	eC	No Auth Needed		
77301	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	THP	THP	THP	THP	THP		
77338	MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	THP	THP	THP	THP	THP		
77371	RADIATION DELIVERY STEREOTACTIC CRANIAL COBALT	THP	THP	THP	THP	THP		
77372	RADIATION DELIVERY STEREOTACTIC CRANIAL LINEAR	THP	THP	THP	THP	THP		
77373	STEREOTACTIC BODY RADIATION DELIVERY	THP	THP	THP	THP	THP		
77385	INTENSITY MODULATED RADIATION TX DLVR SIMPLE	THP	THP	THP	THP	THP		
77386	INTENSITY MODULATED RADIATION TX DLVR COMPLEX	THP	THP	THP	THP	THP		
77418	INTENSITY MODULATED TX DELIVERY; BINARY DYNAMIC ML	THP	THP	THP	THP	THP		
77620	HYPERThERMIa INTRACAVITARY PROBES	THP	THP	THP	THP	No Auth Needed		
77755	SUPERVISION AND CONSULTATION OF RADIOELE	THP	THP	THP	THP	THP		
77762	INTRACAVITARY RADIATION SOURCE APPLIC INTERMED	THP	THP	THP	THP	THP		
77765	INTRACAVITARY RADIOISOTOPE APPLICATION	THP	THP	THP	THP	THP		
77768	HDR RDNCL SK SRF BRCHYTX LES >2CM&2CHAN/MLT LES	THP	THP	THP	THP	THP		
77771	HDR RDNCL NTRSTL/INTRCAV BRACHYTX 2-12 CHANNEL	THP	THP	THP	THP	THP		
77775	INTERSTITIAL RADIOISOTOPE THERAPY (INCLU	THP	THP	THP	THP	THP		
77777	MISC C.O.B.	THP	THP	THP	THP	THP		
77781	RMOTE AFTERLOADING HIGH INTEN BRACHYTHERAPY1-4	THP	THP	THP	THP	THP		
77783	9-12 SOURCE POSITIONS OR CATHETERS	THP	THP	THP	THP	THP		
77785	RADIOISOTOPE HANDLING AND LOADING	THP	THP	THP	THP	THP		
77787	BRACHYTHERAPY > 12 CHANNELS	THP	THP	THP	THP	THP		
77790	SUPERVISION HANDLING LOADING RADIATION SOURCE	THP	THP	THP	THP	THP		
78012	THYROID UPTAKE SINGLE/MULTIPLE QUANT MEASUREMENT	eC	eC	eC	eC	No Auth Needed		
78013	THYROID IMAGING WITH VASCULAR FLOW	eC	eC	eC	eC	No Auth Needed		
78014	THYROID UPTAKE W/BLOOD FLOW SINGLE/MULT QUAN MEAS	eC	eC	eC	eC	No Auth Needed		
78015	THYROID CARCINOMA METASTASES IMG LMTD AREA	eC	eC	eC	eC	No Auth Needed		
78016	THYROID CARCINOMA METASTASES IMG ADDL STUDY	eC	eC	eC	eC	No Auth Needed		
78018	THYROID CARCINOMA METASTASES IMG WHOLE BODY	eC	eC	eC	eC	No Auth Needed		



Codes Requiring Authorization

THP = The Health Plan eC = eviCore MHT = Mountain Health Trust

Code	Description	Commercial	PEIA	Auth Vendor			Notes
				MHT	Medicare	Self-Funded	
78020	THYROID CARCINOMA METASTASES UPTAKE	eC	eC	eC	eC	No Auth Needed	
78070	PARATHYROID PLANAR IMAGING	eC	eC	eC	eC	No Auth Needed	
78071	PARATHYROID PLANAR IMAGING W/WO SUBTRACTION	eC	eC	eC	eC	No Auth Needed	
78072	PARATHYROID IMAGING W/TOMOGRAPHIC SPECT & CT	eC	eC	eC	eC	No Auth Needed	
78075	ADRENAL IMAGING CORTEX &/MEDULLA	eC	eC	eC	eC	No Auth Needed	
78102	BONE MARROW IMAGING LIMITED AREA	eC	eC	eC	eC	No Auth Needed	
78103	BONE MARROW IMAGING MULTIPLE AREAS	eC	eC	eC	eC	No Auth Needed	
78104	BONE MARROW IMAGING WHOLE BODY	eC	eC	eC	eC	No Auth Needed	
78140	LABELED RBC SEQUESTRATION DIFFERNTL ORGAN/TISSUE	eC	eC	eC	eC	No Auth Needed	
78185	SPLEEN IMAGING ONLY W/WO VASCULAR FLOW	eC	eC	eC	eC	No Auth Needed	
78195	LYMPHATICS & LYMPH NODES IMAGING	eC	eC	eC	eC	No Auth Needed	
78201	LIVER IMAGING STATIC ONLY	eC	eC	eC	eC	No Auth Needed	
78202	LIVER IMAGING W/VASCULAR FLOW	eC	eC	eC	eC	No Auth Needed	
78205	LIVER IMAGING (SPECT)	eC	eC	eC	eC	No Auth Needed	
78206	LIVER IMAGING	eC	eC	eC	eC	No Auth Needed	
78215	LIVER & SPLEEN IMAGING STATIC ONLY	eC	eC	eC	eC	No Auth Needed	
78216	LIVER & SPLEEN IMAGING W/VASCULAR FLOW	eC	eC	eC	eC	No Auth Needed	
78226	HEPATOBIILIARY SYST IMAGING INCLUDING GALLBLADDER	eC	eC	eC	eC	No Auth Needed	
78227	HEPATOBI SYST IMAG INC GB W/PHARMA INTERVENJ	eC	eC	eC	eC	No Auth Needed	
78230	SALIVARY GLAND IMAGING	eC	eC	eC	eC	No Auth Needed	
78231	SALIVARY GLAND IMAGING SERIAL IMAGES	eC	eC	eC	eC	No Auth Needed	
78232	SALIVARY GLAND FUNCTION STUDY	eC	eC	eC	eC	No Auth Needed	
78258	ESOPHAGEAL MOTILITY	eC	eC	eC	eC	No Auth Needed	
78261	GASTRIC MUCOSA IMAGING	eC	eC	eC	eC	No Auth Needed	
78262	GASTROESOPHAGEAL REFLUX STUDY	eC	eC	eC	eC	No Auth Needed	
78264	GASTRIC EMPTYING IMAGING STUDY	eC	eC	eC	eC	No Auth Needed	
78265	GASTRIC EMPTYNG IMAG STD W/SM BWL TRANSIT	eC	eC	eC	eC	No Auth Needed	
78266	GSTRC EMPYNG IMAG STD W/SM BWL COL TRNST MLT DAY	eC	eC	eC	eC	No Auth Needed	
78278	ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING	eC	eC	eC	eC	No Auth Needed	
78290	INTESTINE IMAGING	eC	eC	eC	eC	No Auth Needed	
78291	PERITONEAL-VEINUS SHUNT PATENCY TEST	eC	eC	eC	eC	No Auth Needed	
78300	BONE &/JOINT IMAGING LIMITED AREA	eC	eC	eC	eC	No Auth Needed	
78305	BONE &/JOINT IMAGING MULTIPLE AREAS	eC	eC	eC	eC	No Auth Needed	
78306	BONE &/JOINT IMAGING WHOLE BODY	eC	eC	eC	eC	No Auth Needed	
78315	BONE &/JOINT IMAGING 3 PHASE STUDY	eC	eC	eC	eC	No Auth Needed	
78320	BONE IMAGING/TOMOGRAPHIC (SPECT)	eC	eC	eC	eC	No Auth Needed	
78414	CARD-VASC HEMODYNAM W/WO PHARM/EXER 1/MLT DETERM	eC	eC	eC	eC	THP	
78415	CARDIAC BLD. POOL IMAGING, FUNCTIONAL	THP	THP	THP	THP	No Auth Needed	
78422	MYOCARDIAL IMAGING	THP	THP	THP	THP	No Auth Needed	
78424	MYOCARDIUM IMAGING,REGIONAL MYOCARDIAL P	THP	THP	THP	THP	No Auth Needed	
78425	CARDIAC REGURGITANT INDEX	THP	THP	THP	THP	No Auth Needed	
78428	CARDIAC SHUNT DETECTION	eC	eC	eC	eC	THP	
78429	MYOICRD IMG PET METAB EVAL SINGLE STUDY CNCRNT CT	eC	eC	eC	eC	THP	
78430	MYOICRD IMG PET PRFUJ 1STD REST/STRESS CNCRNT CT	eC	eC	eC	eC	THP	



Codes Requiring Authorization

THP = The Health Plan eC = eviCore MHT = Mountain Health Trust

Code	Description	Commercial	PEIA	Auth Vendor			Notes
				MHT	Medicare	Self-Funded	
78431	MYOCDR IMG PET PRFUJ MLT STD RST&STRS CNCRNT CT	eC	eC	eC	eC	THP	
78432	MYOCDR IMG PET PRFUJ W/METAB DUAL RADIOTRACER	eC	eC	eC	eC	THP	
78433	MYOCDR IMG PET PRFUJ W/METAB 2RTRACER CNCRNT CT	eC	eC	eC	eC	THP	
78434	AQMBF PET REST AND PHARMACOLOGIC STRESS	eC	eC	eC	eC	THP	
78435	CARDIAC FLOW IMAGING	THP	THP	THP	THP	No Auth Needed	
78445	NONCARDIAC VASCULAR FLOW IMAGING	eC	eC	eC	eC	No Auth Needed	
78451	MYOCARDIAL SPECT SINGLE STUDY AT REST OR STRESS	eC	eC	eC	eC	THP	
78452	MYOCARDIAL SPECT MULTIPLE STUDIES	eC	eC	eC	eC	THP	
78453	MYOCARDIAL PERFUSION PLANAR 1 STUDY REST/STRESS	eC	eC	eC	eC	THP	
78454	MYOCARDIAL PERFUSION PLANAR MULTIPLE STUDIES	eC	eC	eC	eC	THP	
78455	VENOUS THROMBOSIS STUDY (EG, RADIOACTIVE	THP	THP	THP	THP	No Auth Needed	
78456	ACUTE VENOUS THROMBOSIS IMAGING PEPTIDE	eC	eC	eC	eC	No Auth Needed	
78457	VENOUS THROMBOSIS IMAGING VENOGRAM UNILATERAL	eC	eC	eC	eC	No Auth Needed	
78458	VENOUS THROMBOSIS IMAGING VENOGRAM BILATERAL	eC	eC	eC	eC	No Auth Needed	
78459	MYOCDR IMG PET METAB EVAL SINGLE STUDY	eC	eC	eC	eC	THP	
78460	MYOCARDIAL PERFUSION IMAGING SINGLE REST/STRESS	THP	THP	THP	THP	No Auth Needed	
78461	QUALITATIVE AT REST PLUS EXERCISE AND/OR	THP	THP	THP	THP	THP	
78462	QUANTITATIVE, AT REST ONLY	THP	THP	THP	THP	THP	
78463	QUANTITATIVE, AT REST PLUS EXER.AND/OR	THP	THP	THP	THP	THP	
78464	TOMOGRAPHIC (SPECT), SINGLE STUDY; INCL ATTENUATI	THP	THP	THP	THP	THP	
78465	TOMOGRAPHIC (SPECT), MULTIPLE;(INCL ATTENUATION C	THP	THP	THP	THP	THP	
78466	MYOCARDIAL IMAGING INFARCT AVID PLANAR QUAL/QUAN	eC	eC	eC	eC	THP	
78467	QUANTITATIVE	THP	THP	THP	THP	THP	
78468	MYOCDR IMG INFARCT AVID PLNR EJEC FXJ 1ST PS TQ	eC	eC	eC	eC	THP	
78469	MYOCDR INFARCT AVID PLNR TOMOG SPECT W/WO QUANTJ	eC	eC	eC	eC	THP	
78470	CARDIAC OUTPUT	THP	THP	THP	THP	THP	
78471	CARDIAC BLOOD POOL IMAGING,GATED EQUILIB	THP	THP	THP	THP	THP	
78472	CARD BLOOD POOL GATED PLANAR 1 STUDY REST/STRESS	eC	eC	eC	eC	THP	
78473	CARD BL POOL GATED MLT STDY WAL MOTN EJECT FRACT	eC	eC	eC	eC	THP	
78474	QUANTITATIVE WALL MOTION STUDY PLUS EJEC	THP	THP	THP	THP	THP	
78475	QUANTITATIVE WALL MOTION STUDY, W/EXERCI	THP	THP	THP	THP	THP	
78476	CARDIAC BLOOD POOL WM, ER, EX & O PI.	THP	THP	THP	THP	THP	
78477	QUANTITATIVE WALL MOTION STUDY PLUS EJEC	THP	THP	THP	THP	THP	
78478	MYOCARDIAL PERF STUDY W/WALL MOTION	THP	THP	THP	THP	THP	
78479	SERIAL STUDIES, ANY COMBINATION	THP	THP	THP	THP	THP	
78480	MYOCARDIAL PERFUSION STUDY W/EJECTION FRACTION	THP	THP	THP	THP	THP	
78481	CARD BL POOL PLANAR 1 STDY WAL MOTN EJECT FRACT	eC	eC	eC	eC	THP	
78483	CARD BL POOL PLNR MLT STDY WAL MOTN EJECT FRACT	eC	eC	eC	eC	THP	
78484	QUANTITATIVE WALL MOTION STUDY PLUS VENT	THP	THP	THP	THP	THP	
78485	QUANTITATIVE WALL MOTION STUDY W EXERCIS	THP	THP	THP	THP	THP	
78486	QUANTITATIVE WALL MOTION STUDY PLUS EJEC	THP	THP	THP	THP	THP	
78487	QUANTITATIVE WALL MOTION STUDY PLUS EJEC	THP	THP	THP	THP	THP	
78489	SERIAL STUDIES, ANY COMBINATION	THP	THP	THP	THP	THP	
78490	TISSUE CLEARANCE STUDIES	THP	THP	THP	THP	THP	
78491	MYOCDR IMG PET PRFUJ SINGLE STUDY REST/STRESS	eC	eC	eC	eC	THP	



Codes Requiring Authorization

THP = The Health Plan eC = eviCore MHT = Mountain Health Trust

Code	Description	Commercial	PEIA	Auth Vendor			Notes
				MHT	Medicare	Self-Funded	
78492	MYOCDR IMG PET PRFUJ MULTIPLE STUDY REST&STRESS	eC	eC	eC	eC	THP	
78494	CARD BL POOL GATED SPECT REST WAL MOTN EJCT FRCT	eC	eC	eC	eC	THP	
78496	CARD BL POOL GATED 1 STDY REST RT VENT EJCT FRCT	eC	eC	eC	eC	THP	
78499	UNLISTED CARDIOVASCULAR PX DX NUCLEAR MEDICINE	eC	eC	eC	eC	THP	
78579	PULMONARY VENTILATION IMAGING	eC	eC	eC	eC	No Auth Needed	
78580	PULMONARY PERFUSION IMAGING PARTICULATE	eC	eC	eC	eC	No Auth Needed	
78582	PULMONARY VENTILATION & PERFUSION IMAGING	eC	eC	eC	eC	No Auth Needed	
78597	QUANT DIFFERENTIAL PULM PERFUSION W/WO IMAGING	eC	eC	eC	eC	No Auth Needed	
78598	QUANT DIFF PULM PRFUSION & VENTLAJ W/WO IMAGIN	eC	eC	eC	eC	No Auth Needed	
78600	BRAIN IMAGING <4 STATIC VIEWS	eC	eC	eC	eC	No Auth Needed	
78601	BRAIN IMAGING <4 STATIC VIEWS W/VASCULAR FLOW	eC	eC	eC	eC	No Auth Needed	
78605	BRAIN IMAGING MINIMUM 4 STATIC VIEWS	eC	eC	eC	eC	No Auth Needed	
78606	BRAIN IMAGING MIN 4 STATIC VIEWS W VASCULAR FLOW	eC	eC	eC	eC	No Auth Needed	
78607	BRAIN IMAGING 3D	eC	eC	eC	eC	No Auth Needed	
78608	BRAIN IMAGING PET METABOLIC EVALUATION	eC	eC	eC	eC	THP	
78609	BRAIN IMAGING PET PERFUSION EVALUATION	eC	eC	eC	eC	THP	
78610	BRAIN IMAGING VASCULAR FLOW ONLY	eC	eC	eC	eC	No Auth Needed	
78615	CEREBRAL VASCULAR FLOW	THP	THP	THP	THP	No Auth Needed	
78630	CEREBROSPINAL FLUID FLOW W/O MATL CISTERNOGRAPHY	eC	eC	eC	eC	No Auth Needed	
78635	CEREBROSPINAL FLUID FLOW W/O MATL VENTRICLGRAPHY	eC	eC	eC	eC	No Auth Needed	
78640	CEREBROSPINAL FLUID FLOW, IMAGING--	THP	THP	THP	THP	No Auth Needed	
78645	CEREBROSPINAL FLUID FLOW W/O MATL SHUNT EVALTJ	eC	eC	eC	eC	No Auth Needed	
78647	CEREBROSPINAL FLUID FLOW,IMAGING;TOMOGRAPHIC(SPECT	eC	eC	eC	eC	No Auth Needed	
78650	CEREBROSPINAL FLUID LEAK DETECTION&LOCALIZATIO	eC	eC	eC	eC	No Auth Needed	
78660	RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY	eC	eC	eC	eC	No Auth Needed	
78699	UNLISTED NERVOUS SYSTEM PX DX NUCLEAR MEDICINE	eC	eC	eC	eC	THP	
78700	KIDNEY IMAGING MORPHOLOGY	eC	eC	eC	eC	No Auth Needed	
78701	KIDNEY IMAGING MORPHOOGY W/VASCULAR FLOW	eC	eC	eC	eC	No Auth Needed	
78707	KIDNEY IMG MORPHOLOGY VASCULAR FLOW 1 W/O RX	eC	eC	eC	eC	No Auth Needed	
78708	KIDNEY IMG MORPHOLOGY VASCULAR FLOW 1 W/RX	eC	eC	eC	eC	No Auth Needed	
78709	KIDNEY IMG MORPHOLOGY VASCULAR FLOW MULTIPLE	eC	eC	eC	eC	No Auth Needed	
78710	KIDNEY IMAGING, TOMOGRAPHIC (SPECT)	eC	eC	eC	eC	No Auth Needed	
78725	KIDNEY FUNCJ STUDY NON-IMG RADIOISOTOPIC STUDY	eC	eC	eC	eC	No Auth Needed	
78730	URINARY BLADDER RESIDUAL STUDY	eC	eC	eC	eC	No Auth Needed	
78740	URETERAL REFLUX STUDY RP VOIDING CYSTOGRAM	eC	eC	eC	eC	No Auth Needed	
78761	TESTICULAR IMAGING WITH VASCULAR FLOW	eC	eC	eC	eC	No Auth Needed	
78800	RP LOCLZJ TUM PLNR 1 AREA SINGLE DAY IMAGING	eC	eC	eC	eC	No Auth Needed	
78801	RP LOCLZJ TUM PLNR 2+AREA 1+D IMG/1 AREA IMG>2+D	eC	eC	eC	eC	No Auth Needed	
78802	RP LOCLZJ TUM PLNR WHOLE BODY SINGLE DAY IMAGING	eC	eC	eC	eC	No Auth Needed	
78803	RP LOCLZJ TUM SPECT 1 AREA SINGLE DAY IMAGING	eC	eC	eC	eC	THP	
78804	RP LOCLZJ TUM PLNR WHOLE BODY 2+ DAYS IMAGING	eC	eC	eC	eC	THP	
78805	RADIOPHARM LOCALIZATION ABSCESS, LIMITED AREA	eC	eC	eC	eC	THP	
78806	RADIONUCLIDE LOCALIZE ABSCESS - WH BODY	eC	eC	eC	eC	THP	
78807	RADIONUCLIDE LOCALIZATION OF ABSCESS SPECT	eC	eC	eC	eC	THP	



Codes Requiring Authorization

THP = The Health Plan eC = eviCore MHT = Mountain Health Trust

Code	Description	Commercial	PEIA	Auth Vendor			Notes
				MHT	Medicare	Self-Funded	
78811	PET IMAGING LIMITED AREA CHEST HEAD/NECK	eC	eC	eC	eC	THP	
78812	PET IMAGING SKULL BASE TO MID-THIGH	eC	eC	eC	eC	THP	
78813	PET IMAGING WHOLE BODY	eC	eC	eC	eC	THP	
78814	PET IMAGING CT FOR ATTENUATION LIMITED AREA	eC	eC	eC	eC	THP	
78815	PET IMAGING CT ATTENUATION SKULL BASE MID-THIGH	eC	eC	eC	eC	THP	
78816	PET IMAGING FOR CT ATTENUATION WHOLE BODY	eC	eC	eC	eC	THP	
78890	GENERATION OF AUTOMATED DATA; NOT TO EXCEED 30 MIN	THP	THP	THP	THP	THP	
78891	COMPLEX MANIPULATIONS AND INTERP, EXCEEDING 30 MIN	THP	THP	THP	THP	THP	
78899	MISC UNLISTED PROCEDURE	THP	THP	THP	THP	THP	
78990	PROVISION OF DIAGNOSTIC RADIONUCLIDE(S)	THP	THP	THP	THP	THP	
78999	UNLISTED MISCELLANEOUS PX DX NUCLEAR MEDICINE	eC	eC	eC	eC	THP	
80428	GROWTH HORMONE STIMULATION PANEL	THP	THP	THP	THP	THP	
81105	HPA-1 GENOTYPING GENE ANALYSIS COMMON VARIANT	THP	THP	THP	THP	THP	
81106	HPA-2 GENOTYPING GENE ANALYSIS COMMON VARIANT	THP	THP	THP	THP	THP	
81107	HPA-3 GENOTYPING GENE ANALYSIS COMMON VARIANT	THP	THP	THP	THP	THP	
81108	HPA-4 GENOTYPING GENE ANALYSIS COMMON VARIANT	THP	THP	THP	THP	THP	
81109	HPA-5 GENOTYPING GENE ANALYSIS COMMON VARIANT	THP	THP	THP	THP	THP	
81110	HPA-6 GENOTYPING GENE ANALYSIS COMMON VARIANT	THP	THP	THP	THP	THP	
81111	HPA-9 GENOTYPING GENE ANALYSIS COMMON VARIANT	THP	THP	THP	THP	THP	
81112	HPA-15 GENOTYPING GENE ANALYSIS COMMON VARIANT	THP	THP	THP	THP	THP	
81161	DMD DUPLICATION/DELETION ANALYSIS	THP	THP	THP	THP	THP	
81162	BRCA1 BRCA2 GENE ALYS FULL SEQ FULL DUP/DEL ALYS	THP	THP	THP	THP	THP	
81163	BRCA1 BRCA2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	THP	THP	THP	THP	THP	
81164	BRCA1 BRCA2 GENE ANALYSIS FULL DUP/DEL ANALYSIS	THP	THP	THP	THP	THP	
81165	BRCA1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	THP	THP	THP	THP	THP	
81166	BRCA1 GENE ANALYSIS FULL DUP/DEL ANALYSIS	THP	THP	THP	THP	THP	
81167	BRCA2 GENE ANALYSIS FULL DUP/DEL ANALYSIS	THP	THP	THP	THP	THP	
81168	CCND1/IGH TRANSLOCATION ALYS	THP	THP	THP	THP	THP	
81171	AFF2 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	THP	THP	THP	THP	THP	
81172	AFF2 GENE ANALYSIS CHARACTERIZATION OF ALLELES	THP	THP	THP	THP	THP	
81173	AR GENE ANALYSIS FULL GENE SEQUENCE	THP	THP	THP	THP	THP	
81174	AR GENE ANALYSIS KNOWN FAMILIAL VARIANT	THP	THP	THP	THP	THP	
81175	ASXL1 GENE ANALYSIS FULL GENE SEQUENCE	THP	THP	THP	THP	THP	
81176	ASXL1 GENE ANALYSIS TARGETED SEQ ANALYSIS	THP	THP	THP	THP	THP	
81177	ATN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	THP	THP	THP	THP	THP	
81178	ATXN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	THP	THP	THP	THP	THP	
81179	ATXN2 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	THP	THP	THP	THP	THP	
81180	ATXN3 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	THP	THP	THP	THP	THP	
81181	ATXN7 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	THP	THP	THP	THP	THP	
81182	ATXN8OS GENE ANALYSIS EVAL DETECT ABNOR ALLELES	THP	THP	THP	THP	THP	
81183	ATXN10 GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	THP	THP	THP	THP	THP	
81184	CACNA1A GENE ANALYSIS EVAL DETECT ABNOR ALLELES	THP	THP	THP	THP	THP	
81185	CACNA1A GENE ANALYSIS FULL GENE SEQUENCE	THP	THP	THP	THP	THP	
81186	CACNA1A GENE ANALYSIS KNOWN FAMILIAL VARIANT	THP	THP	THP	THP	THP	
81187	CNBP GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	THP	THP	THP	THP	THP	



Codes Requiring Authorization

THP = The Health Plan eC = eviCore MHT = Mountain Health Trust

Code	Description	Auth Vendor					Notes
		Commercial	PEIA	MHT	Medicare	Self-Funded	
81188	CSTB GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	THP	THP	THP	THP	THP	
81189	CSTB GENE ANALYSIS FULL GENE SEQUENCE	THP	THP	THP	THP	THP	
81190	CSTB GENE ANALYSIS KNOWN FAMILIAL VARIANTS	THP	THP	THP	THP	THP	
81191	NTRK1 TRANSLOCATION ANALYSIS	THP	THP	THP	THP	THP	
81192	NTRK2 TRANSLOCATION ANALYSIS	THP	THP	THP	THP	THP	
81193	NTRK3 TRANSLOCATION ANALYSIS	THP	THP	THP	THP	THP	
81194	NTRK TRANSLOCATION ANALYSIS	THP	THP	THP	THP	THP	
81200	ASPA GENE ANALYSIS COMMON VARIANTS	THP	THP	THP	THP	THP	
81201	APC GENE ANALYSIS FULL GENE SEQUENCE	THP	THP	THP	THP	THP	
81202	APC GENE ANALYSIS KNOWN FAMILIAL VARIANTS	THP	THP	THP	THP	THP	
81203	APC GENE ANALYSIS DUPLICATION/DELETION VARIANTS	THP	THP	THP	THP	THP	
81204	AR GENE ANALYSIS CHARACTERIZATION OF ALLELES	THP	THP	THP	THP	THP	
81205	BCKDHB GENE ANALYSIS COMMON VARIANTS	THP	THP	THP	THP	THP	
81206	BCR/ABL1 MAJOR BREAKPNT QUALITATIVE/QUANTITATIVE	THP	THP	THP	THP	THP	
81207	BCR/ABL1 MINOR BREAKPNT QUALITATIVE/QUANTITATIVE	THP	THP	THP	THP	THP	
81208	BCR/ABL1 OTHER BREAKPNT QUALITATIVE/QUANTITATIVE	THP	THP	THP	THP	THP	
81209	BLM GENE ANALYSIS 2281DEL6INS7 VARIANT	THP	THP	THP	THP	THP	
81210	BRAF GENE ANALYSIS V600 VARIANT(S)	THP	THP	THP	THP	THP	
81211	BRCA1, BRCA 2 EG HEREDITARY BREAST&OVARIAN CANCER	THP	THP	THP	THP	THP	
81212	BRCA1 BRCA 2 GEN ALYS 185DEL4G 5385INSC 6174DELT	THP	THP	THP	THP	THP	
81213	BRCA1, BRCA2 - UNCOMMON DUP/DELETION VARIANTS	THP	THP	THP	THP	THP	
81214	BRCA1 eg HEREDITARY BREAST&OVARIAN CANCER GENE	THP	THP	THP	THP	THP	
81215	BRCA1 GENE ANALYSIS KNOWN FAMILIAL VARIANT	THP	THP	THP	THP	THP	
81216	BRCA2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	THP	THP	THP	THP	THP	
81217	BRCA2 GENE ANALYSIS KNOWN FAMILIAL VARIANT	THP	THP	THP	THP	THP	
81218	CEBPA GENE ANALYSIS FULL GENE SEQUENCE	THP	THP	THP	THP	THP	
81219	CALR GENE ANALYSIS COMMON VARIANTS IN EXON 9	THP	THP	THP	THP	THP	
81220	CFTR GENE ANALYSIS COMMON VARIANTS	THP	THP	THP	THP	THP	
81221	CFTR GENE ANALYSIS KNOWN FAMILIAL VARIANTS	THP	THP	THP	THP	THP	
81222	CFTR GENE ANALYSIS DUPLICATION/DELETION VARIANTS	THP	THP	THP	THP	THP	
81223	CFTR GENE ANALYSIS FULL GENE SEQUENCE	THP	THP	THP	THP	THP	
81224	CFTR GENE ANALYSIS INTRON 8 POLY-T ANALYSIS	THP	THP	THP	THP	THP	
81225	CYP2C19 GENE ANALYSIS COMMON VARIANTS	THP	THP	THP	THP	THP	
81226	CYP2D6 GENE ANALYSIS COMMON VARIANTS	THP	THP	THP	THP	THP	
81227	CYP2C9 GENE ANALYSIS COMMON VARIANTS	THP	THP	THP	THP	THP	
81228	CYTOGENOM CONST MICROARRAY COPY NUMBER VARIANTS	THP	THP	THP	THP	THP	
81229	CYTOGENOM CONST MICROARRAY COPY NUMBER&SNP VAR	THP	THP	THP	THP	THP	
81230	CYP3A4 GENE ANALYSIS COMMON VARIANTS	THP	THP	THP	THP	THP	
81231	CYP3A5 GENE ANALYSIS COMMON VARIANTS	THP	THP	THP	THP	THP	
81232	DPYD GENE ANALYSIS COMMON VARIANTS	THP	THP	THP	THP	THP	
81233	BTK GENE ANALYSIS COMMON VARIANTS	THP	THP	THP	THP	THP	
81234	DMPK GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	THP	THP	THP	THP	THP	
81235	EGFR GENE ANALYSIS COMMON VARIANTS	THP	THP	THP	THP	THP	
81236	EZH2 GENE ANALYSIS FULL GENE SEQUENCE	THP	THP	THP	THP	THP	
81237	EZH2 GENE ANALYSIS COMMON VARIANTS	THP	THP	THP	THP	THP	



Codes Requiring Authorization

THP = The Health Plan eC = eviCore MHT = Mountain Health Trust

Code	Description	Auth Vendor					Notes
		Commercial	PEIA	MHT	Medicare	Self-Funded	
81238	F9 FULL GENE SEQUENCE	THP	THP	THP	THP	THP	
81239	DMPK GENE ANALYSIS CHARACTERIZATION OF ALLELES	THP	THP	THP	THP	THP	
81240	F2 GENE ANALYSIS 20210G >A VARIANT	THP	THP	THP	THP	THP	
81241	F5 COAGULATION FACTOR V ANAL LEIDEN VARIANT	THP	THP	THP	THP	THP	
81242	FANCC GENE ANALYSIS COMMON VARIANT	THP	THP	THP	THP	THP	
81243	FMR1 ANALYSIS EVAL TO DETECT ABNORMAL ALLELES	THP	THP	THP	THP	THP	
81244	FMR1 GENE ANALYSIS CHARACTERIZATION OF ALLELES	THP	THP	THP	THP	THP	
81245	FLT3 GENE ANALYSIS INTERNAL TANDEM DUP VARIANTS	THP	THP	THP	THP	THP	
81246	FLT3 GENE ANALYS TYROSINE KINASE DOMAIN VARIANTS	THP	THP	THP	THP	THP	
81247	G6PD GENE ANALYSIS COMMON VARIANTS	THP	THP	THP	THP	THP	
81248	G6PD GENE ANALYSIS KNOWN FAMILIAL VARIANTS	THP	THP	THP	THP	THP	
81249	G6PD GENE ANALYSIS FULL GENE SEQUENCE	THP	THP	THP	THP	THP	
81250	G6PC GENE ANALYSIS COMMON VARIANTS	THP	THP	THP	THP	THP	
81251	GBA GLUCOSIDASE/BETA/ACID ANAL COMM VARIANTS	THP	THP	THP	THP	THP	
81252	GJB2 GENE ANALYSIS FULL GENE SEQUENCE	THP	THP	THP	THP	THP	
81253	GJB2 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	THP	THP	THP	THP	THP	
81254	GJB6 GENE ANALYSIS COMMON VARIANTS	THP	THP	THP	THP	THP	
81255	HEXA GENE ANALYSIS COMMON VARIANTS	THP	THP	THP	THP	THP	
81256	HFE HEMOCHROMATOSIS GENE ANAL COMMON VARIANTS	THP	THP	THP	THP	THP	
81257	HBA1/HBA2 GENE ANALYSIS COMMON DELETIONS/VARIANT	THP	THP	THP	THP	THP	
81258	HBA1/HBA2 GENE ANALYSIS KNOWN FAMILIAL VARIANT	THP	THP	THP	THP	THP	
81259	HBA1/HBA2 GENE ANALYSIS FULL GENE SEQUENCE	THP	THP	THP	THP	THP	
81260	IKBKAP GENE ANALYSIS COMMON VARIANTS	THP	THP	THP	THP	THP	
81261	IGH@ REARRANGE ABNORMAL CLONAL POP AMPLIFIED	THP	THP	THP	THP	THP	
81262	IGH@ REARRANGE ABNORMAL CLONAL POP DIRECT PROBE	THP	THP	THP	THP	THP	
81263	IGH@ VARIABLE REGION SOMATIC MUTATION ANALYSIS	THP	THP	THP	THP	THP	
81264	IGK@ GENE REARRANGE DETECT ABNORMAL CLONAL POP	THP	THP	THP	THP	THP	
81265	COMPARATIVE ANAL STR MARKERS PATIENT&COMP SPEC	THP	THP	THP	THP	THP	
81266	COMPARATIVE ANAL STR MARKERS EA ADDL SPECIMEN	THP	THP	THP	THP	THP	
81267	CHIMERISM W/COMP TO BASELINE W/O CELL SELECTION	THP	THP	THP	THP	THP	
81268	CHIMERISM W/COMP TO BASELINE W/CELL SELECTION EA	THP	THP	THP	THP	THP	
81269	HBA1/HBA2 GENE ANALYSIS DUP/DEL VARIANTS	THP	THP	THP	THP	THP	
81270	JAK2 GENE ANALYSIS P.VAL617PHE VARIANT	THP	THP	THP	THP	THP	
81271	HTT GENE ANALYSIS DETECT ABNORMAL ALLELES	THP	THP	THP	THP	THP	
81272	KIT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	THP	THP	THP	THP	THP	
81273	KIT GENE ANALYSIS D816 VARIANT(S)	THP	THP	THP	THP	THP	
81274	HTT GENE ANALYSIS CHARACTERIZATION ALLELES	THP	THP	THP	THP	THP	
81275	KRAS GENE ANALYSIS VARIANTS IN EXON 2	THP	THP	THP	THP	THP	
81276	KRAS GENE ANALYSIS ADDITIONAL VARIANT(S)	THP	THP	THP	THP	THP	
81278	IGH@/BCL2 TRANSLOCATION ALYS	THP	THP	THP	THP	THP	
81279	JAK2 GENE TRGT SEQUENCE ALYS	THP	THP	THP	THP	THP	
81280	LONG QT SYNDROME GENE ANALYSES FULL SEQUENCE	THP	THP	THP	THP	THP	
81281	LONG QT SYNDROME KNOWN FAMILIAL SEQUENCE VAR	THP	THP	THP	THP	THP	
81282	LONG QT SYNDROME DUPLICATION/DELETION VARIANT	THP	THP	THP	THP	THP	
81283	IFNL3 GENE ANALYSIS RS12979860 VARIANT	THP	THP	THP	THP	THP	



Codes Requiring Authorization

THP = The Health Plan eC = eviCore MHT = Mountain Health Trust

Code	Description	Auth Vendor					Notes
		Commercial	PEIA	MHT	Medicare	Self-Funded	
81284	FXN GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	THP	THP	THP	THP	THP	
81285	FXN GENE ANALYSIS CHARACTERIZATION ALLELES	THP	THP	THP	THP	THP	
81286	FXN GENE ANALYSIS FULL GENE SEQUENCE	THP	THP	THP	THP	THP	
81287	MGMT GENE PROMOTER METHYLATION ANALYSIS	THP	THP	THP	THP	THP	
81288	MLH1 GENE ANALYSIS PROMOTER METHYLATION ANALYSIS	THP	THP	THP	THP	THP	
81289	FXN GENE ANALYSIS KNOWN FAMILIAL VARIANTS	THP	THP	THP	THP	THP	
81290	MCOLN1 MUCOLIPIN1 GENE ANALYSIS COMMON VARIANTS	THP	THP	THP	THP	THP	
81291	MTHFR GENE ANALYSIS COMMON VARIANTS	THP	THP	THP	THP	THP	
81292	MLH1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	THP	THP	THP	THP	THP	
81293	MLH1 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	THP	THP	THP	THP	THP	
81294	MLH1 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	THP	THP	THP	THP	THP	
81295	MSH2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	THP	THP	THP	THP	THP	
81296	MSH2 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	THP	THP	THP	THP	THP	
81297	MSH2 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	THP	THP	THP	THP	THP	
81298	MSH6 GENE ANALYSIS FULL SEQUENCE ANALYSIS	THP	THP	THP	THP	THP	
81299	MSH6 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	THP	THP	THP	THP	THP	
81300	MSH6 GENE ANALYSIS DUPLICATION/DELETION VARIA	THP	THP	THP	THP	THP	
81301	MICROSATELLITE INSTAB ANAL MISMATCH REPAIR DEF	THP	THP	THP	THP	THP	
81302	MECP2 GENE ANALYSIS FULL SEQUENCE	THP	THP	THP	THP	THP	
81303	MECP2 GENE ANALYSIS KNOWN FAMILIAL VARIANT	THP	THP	THP	THP	THP	
81304	MECP2 GENE ANALYSIS DUPLICATION/DELETION VARIANT	THP	THP	THP	THP	THP	
81305	MYD88 GENE ANALYSIS P.LEU265 (L265P) VARIANT	THP	THP	THP	THP	THP	
81306	NUDT15 GENE ANALYSIS COMMON VARIANTS	THP	THP	THP	THP	THP	
81307	PALB2 GENE ANALYSIS FULL GENE SEQUENCE	THP	THP	THP	THP	THP	
81308	PALB2 GENE ANALYSIS KNOWN FAMILIAL VARIANT	THP	THP	THP	THP	THP	
81309	PIK3CA GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	THP	THP	THP	THP	THP	
81310	NPM1 NUCLEOPHOSMIN GENE ANAL EXON 12 VARIANTS	THP	THP	THP	THP	THP	
81311	NRAS GENE ANALYSIS VARIANTS IN EXON 2&3	THP	THP	THP	THP	THP	
81312	PABPN1 GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	THP	THP	THP	THP	THP	
81313	PCA3/KLK3 PROSTATE SPECIFIC ANTIGEN RATIO	THP	THP	THP	THP	THP	
81314	PDGFRA GENE ANALYS TARGETED SEQUENCE ANALYS	THP	THP	THP	THP	THP	
81315	PML/RARALPHA COMMON BREAKPOINTS QUAL/QUANT	THP	THP	THP	THP	THP	
81316	PML/RARALPHA SINGLE BREAKPOINT QUAL/QUAN	THP	THP	THP	THP	THP	
81317	PMS2 GENE ANALYSIS FULL SEQUENCE	THP	THP	THP	THP	THP	
81318	PMS2 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	THP	THP	THP	THP	THP	
81319	PMS2 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	THP	THP	THP	THP	THP	
81320	PLCG2 GENE ANALYSIS COMMON VARIANTS	THP	THP	THP	THP	THP	
81321	PTEN GENE ANALYSIS FULL SEQUENCE ANALYSIS	THP	THP	THP	THP	THP	
81322	PTEN GENE ANALYSIS KNOWN FAMILIAL VARIANT	THP	THP	THP	THP	THP	
81323	PTEN GENE ANALYSIS DUPLICATION/DELETION VARIANT	THP	THP	THP	THP	THP	
81324	PMP22 GENE ANAL DUPLICATION/DELETION ANALYSIS	THP	THP	THP	THP	THP	
81325	PMP22 GENE ANALYSIS FULL SEQUENCE ANALYSIS	THP	THP	THP	THP	THP	
81326	PMP22 GENE ANALYSIS KNOWN FAMILIAL VARIANT	THP	THP	THP	THP	THP	
81327	SEPT9 GENE PROMOTER METHYLATION ANALYSIS	THP	THP	THP	THP	THP	
81328	SLCO1B1 GENE ANALYSIS COMMON VARIANTS	THP	THP	THP	THP	THP	



Codes Requiring Authorization

THP = The Health Plan eC = eviCore MHT = Mountain Health Trust

Code	Description	Auth Vendor					Notes
		Commercial	PEIA	MHT	Medicare	Self-Funded	
81329	SMN1 GENE ANALYSIS DOSAGE/DELET ALYS W/SMN2 ALYS	THP	THP	THP	THP	THP	
81330	SMPD1 GENE ANALYSIS COMMON VARIANTS	THP	THP	THP	THP	THP	
81331	SNRPN/UBE3A METHYLATION ANALYSIS	THP	THP	THP	THP	THP	
81332	SERPINA1 GENE ANALYSIS COMMON VARIANTS	THP	THP	THP	THP	THP	
81333	TGFBI GENE ANALYSIS COMMON VARIANTS	THP	THP	THP	THP	THP	
81334	RUNX1 GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	THP	THP	THP	THP	THP	
81335	TPMT GENE ANALYSIS COMMON VARIANTS	THP	THP	THP	THP	THP	
81336	SMN1 GENE ANALYSIS FULL GENE SEQUENCE	THP	THP	THP	THP	THP	
81337	SMN1 GENE ANALYSIS KNOWN FAMILIAL SEQ VARIANTS	THP	THP	THP	THP	THP	
81338	MPL GENE COMMON VARIANTS	THP	THP	THP	THP	THP	
81339	MPL GENE SEQ ALYS EXON 10	THP	THP	THP	THP	THP	
81340	TRB@ REARRANGEMENT ANAL AMPLIFICATION METHOD	THP	THP	THP	THP	THP	
81341	TRB@ REARRANGEMENT ANAL DIRECT PROBE METHODOLOGY	THP	THP	THP	THP	THP	
81342	TRG@ GENE REARRANGEMENT ANALYSIS	THP	THP	THP	THP	THP	
81343	PPP2R2B GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	THP	THP	THP	THP	THP	
81344	TBP GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	THP	THP	THP	THP	THP	
81345	TERT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	THP	THP	THP	THP	THP	
81346	TYMS GENE ANALYSIS COMMON VARIANTS	THP	THP	THP	THP	THP	
81347	SF3B1 GENE COMMON VARIANTS	THP	THP	THP	THP	THP	
81348	SRSF2 GENE COMMON VARIANTS	THP	THP	THP	THP	THP	
81349	CYTOG ALYS CHROMOML ABNOR LOW-PASS SEQ ALYS	THP	THP	THP	THP	THP	
81350	UGT1A1 GENE ANALYSIS COMMON VARIANTS	THP	THP	THP	THP	THP	
81351	TP53 GENE FULL GENE SEQUENCE	THP	THP	THP	THP	THP	
81352	TP53 GENE TRGT SEQUENCE ALYS	THP	THP	THP	THP	THP	
81353	TP53 GENE KNOWN FAMIL VRNT	THP	THP	THP	THP	THP	
81355	VKORC1 GENE ANALYSIS COMMON VARIANT(S)	THP	THP	THP	THP	THP	
81357	U2AF1 GENE COMMON VARIANTS	THP	THP	THP	THP	THP	
81360	ZRSR2 GENE COMMON VARIANTS	THP	THP	THP	THP	THP	
81364	HBB FULL GENE SEQUENCE	THP	THP	THP	THP	THP	
81401	MOLECULAR PATHOLOGY PROCEDURE LEVEL 2	THP	THP	THP	THP	THP	
81403	MOLECULAR PATHOLOGY PROCEDURE LEVEL 4	THP	THP	THP	THP	THP	
81404	MOLECULAR PATHOLOGY PROCEDURE LEVEL 5	THP	THP	THP	THP	THP	
81405	MOLECULAR PATHOLOGY PROCEDURE LEVEL 6	THP	THP	THP	THP	THP	
81406	MOLECULAR PATHOLOGY PROCEDURE LEVEL 7	THP	THP	THP	THP	THP	
81407	MOLECULAR PATHOLOGY PROCEDURE LEVEL 8	THP	THP	THP	THP	THP	
81408	MOLECULAR PATHOLOGY PROCEDURE LEVEL 9	THP	THP	THP	THP	THP	
81410	AORTIC DYSFUNCTION/DILATION GENOMIC SEQ ANALYSIS	THP	THP	THP	THP	THP	
81411	AORTIC DYSFUNCTION/DILATION DUP/DEL ANALYSIS	THP	THP	THP	THP	THP	
81412	ASHKENAZI JEWISH ASSOC DSRDRS GEN SEQ ANAL 9 GEN	THP	THP	THP	THP	THP	
81413	CAR ION CHNNLPATH GENOMIC SEQ ALYS INC 10 GNS	THP	THP	THP	THP	THP	
81414	CAR ION CHNNLPATH DUP/DEL GN ALYS PANEL 2 GENES	THP	THP	THP	THP	THP	
81415	EXOME SEQUENCE ANALYSIS	THP	THP	THP	THP	THP	
81416	EXOME SEQUENCE ANALYSIS EACH COMPARATOR EXOME	THP	THP	THP	THP	THP	
81417	EXOME RE-EVAL OF PREVIOUSLY OBTAINED EXOME SEQ	THP	THP	THP	THP	THP	
81418	RX METAB GENOMIC SEQ ALYS PANEL AT LEAST 6 GENES	THP	THP	THP	THP	THP	



Codes Requiring Authorization

THP = The Health Plan eC = eviCore MHT = Mountain Health Trust

Code	Description	Auth Vendor					Notes
		Commercial	PEIA	MHT	Medicare	Self-Funded	
81419	EPILEPSY GEN SEQ ALYS PANEL	THP	THP	THP	THP	THP	
81420	FETAL CHROMOSOMAL ANEUPLOIDY GENOMIC SEQ ANALYS	THP	THP	THP	THP	THP	
81422	FETAL CHROMOSOMAL MICRODELTA GENOMIC SEQ ANALYS	THP	THP	THP	THP	THP	
81425	GENOME SEQUENCE ANALYSIS	THP	THP	THP	THP	THP	
81426	GENOME SEQUENCE ANALYSIS EACH COMPARATOR GENOME	THP	THP	THP	THP	THP	
81427	GENOME RE-EVALUATION OF PREC OBTAINED GENOME SEQ	THP	THP	THP	THP	THP	
81430	HEARING LOSS GENOMIC SEQUENCE ANALYSIS 60 GENES	THP	THP	THP	THP	THP	
81431	HEARING LOSS DUP/DEL ANALYSIS	THP	THP	THP	THP	THP	
81432	HEREDITARY BRST CA-RELATED GEN SEQ ANALYS 10 GEN	THP	THP	THP	THP	THP	
81433	HEREDITARY BRST CA-RELATED DUP/DEL ANALYSIS	THP	THP	THP	THP	THP	
81434	HEREDITARY RETINAL DSRDRS GEN SEQ ANALYS 15 GEN	THP	THP	THP	THP	THP	
81435	HEREDITARY COLON CA DSRDRS GEN SEQ ANALYS 10 GEN	THP	THP	THP	THP	THP	
81436	HEREDITARY COLON CA DSRDRS DUP/DEL ANALYS 5 GEN	THP	THP	THP	THP	THP	
81437	HEREDTRY NURONDCRN TUM DSRDRS GEN SEQ ANAL 6 GEN	THP	THP	THP	THP	THP	
81438	HEREDTRY NURONDCRN TUM DSRDRS DUP/DEL ANALYSIS	THP	THP	THP	THP	THP	
81439	HEREDITARY CARDIOMYOPATHY GEN SEQ ANALYS 5 GEN	THP	THP	THP	THP	THP	
81440	NUCLEAR MITOCHONDRIAL 100 GENE GENOMIC SEQ	THP	THP	THP	THP	THP	
81441	IBMFS SEQUENCE ANALYSIS PANEL AT LEAST 30 GENES	THP	THP	THP	THP	THP	
81442	NOONAN SPECTRUM DISORDERS GEN SEQ ANALYS 12 GEN	THP	THP	THP	THP	THP	
81443	GENETIC TESTING FOR SEVERE INHERITED CONDITIONS	THP	THP	THP	THP	THP	
81445	GEN SEQ ANALYS SOLID ORGAN NEOPLASM 5-50 GENE	THP	THP	THP	THP	THP	
81448	HEREDITARY PERIPHERAL NEUROPATHY GEN SEQ PNL	THP	THP	THP	THP	THP	
81449	TGSAP SOLID ORGAN NEOPLASM 5-50 RNA ANALYSIS	THP	THP	THP	THP	THP	
81450	GEN SEQ ANALYS HEMATOLYMPHOID NEO 5-50 GENE	THP	THP	THP	THP	THP	
81451	TGSAP HEMATOLYMPHOID NEO/DO 5-50 RNA ANALYSIS	THP	THP	THP	THP	THP	
81455	GEN SEQ ANALYS SOL ORG/HEMTOLMPHOID NEO 51/> GEN	THP	THP	THP	THP	THP	
81456	TGSAP SO/HEMATOLYMPHOID NEO/DO 51/<RNA ANALYSIS	THP	THP	THP	THP	THP	
81460	WHOLE MITOCHONDRIAL GENOME	THP	THP	THP	THP	THP	
81465	WHOLE MITOCHONDRIAL GENOME ANALYSIS PANEL	THP	THP	THP	THP	THP	
81470	X-LINKED INTELLECTUAL DBLT GENOMIC SEQ ANALYS	THP	THP	THP	THP	THP	
81471	X-LINKED INTELLECTUAL DBLT DUP/DEL GENE ANALYS	THP	THP	THP	THP	THP	
81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	THP	THP	THP	THP	THP	
81490	AUTOIMMUNE RHEUMATOID ARTHRITS ANALYS 12 BIOMRKRS	THP	THP	THP	THP	THP	
81493	COR ART DISEASE MRNA GENE EXPRESSION 23 GENES	THP	THP	THP	THP	THP	
81507	FETAL ANEUPLOIDY 21 18 13 SEQ ANALY TRISOM RISK	THP	THP	THP	THP	THP	
81509	FETAL CONGENITAL ABNOR ASSAY 3 PROTEINS	THP	THP	THP	THP	THP	
81510	FETAL CONGENITAL ABNOR ASSAY THREE ANAL	THP	THP	THP	THP	THP	
81518	ONCOLOGY BREAST MRNA GENE EXPRESSION 11 GENES	THP	THP	THP	THP	THP	
81519	ONCOLOGY BREAST MRNA GENE XPRSN PRFL 21 GENES	THP	THP	THP	THP	THP	
81522	ONCOLOGY BREAST MRNA GENE XPRSN PRFL 12 GENES	THP	THP	THP	THP	THP	
81523	ONC BRST MRNA NEXT GNRJ SEQ GEN XPRSN 70 CNT&31	THP	THP	THP	THP	THP	
81525	ONCOLOGY COLON MRNA GENE EXPRESSION 12 GENES	THP	THP	THP	THP	THP	
81529	ONC CUTAN MLNMA MRNA 31 GENE	THP	THP	THP	THP	THP	
81541	ONC PROSTATE MRNA 46 GENES	THP	THP	THP	THP	THP	
81542	ONC PRS18 MRNA MICRORA GENE XPRSN PRFL 22 GENES	THP	THP	THP	THP	THP	



Codes Requiring Authorization

THP = The Health Plan eC = eviCore MHT = Mountain Health Trust

Code	Description	Commercial	PEIA	Auth Vendor			Notes
				MHT	Medicare	Self-Funded	
81546	ONC THYR MRNA 10,196 GEN ALG	THP	THP	THP	THP	THP	
81551	ONC PRST8 PRMTR METHYLATION PRFL R-T PCR 3 GENES	THP	THP	THP	THP	THP	
81552	ONC UVEAL MLNMA MRNA GENE XPRSN PRFL 15 GENES	THP	THP	THP	THP	THP	
81554	PULM DS IPF MRNA 190 GEN ALG	THP	THP	THP	THP	THP	
81560	TRNSPLJ PED LVR&BWL MES CD154+T CLL WHL PRPH BLD	THP	THP	THP	THP	THP	
81595	CARDIOLOGY HRT TRNSPL MRNA GENE EXPRESS 20 GENES	THP	THP	THP	THP	THP	
81599	UNLISTED MULTIANALYTE ASSAY ALGORITHMIC ANALYSIS	THP	THP	THP	THP	THP	
84999	UNLISTED CHEMISTRY PROCEDURE	THP	THP	THP	THP	THP	
86353	LYMPHOCYTE TR MITOGEN/AG INDUCED BLASTOGENESIS	THP	THP	THP	THP	THP	
86382	NEUTRALIZATION TEST VIRAL	THP	THP	THP	THP	THP	
87593	IADNA ORTHOPOXVIRUS AMPLIFIED PROBE TECHNIQUE EA	THP	THP	THP	THP	THP	
87913	NFCT AGENT GENOTYPE ALYS NUCLEIC ACID SARSCOV2	THP	THP	THP	THP	THP	
88271	MOLECULAR CYTOGENETICS DNA PROBE EACH	THP	THP	THP	THP	THP	
88274	MOLECULAR CYTOGENETICS INTERPHASE ISH 25-99 CLL	THP	THP	THP	THP	THP	
88275	MOLEC CYTG INTERPHASE ISH ANALYZE 100-300 CLL	THP	THP	THP	THP	THP	
88368	M/PHMTRC ALYS IN SITU HYBRIDIZATION EA PROBE MNL	THP	THP	THP	THP	THP	
88369	M/PHMTRC ALYS ISH QUANT/SEMIQ MNL PER SPEC EACH	THP	THP	THP	THP	THP	
88377	M/PHMTRC ALYS ISH QUANT/SEMIQ MNL EACH MULTIPRB	THP	THP	THP	THP	THP	
88399	UNLISTED SURGICAL PATHOLOGY PROCEDURE	THP	THP	THP	THP	THP	
89250	CUL OOCYTE/EMBRYO <4 DAYS	THP	THP	THP	THP	THP	Potential Benefit Exclusion
89251	CUL OOCYTE/EMBRYO < 4 D CO-CULT OOCYTE/EMBRY	THP	THP	THP	THP	THP	Potential Benefit Exclusion
89252	ASSISTED OOCYTE FERTILIZATION, MICROTECHNIQUE	THP	THP	THP	THP	THP	Potential Benefit Exclusion
89253	ASSTD EMBRYO HATCHING MICROTQS ANY METH	THP	THP	THP	THP	THP	Potential Benefit Exclusion
89254	OOCYTE ID FROM FOLLICULAR FLU	THP	THP	THP	THP	THP	Potential Benefit Exclusion
89255	PREPJ EMBRYO TR	THP	THP	THP	THP	THP	Potential Benefit Exclusion
89256	PREP OF CRYOPRESERVED EMBRYOS FOR TRANSFER	THP	THP	THP	THP	THP	Potential Benefit Exclusion
89257	SPRM ID FROM ASPIR OTH/THN SEMINAL	THP	THP	THP	THP	THP	Potential Benefit Exclusion
89258	CRYOPRSRV EMBRYO	THP	THP	THP	THP	THP	Potential Benefit Exclusion
89259	CRYOPRSRV SPRM	THP	THP	THP	THP	THP	Potential Benefit Exclusion
89260	SPRM ISOL SMPL PREP INSEMINATION/DX SEMEN ALYS	THP	THP	THP	THP	THP	Potential Benefit Exclusion
89261	SPRM ISOL CPLX PREP INSEMINATION/DX SEMEN ALYS	THP	THP	THP	THP	THP	Potential Benefit Exclusion
89264	SPRM ID FROM TSTIS TISS FRSH/CRYOPRSRVD	THP	THP	THP	THP	THP	Potential Benefit Exclusion
89268	INSEMINATION OOCYTES	THP	THP	THP	THP	THP	Potential Benefit Exclusion
89272	EXTND CUL OOCYTE/EMBRYO 4-7 DAYS	THP	THP	THP	THP	THP	Potential Benefit Exclusion
89280	ASSTD FERTILIZATION MICROTQ <EQUAL 10 OOCYTES	THP	THP	THP	THP	THP	Potential Benefit Exclusion
89281	ASSTD FERTILIZATION MICROTQ > 10 OOCYTES	THP	THP	THP	THP	THP	Potential Benefit Exclusion
89290	BX OOCYTE MICROTQ </= 5 EMBRY	THP	THP	THP	THP	THP	Potential Benefit Exclusion
89291	BX OOCYTE MICROTQ >5 EMBRY	THP	THP	THP	THP	THP	Potential Benefit Exclusion
89300	SEMEN ALYS PRESENCE&/MOTILITY SPRM HUHNER	THP	THP	THP	THP	THP	Potential Benefit Exclusion
89310	SEMEN ALYS MOTILITY&CNT X W/HUHNER TST	THP	THP	THP	THP	THP	Potential Benefit Exclusion
89320	SEMEN ANALYSIS VOLUME COUNT MOTILITY DIFFERENT	THP	THP	THP	THP	THP	Potential Benefit Exclusion
89321	SEMEN ANALYSIS SPERM PRESENCE&/MOTILITY SPRM	THP	THP	THP	THP	THP	Potential Benefit Exclusion
89322	SEMEN ANALYSIS STRICT MORPHOLOGIC CRITERIA	THP	THP	THP	THP	THP	Potential Benefit Exclusion
89323	SPERM IMMOBILIZATION	THP	THP	THP	THP	THP	Potential Benefit Exclusion
89325	SPERM ANTIBODIES	THP	THP	THP	THP	THP	Potential Benefit Exclusion



Codes Requiring Authorization

THP = The Health Plan eC = eviCore MHT = Mountain Health Trust

Code	Description	Auth Vendor					Notes
		Commercial	PEIA	MHT	Medicare	Self-Funded	
89329	SPERM EVALUATION HAMSTER PENETRATION TEST	THP	THP	THP	THP	THP	Potential Benefit Exclusion
89330	SPERM EVALUATION CERVICAL MUCOUS PENETRATION	THP	THP	THP	THP	THP	Potential Benefit Exclusion
89331	SPERM EVALUATION RETROGRADE EJACULATION URINE	THP	THP	THP	THP	THP	Potential Benefit Exclusion
89335	CRYOPRSRV REPRODUCTIVE TISSUE TESTICULAR	THP	THP	THP	THP	THP	Potential Benefit Exclusion
89337	CRYOPRESERVATION MATURE OOCYTE(S)	THP	THP	THP	THP	THP	Potential Benefit Exclusion
89342	STORAGE PER YEAR EMBRYO	THP	THP	THP	THP	THP	Potential Benefit Exclusion
89343	STORAGE PER YEAR SPERM/SEMEN	THP	THP	THP	THP	THP	Potential Benefit Exclusion
89344	STORAGE PER YR REPRDTVE TISS TESTICULAR/OVARIAN	THP	THP	THP	THP	THP	Potential Benefit Exclusion
89345	SPUTUM EXAMINATION FOR HEMOSIDERIN OR FO	THP	THP	THP	THP	THP	Potential Benefit Exclusion
89346	STORAGE PER YEAR OOCYTE	THP	THP	THP	THP	THP	Potential Benefit Exclusion
89350	SPUTUM, OBTAINING SPECIMEN, AEROSOL INDU	THP	THP	THP	THP	THP	Potential Benefit Exclusion
89352	THAWING CRYOPRESERVED EMBRYO	THP	THP	THP	THP	THP	Potential Benefit Exclusion
89353	THAWING CRYOPRESERVED SPERM/SEMEN EACH ALIQUOT	THP	THP	THP	THP	THP	Potential Benefit Exclusion
89354	THAWING CRYOPRESERVED TESTICULAR/OVARIAN	THP	THP	THP	THP	THP	Potential Benefit Exclusion
89355	STARCH GRANULES, FECES	THP	THP	THP	THP	THP	
89356	THAWING CRYOPRESERVED OOCYTES EACH ALIQUOT	THP	THP	THP	THP	THP	Potential Benefit Exclusion
89360	SWEAT COLLECTION BY IONTOPHORESIS	THP	THP	THP	THP	THP	
89365	WATER LOAD TEST	THP	THP	THP	THP	THP	
89398	UNLISTED REPRODUCTIVE MEDICINE LAB PROCEDURE	THP	THP	THP	THP	THP	
90287	BOTULINUM ANTITOXIN EQUINE ANY ROUTE	THP	THP	THP	THP	THP	
90378	RESPIRATORY SYNCYTIAL VIRUS IG IM 50 MG E	THP	THP	THP	THP	THP	
90759	HEP B VACC 3 AG 10 MCG 3 DOSE SCHED FOR IM USE	THP	THP	THP	THP	THP	
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	No Auth Needed	No Auth Needed	No Auth Needed	No Auth Needed	THP	
90792	PSYCHIATRIC DIAGNOSTIC EVAL W/MEDICAL SERVICES	No Auth Needed	No Auth Needed	No Auth Needed	No Auth Needed	THP	
90834	PSYCHOTHERAPY W/PATIENT 45 MINUTES	No Auth Needed	No Auth Needed	No Auth Needed	No Auth Needed	THP	
90837	PSYCHOTHERAPY W/PATIENT 60 MINUTES	No Auth Needed	No Auth Needed	No Auth Needed	No Auth Needed	THP	
90846	FAMILY PSYCHOTHERAPY W/O PATIENT PRESENT 50 MINS	No Auth Needed	No Auth Needed	No Auth Needed	No Auth Needed	THP	
90847	FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS	No Auth Needed	No Auth Needed	No Auth Needed	No Auth Needed	THP	
90849	MULTIPLE FAMILY GROUP PSYCHOTHERAPY	THP	THP	THP	THP	THP	
90867	REPET TMS TX INITIAL W/MAP/MOTR THRESHLD/DEL&M	THP	THP	THP	THP	THP	
90868	THERAP REPETITIVE TMS TX SUBSEQ DELIVERY & MNG	THP	THP	THP	THP	THP	
90869	REPET TMS TX SUBSEQ MOTR THRESHLD W/DELIV & MN	THP	THP	THP	THP	THP	
90870	ELECTROCONVULSIVE THERAPY	THP	THP	THP	THP	THP	
90880	HYPNOTHERAPY	THP	THP	THP	THP	THP	
90899	UNLISTED PSYCHIATRIC SERVICE/PROCEDURE	THP	THP	THP	THP	THP	
90901	BIOFEEDBACK TRAINING ANY MODALITY	eC	eC	eC	eC	THP	
90912	BFB TRAIING W/EMG &/MANOMETRY 1ST 15 MIN CNTCT	eC	eC	eC	eC	THP	
90913	BFB TRAIING W/EMG&/MANOMETRY EA ADDL 15 MIN CNTCT	eC	eC	eC	eC	THP	
91110	GI IMAG INTRALUMINAL ESOPHAGUS-ILEUM W/I&R	THP	THP	THP	THP	THP	
91111	GASTROINTESTINAL TRACT IMAGING ESOPHAGUS W/I&R	THP	THP	THP	THP	THP	
91112	GI TRANSIT & PRES MEAS WIRELESS CAPSULE W/INTERP	THP	THP	THP	THP	THP	
91113	GI TRACT IMAGING INTRALUMINAL COLON I&R	THP	THP	THP	THP	THP	
91120	RECTAL SESATION TONE & COMPLIANCE TEST	THP	THP	THP	THP	THP	
91122	ANORECTAL MANOMETRY	THP	THP	THP	THP	THP	
92065	ORTHOPTIC &/PLEOPTIC TRAINING W/MEDICAL DIRECTJ	THP	THP	THP	THP	THP	



Codes Requiring Authorization

THP = The Health Plan eC = eviCore MHT = Mountain Health Trust

Code	Description	Commercial	PEIA	Auth Vendor			Notes
				MHT	Medicare	Self-Funded	
92499	UNLISTED OPHTHALMOLOGICAL SERVICE/PROCEDURE	THP	THP	THP	THP	THP	
92507	TX SPEECH LANG VOICE COMMJ &/AUDITORY PROC IND	THP	THP	THP	THP	THP	
92508	TX SPEECH LANGUAGE VOICE COMMJ AUDITRY 2/>INDIV	THP	THP	THP	THP	THP	
92511	NASOPHARYNGOSCOPY W/ENDOSCOPE SPX	THP	THP	THP	THP	THP	
92526	TX SWALLOWING DYSFUNCTION&/ORAL FUNCJ FEEDING	THP	THP	THP	THP	THP	
92543	CALORIC VESTIBULAR TEST, EACH IRRIGATION	THP	THP	THP	THP	THP	
92605	EVAL RX N-SP-GEN AUGMT ALT COMMUN DEV F2F 1ST HR	THP	THP	THP	THP	THP	
92606	THER SVC N-SP-GENRATJ DEV PRGRMG&MODIFICAJ	THP	THP	THP	THP	THP	
92607	RX SP-GENRATJ AUGMNT&COMUNICAJ DEV 1ST HR	THP	THP	THP	THP	THP	
92608	RX SP-GENRATJ AUGMNT&COMUNICAJ DEV EA 30 MIN	THP	THP	THP	THP	THP	
92609	THER SP-GENRATJ DEV PRGRMG&MODIFICAJ	THP	THP	THP	THP	THP	
92700	UNLISTED OTORHINOLARYNGOLOGICAL SERVICE	THP	THP	THP	THP	THP	
92971	CARDIOASSIST-METH CIRCULATORY ASSIST EXTERNAL	THP	THP	THP	THP	THP	
92975	THROMBOLYSIS INTRACORONARY NFS SLCTV ANGRPH	THP	THP	THP	THP	THP	
93303	COMPLETE TTHRC ECHO CONGENITAL CARDIAC ANOMALY	eC	eC	eC	eC	THP	
93304	F-UP/LIMITED TTHRC ECHO CONGENITAL CAR ANOMALY	eC	eC	eC	eC	THP	
93306	ECHO TTHRC R-T 2D W/WOM-MODE COMPL SPEC&COLR D	eC	eC	eC	eC	No Auth Needed	
93307	ECHO TRANSTHORAC R-T 2D W/VO M-MODE REC COMP	eC	eC	eC	eC	No Auth Needed	
93308	ECHO TRANSTHORC R-T 2D W/VO M-MODE REC F-UP/LMTD	eC	eC	eC	eC	No Auth Needed	
93312	ECHO TRANSESOPHAG R-T 2D W/PRB IMG ACQUISJ I&R	eC	eC	eC	eC	No Auth Needed	
93313	ECHO R-T 2D W/PROBE PLACEMENT ONLY	eC	eC	eC	eC	No Auth Needed	
93314	ECHO TRANSESOPHAG R-T 2D IMG ACQUISJ I&R ONLY	eC	eC	eC	eC	No Auth Needed	
93315	ECHO TRANSESOPHAG CONGEN PROBE PLCMT IMGNG I&R	eC	eC	eC	eC	No Auth Needed	
93316	ECHO TRANSESOPHAG CONGEN PROBE PLCMT ONLY	eC	eC	eC	eC	No Auth Needed	
93317	ECHO TRANSESOPHAG IMAGE ACQUISJ INTERP&REPORT	eC	eC	eC	eC	No Auth Needed	
93319	3D ECHO IMAG AND PROC DURING TRANSESOPHAG ECHO	eC	eC	eC	eC	No Auth Needed	
93350	ECHO TTHRC R-T 2D W/VO M-MODE COMPLETE REST&ST	eC	eC	eC	eC	No Auth Needed	
93351	ECHO TTHRC R-T 2D W/VO M-MODE REST&STRS CONT ECG	eC	eC	eC	eC	No Auth Needed	
93352	USE OF ECHO CONTRAST AGENT DURING STRESS ECHO	eC	eC	eC	eC	No Auth Needed	
93451	RIGHT HEART CATH O2 SATURATION & CARDIAC OUTPUT	eC	eC	eC	eC	No Auth Needed	
93452	L HRT CATH W/NJX L VENTRICULOGRAPHY IMG S&I	eC	eC	eC	eC	No Auth Needed	
93453	R & L HRT CATH W/NJX L VENTRICULOG IMG S&I	eC	eC	eC	eC	No Auth Needed	
93454	CATH PLACEMENT & NJX CORONARY ART ANGIO IMG S&I	eC	eC	eC	eC	No Auth Needed	
93455	CATH PLMT & NJX CORONARY ART/GRFT ANGIO IMG S&I	eC	eC	eC	eC	No Auth Needed	
93456	CATH PLMT R HRT & ARTS W/NJX & ANGIO IMG S&I	eC	eC	eC	eC	No Auth Needed	
93457	CATH PLMT R HRT/ARTS/GRFTS W/NJX& ANGIO IMG S&I	eC	eC	eC	eC	No Auth Needed	
93458	CATH PLMT L HRT & ARTS W/NJX & ANGIO IMG S&I	eC	eC	eC	eC	No Auth Needed	
93459	CATH PLMT L HRT/ARTS/GRFTS W/NJX & ANGIO IMG S&I	eC	eC	eC	eC	No Auth Needed	
93460	R & L HRT CATH W/NJX HRT ART& L VENTR IMG	eC	eC	eC	eC	No Auth Needed	
93461	R& L HRT CATH W/INJEC HRT ART/GRFT& L VENT I	eC	eC	eC	eC	No Auth Needed	
93462	LEFT HEART CATH BY TRANSEPTAL PUNCTURE	eC	eC	eC	eC	No Auth Needed	
93593	R HRT CATH CONG ANOMALY; NORM NAT CON	eC	eC	eC	eC	No Auth Needed	
93594	R HRT CATH CONG ANOMALY; ABNORM NAT CON	eC	eC	eC	eC	No Auth Needed	
93595	L HRT CATH CONG ANOMALY; AB/NORM NAT CON	eC	eC	eC	eC	No Auth Needed	
93596	R & L HRT CATH CONG ANOMALY; NORM NAT CON	eC	eC	eC	eC	No Auth Needed	



Codes Requiring Authorization

THP = The Health Plan eC = eviCore MHT = Mountain Health Trust

Code	Description	Commercial	PEIA	Auth Vendor			Notes
				MHT	Medicare	Self-Funded	
93597	R & L HRT CATH CONG ANOMALY; ABNORM NAT CON	eC	eC	eC	eC	No Auth Needed	
93619	COMPRES ELECTROPHYSIOLOGIC W/O ARRHYTH INDUCTION	THP	THP	THP	THP	No Auth Needed	
93620	COMPRES ELECTROPHYSIOLOGIC ARRHYTHMIA INDUCTION	THP	THP	THP	THP	No Auth Needed	
93622	COMPRES ELECTROPHYSIOLOGIC W/LEFT VENTR PACNG/REC	THP	THP	THP	THP	No Auth Needed	
93701	BIOMPEDANCE-DERIVED PHYSIOLOGIC CV ANALYSIS	THP	THP	THP	THP	THP	
93702	BIS EXTRACELLULAR FLUID ALYS LYMPHEDEMA ASSMNT	THP	THP	THP	THP	THP	
93745	1ST SET-UP & PRGRMG PHYS/QHP OF WEARABLE CVDFB	THP	THP	THP	THP	No Auth Needed	
93784	AMBULATORY BP MNTR W/SW 24 HR+ REC SCAN ALYS I&R	THP	THP	THP	THP	THP	
93786	AMBULATORY BP MNTR W/SW 24 HR+ RECORDING ONLY	THP	THP	THP	THP	THP	
93788	AMBULATORY BP MNTR W/SW 24 HR+ SCANNING A/R	THP	THP	THP	THP	THP	
93790	AMBULATORY BP MNTR W/SW 24 HR+ REVIEW W/I&R	THP	THP	THP	THP	THP	
94372	QHERIT EXPANDED CARRIER SCREEN	THP	THP	THP	THP	THP	
94799	UNLISTED PULMONARY SERVICE OR PROCEDURE	THP	THP	THP	THP	THP	
95250	CONT GLUC MNTR PHYSICIAN/QHP PROVIDED EQUIPMENT	THP	THP	THP	THP	THP	
95251	CONTINUOUS GLUCOSE MONITORING ANALYSIS I&R	THP	THP	THP	THP	THP	
95700	EEG CONT REC W/VIDEO BY TECH MIN 8 CHANNELS	THP	THP	THP	THP	THP	
95712	VEEG BY TECH 2-12 HR INTERMITTENT MONITORING	THP	THP	THP	THP	THP	
95715	VEEG BY TECH EA INCR 12-26 HR INTERMITTENT MNTR	THP	THP	THP	THP	THP	
95722	EEG COMPLETE STD PHYS/QHP>36 HR<60 HR W/VEEG	THP	THP	THP	THP	THP	
95724	EEG COMPLETE STD PHYS/QHP>60 HR<84 HR W/VEEG	THP	THP	THP	THP	THP	
95782	POLYSOM <6 YRS SLEEP STAGE 4/> ADDL PARAM ATTND	eC	eC	eC	eC	No Auth Needed	
95783	POLYSOM <6 YRS SLEEP W/CPAP/BILVL VENT 4/> PARAM	eC	eC	eC	eC	No Auth Needed	
95800	SLP STDY UNATND W/HRT RATE/O2 SAT/RESP/SLP TIME	eC	eC	eC	eC	No Auth Needed	
95801	SLP STDY UNATND W/MIN HRT RATE/O2 SAT/RESP ANAL	eC	eC	eC	eC	No Auth Needed	
95805	MLT SLEEP LATENCY/MAINT OF WAKEFULNESS TSTG	eC	eC	eC	eC	No Auth Needed	
95806	SLEEP STD AIRFLOW HRT RATE&O2 SAT EFFORT UNATT	eC	eC	eC	eC	No Auth Needed	
95807	SLEEP STD REC VNTJ RESPIR ECG/HRT RATE&O2 ATTN	eC	eC	eC	eC	No Auth Needed	
95808	POLYSOM ANY AGE SLEEP STAGE 1-3 ADDL PARAM ATTND	eC	eC	eC	eC	No Auth Needed	
95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	eC	eC	eC	eC	No Auth Needed	
95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	eC	eC	eC	eC	No Auth Needed	
95851	ROM MEAS&REPRT EA XTR EX HAND/EA TRNK SCTJ SPI	THP	THP	eC	THP	THP	
95852	ROM MEAS&REPRT HAND W/WO COMPARISON NORMAL SID	THP	THP	eC	THP	THP	
95925	SHORT-LATENCY SOMATOSENS EP STD UPR LIMBS	THP	THP	THP	THP	THP	
95927	SHORT-LATENCY SOMATOSENS EP STD TRNK/HEAD	THP	THP	THP	THP	THP	
95940	IONM 1 ON 1 IN OR W/ATTENDANCE EACH 15 MINUTES	THP	THP	THP	THP	THP	
95941	IONM REMOTE/NEARBY/>1 PATIENT IN OR PER HOUR	THP	THP	THP	THP	THP	
95951	COMBINED (EEG) AND VIDEORECORD.INTER 24H	THP	THP	THP	THP	THP	
95992	CANALITH REPOS PROC(S), PER DAY	eC	eC	eC	eC	THP	
95999	UNLISTED NEUROLOGICAL/NEUROMUSCULAR DX PX	THP	THP	THP	THP	THP	
96105	ASSESSMENT APHASIA W/INTERP & REPORT PER HOUR	THP	THP	THP	THP	THP	
96110	DEV SCREENING W/ SCORING & DOC PER STAND INST	No Auth Needed	No Auth Needed	No Auth Needed	No Auth Needed	THP	
96112	DEV TEST ADMIN BY PHYS OR QUAL HCP, W/ INTERP & REP; FIRST HR	No Auth Needed	No Auth Needed	No Auth Needed	No Auth Needed	THP	
96113	DEV TEST ADMIN BY PHYS OR QUAL HCP, W/ INTERP & REP; EA ADDL 30 MIN	No Auth Needed	No Auth Needed	No Auth Needed	No Auth Needed	THP	



Codes Requiring Authorization

THP = The Health Plan eC = eviCore MHT = Mountain Health Trust

Code	Description	Auth Vendor					Notes
		Commercial	PEIA	MHT	Medicare	Self-Funded	
96116	NEUROBEHAVIORAL STATUS XM PHYS/QHP FIRST HOUR	No Auth Needed	No Auth Needed	No Auth Needed	No Auth Needed	THP	
96121	NEUROBEHAVIORAL STATUS XM PHYS/QHP EA ADDL HOUR	No Auth Needed	No Auth Needed	No Auth Needed	No Auth Needed	THP	
96125	STANDARDIZED COGNITIVE PERFORMANCE TESTING	No Auth Needed	No Auth Needed	No Auth Needed	No Auth Needed	THP	
96127	BRIEF EMOT/BEHAV ASSESSMENT W/ SCORING AND DOC, PER STAND INST	No Auth Needed	No Auth Needed	No Auth Needed	No Auth Needed	THP	
96130	PSYCH TEST EVAL BY PHYS OR QUAL HCP; FIRST HR	No Auth Needed	No Auth Needed	No Auth Needed	No Auth Needed	THP	
96131	PSYCH TEST EVAL BY PHYS OR QUAL HCP; EA ADDL HR	No Auth Needed	No Auth Needed	No Auth Needed	No Auth Needed	THP	
96132	NEUROPHYS TEST EVAL BY PHYS OR QUAL HCP; FIRST HR	No Auth Needed	No Auth Needed	No Auth Needed	No Auth Needed	THP	
96133	NEUROPHYS TEST EVAL BY PHYS OR QUAL HCP; EA ADDL HR	No Auth Needed	No Auth Needed	No Auth Needed	No Auth Needed	THP	
96136	PSYCL/NRPSYCL TEST PHYS OR QUAL HCP 2+ TESTS; FIRST 30 MIN	No Auth Needed	No Auth Needed	No Auth Needed	No Auth Needed	THP	
96137	PSYCL/NRPSYCL TEST PHYS OR QUAL HCP 2+ TESTS; EA ADDL 30 MIN	No Auth Needed	No Auth Needed	No Auth Needed	No Auth Needed	THP	
96138	PSYCL/NRPSYCL TST TECH 2+ TST 1ST 30 MIN	No Auth Needed	No Auth Needed	No Auth Needed	No Auth Needed	THP	
96139	PSYCL/NRPSYCL TST TECH 2+ TST EA ADDL 30 MIN	No Auth Needed	No Auth Needed	No Auth Needed	No Auth Needed	THP	
96146	PSYCL/NRPSYCL TEST SINGLE AUTOMATED	No Auth Needed	No Auth Needed	No Auth Needed	No Auth Needed	THP	
96156	HEALTH BEHAVIOR ASSESSMENT, OR RE-ASSESSMENT	No Auth Needed	No Auth Needed	No Auth Needed	No Auth Needed	THP	
96158	HEALTH BEHAVIOR INTERVENTION, IND F2F; INITIAL 30 MIN	No Auth Needed	No Auth Needed	No Auth Needed	No Auth Needed	THP	
96159	HEALTH BEHAVIOR INTERVENTION, IND F2F; EA ADDL 15 MIN	No Auth Needed	No Auth Needed	No Auth Needed	No Auth Needed	THP	
96164	HEALTH BEHAVIOR INTERVENTION, GRP (2+ PTS), F2F; INIT 30 MIN	No Auth Needed	No Auth Needed	No Auth Needed	No Auth Needed	THP	
96165	HEALTH BEHAVIOR INTERVENTION, GRP (2+ PTS), F2F; EA ADDL 15 MIN	No Auth Needed	No Auth Needed	No Auth Needed	No Auth Needed	THP	
96167	HEALTH BEHAVIOR INTERVENTION, FAM (+PT), F2F; INIT 30 MIN	No Auth Needed	No Auth Needed	No Auth Needed	No Auth Needed	THP	
96168	HEALTH BEHAVIOR INTERVENTION, FAM (+PT), F2F; EA ADDL 15 MIN	No Auth Needed	No Auth Needed	No Auth Needed	No Auth Needed	THP	
96170	HEALTH BEHAVIOR INTERVENTION, FAM (-PT), F2F; INIT 30 MIN	No Auth Needed	No Auth Needed	No Auth Needed	No Auth Needed	THP	
96171	HEALTH BEHAVIOR INTERVENTION, FAM (-PT), F2F; EA ADDL 15 MIN	No Auth Needed	No Auth Needed	No Auth Needed	No Auth Needed	THP	
96369	SUBCUTANEOUS INFUSION INITIAL 1 HR W/PUMP SET-UP	THP	THP	THP	THP	THP	
96370	SUBCUTANEOUS INFUSION EACH ADDITIONAL HOUR	THP	THP	THP	THP	THP	
96371	SUBQ INFUSION ADDITIONAL PUMP INFUSION SITE	THP	THP	THP	THP	THP	
96904	WHOLE BODY INTEGUMENTARY PHOTOGRAPHY	THP	THP	THP	THP	THP	
96910	PHOTOCHEMOTX TAR&UVB/PETROLATUM/UVB	THP	THP	THP	THP	THP	
97010	APPLICATION MODALITY 1/> AREAS HOT/COLD PACKS	eC	eC	eC	eC	THP	
97012	APPL MODALITY 1/> AREAS TRACTION MECHANICAL	eC	eC	eC	eC	THP	
97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	eC	eC	eC	eC	THP	
97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	eC	eC	eC	eC	THP	
97018	APPL MODALITY 1/> AREAS PARAFFIN BATH	eC	eC	eC	eC	THP	
97020	APPLY MODALITY, 1+ AREA, MICROWAVE	THP	THP	eC	THP	THP	
97022	APPLICATION MODALITY 1/> AREAS WHIRLPOOL	eC	eC	eC	eC	THP	
97024	APPLICATION MODALITY 1/> AREAS DIATHERMY	eC	eC	eC	eC	THP	
97026	APPLICATION MODALITY 1/> AREAS INFRARED	eC	eC	eC	eC	THP	
97028	APPL MODALITY 1/> AREAS ULTRAVIOLET	eC	eC	eC	eC	THP	
97032	APPL MODALITY 1/> AREAS ELEC STIMJ EA 15 MIN	eC	eC	eC	eC	THP	
97033	APPL MODALITY 1/> AREAS IONTOPHORESIS EA 15 MIN	eC	eC	eC	eC	THP	



Codes Requiring Authorization

THP = The Health Plan eC = eviCore MHT = Mountain Health Trust

Code	Description	Commercial	PEIA	Auth Vendor			Notes
				MHT	Medicare	Self-Funded	
97034	APPL MODALITY 1/> AREAS CONTRAST BATHS EA 15 MIN	eC	eC	eC	eC	THP	
97035	APPL MODALITY 1/> AREAS ULTRASOUND EA 15 MIN	eC	eC	eC	eC	THP	
97036	APPL MODALITY 1/> AREAS HUBBARD TANK EA 15 MIN	eC	eC	eC	eC	THP	
97039	UNLIST MODALITY SPEC TYPE&TIME CONSTANT ATTEND	eC	eC	eC	eC	THP	
97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	eC	eC	eC	eC	THP	
97112	THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	eC	eC	eC	eC	THP	
97113	THER PX 1/> AREAS EACH 15 MIN AQUA THER W/XERSS	eC	eC	eC	eC	THP	
97116	THER PX 1/> AREAS EA 15 MIN GAIT TRAIING W/STAIR	eC	eC	eC	eC	THP	
97124	THER PX 1/> AREAS EACH 15 MINUTES MASSAGE	eC	eC	eC	eC	THP	
97129	THER INTERV COGN FUNC & COMPENS STRAT, DIR 1:1; INIT 15 MIN	eC	eC	eC	eC	THP	
97130	THER INTERV COGN FUNC & COMPENS STRAT, DIR 1:1; EA ADDL 15 MIN	eC	eC	eC	eC	THP	
97139	UNLISTED THERAPEUTIC PROCEDURE SPECIFY	eC	eC	eC	eC	THP	
97140	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	eC	eC	eC	eC	THP	
97150	THERAPEUTIC PROCEDURES GROUP 2/> INDIVIDUALS	eC	eC	eC	eC	THP	
97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	No Auth Needed	No Auth Needed	eC	No Auth Needed	THP	
97162	PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	No Auth Needed	No Auth Needed	eC	No Auth Needed	THP	
97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	No Auth Needed	No Auth Needed	eC	No Auth Needed	THP	
97164	PHYSICAL THERAPY RE-EVAL EST PLAN CARE 20 MINS	No Auth Needed	No Auth Needed	eC	No Auth Needed	THP	
97520	PROSTH TRAINING EACH EXTREMITY, EACH 15 MIN	THP	THP	eC	THP	THP	
97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	eC	eC	eC	eC	THP	
97533	SENSORY INTEGRATIVE TECHNIQUES EACH 15 MINUTES	eC	eC	eC	eC	THP	
97535	SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES	eC	eC	eC	eC	THP	
97537	COMMUNITY/WORK REINTEGRATION TRAIING EA 15 MIN	eC	eC	eC	eC	THP	
97542	WHEELCHAIR MGMT EA 15 MIN	eC	eC	eC	eC	THP	
97545	WORK HARDENING/CONDITIONING 1ST 2 HR	eC	eC	eC	eC	THP	
97546	WORK HARDENING/CONDITIONING EACH HOUR	eC	eC	eC	eC	THP	
97597	DEBRIDEMENT OPEN WOUND 20 SQ CM/<	No Auth Needed	No Auth Needed	eC	No Auth Needed	No Auth Needed	
97598	DEBRIDEMENT OPEN WOUND EACH ADDITIONAL 20 SQ CM	No Auth Needed	No Auth Needed	eC	No Auth Needed	No Auth Needed	
97601	REMOVAL OF TISSUE	THP	THP	THP	THP	THP	
97602	RMVL DEVITAL TISS N-SLCTV DBRDMT W/O ANES 1 SESS	THP	THP	THP	THP	THP	
97605	NEGATIVE PRESSURE WOUND THERAPY DME <= 50 SQ CM	No Auth Needed	No Auth Needed	eC	No Auth Needed	No Auth Needed	
97606	NEGATIVE PRESSURE WOUND THERAPY DME >50 SQ CM	No Auth Needed	No Auth Needed	eC	No Auth Needed	No Auth Needed	
97607	NEG PRESSURE WOUND THERAPY NON DME <= 50 SQ CM	THP	THP	THP	THP	No Auth Needed	
97608	NEG PRESSURE WOUND THERAPY NON DME >50 SQ CM	THP	THP	THP	THP	No Auth Needed	
97610	LOW FREQUENCY NON-THERMAL ULTRASOUND PER DAY	THP	THP	THP	THP	No Auth Needed	
97750	PHYSICAL PERFORMANCE TEST/MEAS W/REPRT EA 15 MIN	eC	eC	eC	eC	No Auth Needed	
97755	ASSTV TECHNOL ASSMT DIR CNTCT W/REPRT EA 15 MIN	eC	eC	eC	eC	No Auth Needed	
97760	ORTHOTICS MGMT & TRAIING INITIAL ENCTR EA 15 MINS	eC	eC	eC	eC	No Auth Needed	
97761	PROSTHETICS TRAINING INITIAL ENCTR EA 15 MINS	eC	eC	eC	eC	No Auth Needed	
97763	ORTHOTICS/PROSTH MGMT & TRAIING SBSQ ENCTR 15 MIN	eC	eC	eC	eC	No Auth Needed	
97770	DEV COG SKILLS, 1 ON 1, EACH 15 MIN	No Auth Needed	No Auth Needed	eC	No Auth Needed	THP	
97799	UNLISTED PHYSICAL MEDICINE/REHAB SERVICE/PROC	eC	eC	eC	eC	THP	
98940	CHIROPRACTIC MANIPULATIVE TX SPINAL 1-2 REGIONS	eC	eC	eC	eC	No Auth Needed	



Codes Requiring Authorization

THP = The Health Plan eC = eviCore MHT = Mountain Health Trust

Code	Description	Commercial	PEIA	Auth Vendor			Notes
				MHT	Medicare	Self-Funded	
98941	CHIROPRACTIC MANIPULATIVE TX SPINAL 3-4 REGIONS	eC	eC	eC	eC	No Auth Needed	
98942	CHIROPRACTIC MANIPULATIVE TX SPINAL 5 REGIONS	eC	eC	eC	eC	No Auth Needed	
98943	CHIROPRACTIC MANIPLTV TX EXTRASPINAL 1/> REGION	eC	eC	eC	eC	No Auth Needed	
99183	PHYS/QHP ATTN&SUPVJ HYPRBARIC OXYGEN TX/SESSION	THP	THP	THP	THP	THP	
99184	INITIAT SELECTIVE HEAD/BODY HYPOTHERMIA NEONATE	THP	THP	THP	THP	THP	
99429	UNLISTED PREVENTIVE MEDICINE SERVICE	THP	THP	THP	THP	THP	
99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	THP	THP	THP	THP	THP	
A0021	AMBULANCE SERV.OUTSIDE STATE PER MILE TR	THP	THP	THP	THP	THP	
A0080	NON-ER TRANS;PER MILE-VOLUNTEER W NO VES	THP	THP	THP	THP	THP	
A0100	NON-ER TRANSPORTATION;TAXI-INTRA CITY	THP	THP	THP	THP	THP	
A0110	NON-ER TRANSPORTATION; BUS INTRA/INTER STA	THP	THP	THP	THP	THP	
A0140	NON-ER TRANS.&AIR TRAVEL INTRA/INTER STA	THP	THP	THP	THP	THP	
A0170	NON-ER TRANS.ANCILLARY;PARKING FEES,TOLL	THP	THP	THP	THP	THP	
A0180	NON-ER TRANS;ANCILLARY;LODGING-ESCORT	THP	THP	THP	THP	THP	
A0190	NON-ER TRANS.ANCILLARY:MEALS-RECIPIENT	THP	THP	THP	THP	THP	
A0200	NON-ER TRANS:ANCILLARY:LODGING-ESCORT	THP	THP	THP	THP	THP	
A0210	NON-ER TRANS:ANCILLARY:MEALS-ESCORT	THP	THP	THP	THP	THP	
A0426	AMB SERVICE ALS NONEMERGENCY TRANSPORT LEVEL 1	THP	THP	THP	THP	THP	
A0430	AMB SERVICE CONVNTION AIR SRVC TRANSPORT 1 WAY	THP	THP	THP	THP	THP	
A0431	AMB SERVICE CONVNTION AIR SRVC TRANSPORT 1 WAY	THP	THP	THP	THP	THP	
A0432	PARAMED INTRCPT RURL AMB NO BILL 3 PARTY PAYER	THP	THP	THP	THP	THP	
A0999	UNLISTED AMBULANCE SERVICE	THP	THP	THP	THP	THP	
C1062	Intravertebral fx aug impl	THP	THP	THP	THP	THP	
C1721	CARDIOVERTER-DEFIBRILLATOR (IMPLANTABLE)	THP	THP	THP	THP	THP	
C1722	CARDIVERTER-DEFIBRILLATOR, DUAL CHAMBER	THP	THP	THP	THP	THP	
C1734	ORTHO/DEV/DRUG MATRIX, BONE TO BONE OR ST TO BONE (IMPLNT)	THP	THP	THP	THP	THP	
C1756	CATHETER, PACING, TRANSESOPHAGEAL	THP	THP	THP	THP	THP	
C1761	CATHETER TRANSLUMINAL IVASC LITHOTRIPSY COR	THP	THP	THP	THP	THP	
C1767	GENERATOR NEUROSTIMULATOR NONRECHARGEABLE	THP	THP	THP	THP	THP	
C1772	INFUSION PUMP, PROGRAMMABLE (IMPLANTABLE)	THP	THP	THP	THP	THP	
C1776	JOINT DEVICE, IMPLANTABLE	THP	THP	THP	THP	THP	
C1778	LEAD NEUROSTIMULATOR	THP	THP	THP	THP	THP	
C1787	PATIENT PROGPATIENT PROGRAMMER NEUROSTIMULATOR	THP	THP	THP	THP	THP	
C1789	PROSTHESIS BREAST	THP	THP	THP	THP	THP	
C1815	PROSTHESIS URINARY SPHINCTER	THP	THP	THP	THP	THP	
C1817	SEPTAL DEFECT IMPLANT SYSTEM, INTRACARDIAC	THP	THP	THP	THP	THP	
C1820	GEN NEUROSTIM W/RECHRG BATTERY & CHARGING SYSTEM	THP	THP	THP	THP	THP	
C1821	INTERSPINOUS PROCESS DISTRACTION DEVICE	THP	THP	THP	THP	THP	
C1822	GEN NEUROSTIM HIGH FREQ RECHARG BATT & CHARG SYS	THP	THP	THP	THP	THP	
C1825	Gen, neuro, carot sinus baro	THP	THP	THP	THP	THP	
C1826	GENERATOR NEUROSTIMULATOR RC BATT & CHARGING SYS	THP	THP	THP	THP	THP	
C1827	GEN NS NON-RC IMPL STIM LEAD & EXT PRD STIM CTRL	THP	THP	THP	THP	THP	
C1833	MNTR CARDIAC INC INTRACARDIAC LEAD & ALL SYS COMP	THP	THP	THP	THP	THP	
C1834	PRESSURE SNSR SYS INTRAMUSC EXCLUD MOB SW APP	THP	THP	THP	THP	THP	



Codes Requiring Authorization

THP = The Health Plan eC = eviCore MHT = Mountain Health Trust

Code	Description	Auth Vendor					Notes
		Commercial	PEIA	MHT	Medicare	Self-Funded	
C1839	IRIS PROSTHESIS	THP	THP	THP	THP	THP	
C1882	CARDIOVERTER-DEFIBRILLATOR NOT SINGLE/DUAL CHAMBER	THP	THP	THP	THP	THP	
C1883	ADAPTOR/EXT PACING LEAD/NEUROSTIMULATOR LEAD	THP	THP	THP	THP	THP	
C1899	LEAD, PACEMAKER/CARDIOVERTER-DEFIBRILLATOR COMBINA	THP	THP	THP	THP	THP	
C2596	PROBE, IMAGE GUIDED, ROBOTIC WATERJET ABLATION	THP	THP	THP	THP	THP	
C2616	BRACHYTHERAPY SOURCE, YTTRIUM 90 PER SOURCE	THP	THP	THP	THP	THP	
C2621	PACEMAKER, OTHER THAN SINGLE OR DUAL CHAMBER	THP	THP	THP	THP	THP	
C2635	BRACHYTX NONSTRND PALLADIUM-103 >2.2 MCI PER SRC	THP	THP	THP	THP	THP	
C2641	BRACHYTHERAPY NONSTRANDED PALLADIUM 103	THP	THP	THP	THP	THP	
C7504	PERQ VTP FIRST CT & ANY ADD CT/LS VERT BODIES	THP	THP	THP	THP	THP	
C7505	PERQ VTP FIRST LS & ANY ADD CT/LS VERT BODIES	THP	THP	THP	THP	THP	
C7506	ARTHRODESIS IPJS W/WITHOUT INTERNAL FIXATION	THP	THP	THP	THP	THP	
C7507	PERQ VA AUG 1ST THOR & ANY ADD THOR/L VA BODIES	THP	THP	THP	THP	THP	
C7508	PERQ VA AUG FIRST LMB & ANY ADD THOR/L VA BODIES	THP	THP	THP	THP	THP	
C7516	CATH PLC COR ART EL IMG INIT COR VES/GR IVUS/OCT	THP	THP	THP	THP	THP	
C7517	CATH PLCMNT COR ART ILIAC &/ FEM ART ANGIOGRAPHY	THP	THP	THP	THP	THP	
C7518	CATHETER PLCMNT COR ART CATH PLCMNT BYPASS GRAFT	THP	THP	THP	THP	THP	
C7519	CATHETER PLCMNT COR ART CATH PLCMNT BPG DUR CA	THP	THP	THP	THP	THP	
C7520	CT PL COR A CATH PL BPG AG IL&/FA AG NS BIL/IPL	THP	THP	THP	THP	THP	
C7521	CATH PLCMNT COR ART RHC EL IMG INIT COR VES/GRFT	THP	THP	THP	THP	THP	
C7522	CATHETER PLACEMENT CORONARY ARTERY RHC IV DV	THP	THP	THP	THP	THP	
C7523	CATH PLCMNT COR ART LHC EL IMAG INIT COR VES/GR	THP	THP	THP	THP	THP	
C7524	CATH PL COR A LHC IV DV&/P DRVD CFR MSMT DUR CA	THP	THP	THP	THP	THP	
C7525	CATHETER PLCMNT COR ART CA LHC DUR DX EVAL &/ TI	THP	THP	THP	THP	THP	
C7526	CATH PL COR ART CA LHC CATH PL BPG WITH BPG AG	THP	THP	THP	THP	THP	
C7527	CATH PLCMNT COR ART CA RT&LHC DX EVAL&/THER INT	THP	THP	THP	THP	THP	
C7528	CATH PL COR ART CA RT&LHC IV DV&/P DERV CFR MSMT	THP	THP	THP	THP	THP	
C7529	CATH PLCMNT COR ART CA RT&LHC PLCMNT BPG ANGIO	THP	THP	THP	THP	THP	
C7532	TRANSLUMINAL BALLOON ANGIOPLASTY INITIAL ARTERY	THP	THP	THP	THP	THP	
C7533	PERQ TL COR ANGIOPLASTY SINGLE MAJOR COR ART/BR	THP	THP	THP	THP	THP	
C7537	INSERTION NEW/REPLC PERM PCM ATRIAL TV ELECTRD	THP	THP	THP	THP	THP	
C7538	INSERTION NEW/REPLC PERM PCM VENT TV ELECTRODE	THP	THP	THP	THP	THP	
C7539	INSERTION NEW/REPLC PPM ATRIAL & VENT TV ELECTRD	THP	THP	THP	THP	THP	
C7552	CATHETER PLACEMENT COR ART CA; CATH PLCMNT BPG	THP	THP	THP	THP	THP	
C7553	CATHETER PLCMT COR ART; RT & LT HEART CATH	THP	THP	THP	THP	THP	
C8900	MR ANGIOGRAPHY WITH CONTRAST ABDOMEN	eC	eC	eC	eC	No Auth Needed	
C8901	MR ANGIOGRAPHY WITHOUT CONTRAST ABDOMEN	eC	eC	eC	eC	No Auth Needed	
C8902	MR ANGIO WITHOUT CONTRST FOLLOWED W/CONTRST ABD	eC	eC	eC	eC	No Auth Needed	
C8903	MR IMAGING WITH CONTRAST BREAST; UNILATERAL	eC	eC	eC	eC	No Auth Needed	
C8905	MR IMAG W/O CONTRST FLWED W/CONTRST BRST; UNI	eC	eC	eC	eC	No Auth Needed	
C8906	MR IMAGING WITH CONTRAST BREAST; BILATERAL	eC	eC	eC	eC	No Auth Needed	
C8908	MR IMAG W/O CONTRST FLWED W/CONTRST BRST; BIL	eC	eC	eC	eC	No Auth Needed	
C8909	MR ANGIOGRAPHY WITH CONTRAST CHEST	eC	eC	eC	eC	No Auth Needed	
C8910	MR ANGIOGRAPHY WITHOUT CONTRAST CHEST	eC	eC	eC	eC	No Auth Needed	
C8911	MR ANGIO WITHOUT CONTRST FOLLOWED W/CONTRST CHST	eC	eC	eC	eC	No Auth Needed	



Codes Requiring Authorization

THP = The Health Plan eC = eviCore MHT = Mountain Health Trust

Code	Description	Commercial	PEIA	Auth Vendor			Notes
				MHT	Medicare	Self-Funded	
C8912	MR ANGIOGRAPHY WITH CONTRAST LOWER EXTREMITY	eC	eC	eC	eC	No Auth Needed	
C8913	MR ANGIOGRAPHY WITHOUT CONTRAST LOWER EXTREMITY	eC	eC	eC	eC	No Auth Needed	
C8914	MR ANGIO W/O CONTRST FLWED W/CONTRST LOW EXTRM	eC	eC	eC	eC	No Auth Needed	
C8918	MR ANGIOGRAPHY WITH CONTRAST PELVIS	eC	eC	eC	eC	No Auth Needed	
C8919	MR ANGIOGRAPHY WITHOUT CONTRAST PELVIS	eC	eC	eC	eC	No Auth Needed	
C8920	MRA WITHOUT CONTRAST FOLLOWED W/CONTRAST PELVIS	eC	eC	eC	eC	No Auth Needed	
C8921	TTE W/CONTRAST OR W/O FLW W/CONTRAST; COMPLETE	eC	eC	eC	eC	No Auth Needed	
C8922	TTE W/CONTRAST OR W/O FLW W/CONTRAST; F/U OR LTD	eC	eC	eC	eC	No Auth Needed	
C8923	TTE FLW W/CNTRST R-T DOC 2D INCL M-MODE REC CMPL	eC	eC	eC	eC	No Auth Needed	
C8924	TTE FLW W/CNTRST R-T 2D INCL M-MODE REC FU/LTD	eC	eC	eC	eC	No Auth Needed	
C8925	TEE W OR W/O FLW W/CNTRST REAL TIME 2D; ACQ I&R	eC	eC	eC	eC	No Auth Needed	
C8926	TEE W OR W/O FLW W/CNTRST; PROBE PLCMT ACQ I&R	eC	eC	eC	eC	No Auth Needed	
C8928	TTE W/CNTRST INCL M-MODE REC REST & CV ST W/I&R	eC	eC	eC	eC	No Auth Needed	
C8929	TTE CMPL SPEC DOPPLER & COLOR FLOW DOPPLER ECHO	eC	eC	eC	eC	No Auth Needed	
C8930	TTE CMPL DUR REST & CVST W/I&R W/PHYS SUP	eC	eC	eC	eC	No Auth Needed	
C8931	MR ANGIOGRAPHY W/CONTRAST SPINAL CANAL CONTENTS	eC	eC	eC	eC	No Auth Needed	
C8932	MR ANGIOGRAPHY W/O CONTRST SPINAL CANAL CONTENTS	eC	eC	eC	eC	No Auth Needed	
C8933	MR ANGIO NO CONTRST FLW W/CONTRST SP CANAL CNTN	eC	eC	eC	eC	No Auth Needed	
C8934	MR ANGIOGRAPHY WITH CONTRAST UPPER EXTREMITY	eC	eC	eC	eC	No Auth Needed	
C8935	MR ANGIOGRAPHY WITHOUT CONTRAST UPPER EXTREMITY	eC	eC	eC	eC	No Auth Needed	
C8936	MR ANGIO W/O CONTRST FOLLOWED W/CONTRST UP EXT	eC	eC	eC	eC	THP	
C9171	INJECTION,PEGULICIANNINE, 1 MG	THP	THP	THP	THP	THP	LUMISIGHT update
C9602	PERC D-E COR STENT ATHER S	THP	THP	THP	THP	THP	
C9604	PER D-E COR REVASC T CABG S	THP	THP	THP	THP	THP	
C9757	SURGERY FOR PINCHED NERVE	eC	eC	eC	eC	THP	
C9762	CARD MRI MORPH AND FCT, QUANT SEG DYSF, STRAIN IMAG	eC	eC	eC	eC	THP	
C9763	CARD MRI MORPH AND FCT, QUANT SEG DYSF, STRESS IMAG	eC	eC	eC	eC	THP	
C9770	VITRECTOMY MECH PP APP SR INJ PHRMACL/BIOAGENT	THP	THP	THP	THP	THP	
C9771	NASAL/SINUS ENDO CRYO NSL TISS &/ NERVE UNIL/BIL	THP	THP	THP	THP	THP	
C9772	RVSC EVAR OPN/PERC TIB/PER ART IVASC LITHOTRIPSY	THP	THP	THP	THP	THP	
C9773	RVSC EVAR OPEN/PC TIBIAL/PA;IVASC LITH & TL SP	THP	THP	THP	THP	THP	
C9774	RVSC EVAR OPN/PERQ TIB/PER ART;IVASC LITH&ATHREC	THP	THP	THP	THP	THP	
C9775	RVSC EVAR OPN/P TIB/PA;IVASC LITH&TL STNT PL&ATH	THP	THP	THP	THP	THP	
C9778	COLPOPEXY VAGINAL; MI EXTRAPERITONEAL APPROACH	THP	THP	THP	THP	THP	
C9784	GASTRIC RESTR PROC ENDO SLV GP EGD & IL TUBE INS	THP	THP	THP	THP	THP	
C9785	ENDO OUT REDTN GAS POUCH APPL ENDO & IL TUBE INS	THP	THP	THP	THP	THP	
C9786	ECHOCARDIOGRAPHY IMAGE POST PROC FOR CAD OF HF	THP	THP	THP	THP	THP	
C9787	GASTRIC EPS MAPPING WITH SIM PT SX PROFILING	THP	THP	THP	THP	THP	
C9791	MRI WITH INHALED HPX CONTRAST AGENT CHEST	eC	eC	eC	eC	THP	
C9901	ENDO DEFECT CLOSURE GI TRACT	THP	THP	THP	THP	THP	New
G0151	SERVICE PHYS THERAP HOME HLTH/HOSPICE EA 15 MIN	THP	THP	THP	THP	THP	
G0152	SERVICE OCCUP THERAP HOME HLTH/HOSPICE EA 15 MIN	THP	THP	THP	THP	THP	
G0153	SRVC SPCH&LANG PATH HOME HLTH/HOSPICE EA 15 MIN	THP	THP	THP	THP	THP	
G0155	SRVC CLINICAL SOCIAL WORKER HH/HOSPICE EA 15 MIN	THP	THP	THP	THP	THP	
G0156	SRVC HH/HOSPICE AIDE IN HH/HOSPICE SET EA 15 MIN	THP	THP	THP	THP	THP	



Codes Requiring Authorization

THP = The Health Plan eC = eviCore MHT = Mountain Health Trust

Code	Description	Auth Vendor					Notes
		Commercial	PEIA	MHT	Medicare	Self-Funded	
G0157	SERVICES PT ASSIST HOME HEALTH/HOSPICE EA 15 MIN	THP	THP	THP	THP	THP	
G0158	SERVICE OT ASSIST HOME HEALTH/HOSPICE EA 15 MIN	THP	THP	THP	THP	THP	
G0159	SERVICES PT HOME HEALTH EST/DEL PT MP EA 15 MINS	THP	THP	THP	THP	THP	
G0160	SERVICES OT HOME HEALTH EST/DEL OT MP EA 15 MINS	THP	THP	THP	THP	THP	
G0161	SERVICE SLP HH EST/DEL SPCH-LANG PATH MP EA 15 M	THP	THP	THP	THP	THP	
G0162	SKILLED SERVICE RN M&E PLAN OF CARE; EA 15 MINS	THP	THP	THP	THP	THP	
G0163	HOME HEALTH SKILLED NURSING	THP	THP	THP	THP	THP	
G0164	HOME HEALTH SKILLED NURSING	THP	THP	THP	THP	THP	
G0166	EXTERNAL COUNTERPULSATION PER TREATMENT SESSION	THP	THP	THP	THP	THP	
G0219	PET IMAG WHOLE BODY; MELANOMA NON-COVR INDICATS	eC	eC	eC	eC	THP	
G0235	PET IMAGING ANY SITE NOT OTHERWISE SPECIFIED	eC	eC	eC	eC	THP	
G0252	PET IMAG INIT DX BREST CA&/SURG PLAN NOT COV MCR	eC	eC	eC	eC	THP	
G0260	INJ PROC SI JNT;ANES STEROID&/TX AGT&ARTHROGRPH	eC	eC	eC	eC	No Auth Needed	
G0277	HPO UND PRESS FULL BODY CHMBR PER 30 MIN INT	THP	THP	THP	THP	THP	
G0281	E-STIM 1/> AREAS FOR STAGE III/IV PRESS ULCERS	eC	eC	eC	eC	THP	
G0282	E-STIM 1/> AREAS OTHER WND CARE	eC	eC	eC	eC	THP	
G0283	E-STIM 1/> AREAS OTH THAN WND CARE PART TX PLAN	eC	eC	eC	eC	THP	
G0297	LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	eC	eC	eC	eC	THP	
G0299	DIRECT SNS RN HOME HEALTH/HOSPICE SET EA 15 MIN	THP	THP	THP	eC	THP	
G0327	COLORECTAL CANCER SCREENING; BLOOD-BASED BIOMARK	THP	THP	THP	THP	THP	
G0329	ELECTROMAG THERAPY 1/> AREAS FOR NONHEALING ULCERS	eC	eC	eC	eC	THP	
G0341	PERCUTANEOUS ISLET CELL TRANSPLANT; VEIN CATH/INFU	THP	THP	THP	THP	THP	
G0342	LAPAROSCOPY FOR ISLET CELL TRANSPLANT	THP	THP	THP	THP	THP	
G0343	LAPAROTOMY FOR ISLET CELL TRANSPLANT	THP	THP	THP	THP	THP	
G0398	HST W/TYPE II PRIBLE MON UNATTENDED MIN 7 CH	eC	eC	eC	eC	No Auth Needed	
G0399	HST W/TYPE III PRIBLE MON UNATTENDED MIN 4 CH	eC	eC	eC	eC	No Auth Needed	
G0400	HST W/TYPE IV PRIBLE MON UNATTENDED MIN 3 CH	eC	eC	eC	eC	No Auth Needed	
G0429	DERM FILLER INJ TX FACIAL LIPODYSTROPHY SYNDROME	THP	THP	THP	THP	THP	
G0460	AUTOLOGOUS PLATELET-RICH PLASMA CHRONIC WOUND	THP	THP	THP	THP	THP	
G0464	COLOREC CA SCR, STO BAS DNA	THP	THP	THP	THP	THP	
G0480	DRUG TEST DEFINITV DR ID METH P DAY 1-7 DRUG CL	THP	THP	THP	THP	THP	
G0481	DRUG TEST DEFINITV DR ID METH P DAY 8-14 DRUG CL	THP	THP	THP	THP	THP	
G0482	DRUG TEST DEFINITV DR ID METH P DAY 15-21 DR CL	THP	THP	THP	THP	THP	
G0483	DRUG TST DEFINITV DR ID METH P DAY 22/MORE DR CL	THP	THP	THP	THP	THP	
G6003	RADIATION TREATMENT DELIVERY	THP	THP	THP	THP	THP	
G6017	INTRA-FRAC LOC & TRACKING TARGET/PT M EA FRAC TX	THP	THP	THP	THP	THP	
G9055	ONC; PRIM FOCUS; OTH UNS SRVC NOT OTHERWISE LIST	THP	THP	THP	THP	THP	
G9894	ANDROGEN DEP TX RX/ADMN COMB EXT BEAM RT TO PROS	THP	THP	THP	THP	THP	
H0008	ALCOHOL &OR DRUG SRVC; SUB-ACUTE DTOX HOSP IP	THP	THP	THP	THP	THP	
H0009	ALCOHOL &OR DRUG SERVICES; ACUTE DTOX HOSP IP	THP	THP	THP	THP	THP	
H0010	ALCOHOL &/ DRUG SRVC; SUB-ACUTE DTOX RES PROG IP	THP	THP	THP	THP	THP	
H0011	ALCOHOL &/ DRUG SERVICES; ACUTE DTOX RES PROG IP	THP	THP	THP	THP	THP	
H0012	ALCOHOL &/ DRUG SRVC; SUB-ACUTE DTOX RES PROG OP	THP	THP	THP	THP	THP	
H0013	ALCOHOL &/ DRUG SERVICES; ACUTE DTOX RES PROG OP	THP	THP	THP	THP	THP	
H0015	ALCOHL&/RX SRVC;INTENSV OP;CRISIS INTRVN&ACTV TX	THP	THP	THP	THP	THP	



Codes Requiring Authorization

THP = The Health Plan eC = eviCore MHT = Mountain Health Trust

Code	Description	Auth Vendor					Notes
		Commercial	PEIA	MHT	Medicare	Self-Funded	
H0017	BEHAVIORAL HEALTH; RES W/O ROOM&BOARD PER DIEM	THP	THP	THP	THP	THP	
H0018	BHVAL HEALTH; SHORT-TERM RES W/O ROOM&BOARD-DIEM	THP	THP	THP	THP	THP	
H0019	BHVAL HEALTH; LONG-TERM RES W/O ROOM&BOARD-DIEM	THP	THP	THP	THP	THP	
H0022	ALCOHOL AND/OR DRUG INTERVENTION SERVICE	THP	THP	THP	THP	THP	
H0035	MENTAL HEALTH PARTIAL HOSP TX < 24 HOURS	THP	THP	THP	THP	THP	
H0036	CMTY PSYC SUPPORTIVE TX FCE-TO-FCE PER 15 MIN	THP	THP	THP	THP	THP	
H0037	COMM PSY SUP TX PGM PER DIEM	THP	THP	THP	THP	THP	
H0038	SELF-HELP/PEER SERVICES PER 15 MINUTES	THP	THP	THP	THP	THP	
H0043	SUPPORTED HOUSING PER DIEM	THP	THP	THP	THP	THP	
H0047	ALCOHOL AND/OR OTHER DRUG ABUSE SERVICES NOS	THP	THP	THP	THP	THP	
H2001	REHABILITATION PROGRAM PER 1/2 DAY	THP	THP	THP	THP	THP	
H2012	BEHAVIORAL HEALTH DAY TREATMENT PER HOUR	THP	THP	THP	THP	THP	
H2013	PSYCHIATRIC HEALTH FACILITY SERVICE PER DIEM	THP	THP	THP	THP	THP	
H2022	COMMUNITY-BASED WRAP-AROUND SERVICES PER DIEM	THP	THP	THP	THP	THP	
H2036	ALCOHOL & OR OTH DRUG TREATMENT PROGRAM PER DIEM	THP	THP	THP	THP	THP	
M0076	PROLOTHERAPY	eC	eC	eC	eC	THP	
P9099	BLOOD COMPONENT OR PRODUCT NOC	THP	THP	THP	THP	THP	
Q3014	TELEHEALTH ORIGINATING SITE FACILITY FEE	THP	THP	THP	THP	THP	
Q4082	DRUG OR BIOLOGICAL NOC PART B DRUG CAP	THP	THP	THP	THP	THP	
Q4100	SKIN SUBSTITUTE, NOT OTHERWISE SPECIFIED	THP	THP	THP	THP	THP	
Q4101	APLIGRAF PER SQ CM	THP	THP	THP	THP	THP	
Q4105	INTEGRA DRT/INTEGRA OMNIGR DRML RGN MTX P SQ CM	THP	THP	THP	THP	THP	
Q4106	DERMAGRAFT PER SQ CM	THP	THP	THP	THP	THP	
Q4110	PRIMATRIX PER SQ CM	THP	THP	THP	THP	THP	
Q4111	GAMMAGRAFT PER SQ CM	THP	THP	THP	THP	THP	
Q4112	ALLOGRAFT, CYMETRA, INJECTABLE, 1CC	THP	THP	THP	THP	THP	
Q4113	GRAFTJACKET XPRESS INJECTABLE 1 CC	THP	THP	THP	THP	THP	
Q4114	ALLOGRAFT, INTEGRA, WOUND MATRIX, INJECTABLE, 1CC	THP	THP	THP	THP	THP	
Q4115	ALLOSKIN PER SQ CM	THP	THP	THP	THP	THP	
Q4116	ALLODERM PER SQ CM	THP	THP	THP	THP	THP	
Q4117	HYALOMATRIX PER SQ CM	THP	THP	NC	THP	THP	
Q4121	THERASKIN PER SQ CM	THP	THP	THP	THP	THP	
Q4123	ALLOSKIN RT PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4124	OASIS ULTRA TRI-LAYER WOUND MATRIX PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4125	ARTHROFLEX PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4126	MEMODERM DERMSPAN TRANZGRFT/INTEGPLY PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4127	TALYMED PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4128	FLEXHD ALLOPATCHHD OR MATRIX HD PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4130	STRATTICE PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4132	GRAFIX CORE AND GRAFIXPL CORE PER SQUARE CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4134	HMATRIX PER SQUARE CENTIMETER	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4135	MEDISKIN PER SQUARE CENTIMETER	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4136	E-Z DERM PER SQUARE CENTIMETER	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4137	AMNIOEXCEL AMNIOEXCEL PLUS/BIODEXCEL PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4138	BIODFENCE DRYFLEX PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans



Codes Requiring Authorization

THP = The Health Plan eC = eviCore MHT = Mountain Health Trust

Code	Description	Commercial	PEIA	Auth Vendor			Notes
				MHT	Medicare	Self-Funded	
Q4139	AMNIOMATRIX OR BIOMATRIX INJECTABLE 1 CC	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4140	BIODFENCE PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4141	ALLOSKIN AC PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4142	XCM BIOLOGIC TISSUE MATRIX PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4143	REPRIZA PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4145	EPIFIX INJECTABLE 1 MG	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4146	TENSIX PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4147	ARCHITECT EXTRACELLULAR MATRIX PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4148	NEOX CORD 1K NEOX CORD RT/CLARIX CORD 1K-SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4149	EXCELLAGEN 0.1CC	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4150	ALLOWRAP DS OR DRY PER SQUARE CENTIMETER	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4151	AMNIOBAND OR GUARDIAN PER SQUARE CENTIMETER	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4152	DERMAPURE PER SQUARE CENTIMETER	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4153	DERMAVEST AND PLURIVEST PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4154	BIOVANCE PER SQUARE CENTIMETER	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4155	NEOXFLO OR CLARIXFLO 1 MG	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4156	NEOX 100 OR CLARIX 100 PER SQUARE CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4157	REVITALON PER SQUARE CENTIMETER	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4159	AFFINITY PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4160	NUSHIELD PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4161	BIO-CONNKT WOUND MATRIX PER SQUARE CENTIMETER	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4162	WOUNDEX FLOW BIOSKIN FLOW 0.5 CC	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4163	WOUNDEX BIOSKIN PER SQUARE CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4164	HELICOLL PER SQUARE CENTIMETER	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4165	KERAMATRIX OR KERASORB PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4166	CYTAL PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4167	TRUSKIN PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4168	AMNIOBAND 1 MG	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4169	ARTACENT WOUND PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4170	CYGNUS PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4171	INTERFYL 1 MG	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4173	PALINGEN OR PALINGEN XPLUS PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4174	PALINGEN OR PROMATRX 0.36 MG PER 0.25 CC	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4175	MIRODERM PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4176	NEOPATCH OR THERION 1 SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4177	FLOWERAMNIOFLO 0.1 CC	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4178	FLOWERAMNIOPATCH PER SQUARE CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4179	FLOWERDERM PER SQUARE CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4181	AMNIO WOUND PER SQUARE CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4182	TRANSCYTE PER SQUARE CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4183	SURGIGRAFT PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4184	CELLESTA OR CELLESTA DUO PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4185	CELLESTA FLOWABLE AMNION; PER 0.5 CC	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4187	EPICORD PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4188	AMNIOARMOR PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans



Codes Requiring Authorization

THP = The Health Plan eC = eviCore MHT = Mountain Health Trust

Code	Description	Auth Vendor					Notes
		Commercial	PEIA	MHT	Medicare	Self-Funded	
Q4189	ARTACENT AC 1 MG	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4190	ARTACENT AC PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4191	RESTORIGIN PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4192	RESTORIGIN 1 CC	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4193	COLLE-DERM PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4195	PURAPLY PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4197	PURAPLY XT PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4198	GENESIS AMNIOTIC MEMBRANE PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4199	CYGNUS MATRIX PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4200	SKINTE PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4201	MATRION PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4202	KEROXX (2.5G/CC), 1CC	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4203	DERMA-GIDE PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4204	XWRAP PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4205	MEMBRANE GRAFT OR MEMBRANE WRAP PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4206	FLUID FLOW OR FLUID GF 1 CC	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4208	NOVAFIX PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4209	SURGRAFT PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4210	AXOLOTL GRAFT OR AXOLOTL DUALGRAFT PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4211	AMNION BIO OR AXOBIOMEMBRANE PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4212	ALLOGEN PER CC	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4213	ASCENT 0.5 MG	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4214	CELLESTA CORD PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4215	AXOLOTL AMBIENT OR AXOLOTL CRYO 0.1 MG	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4216	ARTACENT CORD PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4217	WNDFIX BIOWND WNDFIX+BIOWND+WNDFIX X+/X+ P SC	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4218	SURGICORD PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4219	SURGIGRAFT-DUAL PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4220	BELLACELL HD OR SUREDERM PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4221	AMNIO WRAP2 PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4222	PROGENAMATRIX PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4224	HMN HLTH FAC 10 AMNIOTIC PATCH HHF10-P PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4225	AMNIOBIND PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4226	MYOWN SKIN INCL HARVEST & PREP PROC PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4227	AMNIOCORETM PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4229	COGENEX AMNIOTIC MEMBRANE PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4230	COGENEX FLOWABLE AMNION PER 0.5 CC	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4231	CORPLEX P PER CC	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4232	CORPLEX PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4233	SURFACTOR OR NUDYN PER 0.5 CC	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4234	XCELLERATE PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4235	AMNIOREPAIR OR ALTIPLY PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4236	CAREPATCH PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4237	CRYO-CORD PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4238	DERM-MAXX PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans



Codes Requiring Authorization

THP = The Health Plan eC = eviCore MHT = Mountain Health Trust

Code	Description	Auth Vendor					Notes
		Commercial	PEIA	MHT	Medicare	Self-Funded	
Q4239	AMNIO-MAXX OR AMNIO-MAXX LITE PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4240	CORECYTE FOR TOPICAL USE ONLY PER 0.5 CC	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4241	POLYCYTE FOR TOPICAL USE ONLY PER 0.5 CC	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4242	AMNIOCYTE PLUS PER 0.5 CC	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4244	PROCENTA PER 200 MG	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4245	AMNIOTEXT PER CC	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4246	CORETEXT OR PROTEXT PER CC	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4247	AMNIOTEXT PATCH PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4248	DERMACYTE AMNIOTIC MEMBRANE ALLOGRAFT PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4249	AMNIPLY FOR TOPICAL USE ONLY PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4250	AMNIOAMP-MP PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4251	VIM PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4252	VENDAJE PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4253	ZENITH AMNIOTIC MEMBRANE PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4255	REGUARD FOR TOPICAL USE ONLY PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4256	MLG-COMPLETE PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4257	RELESE PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4258	ENVERSE PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4259	CELERA DUAL LAYER/CELERA DUAL MEMBRANE PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4260	SIGNATURE APATCH PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4261	TAG PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4262	DUAL LAYER IMPAX MEMBRANE PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4263	SURGRAFT TL PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4264	COCOON MEMBRANE PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4265	NEOSTIM TL, PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4266	NEOSTIM MEMBRANE PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4267	NEOSTIM DL PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4268	SURGRAFT FT PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4269	SURGRAFT XT PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4270	COMPLETE SL PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4271	COMPLETE FT PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4272	ESANO A PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4273	ESANO AAA PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4274	ESANO AC PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4275	ESANO ACA PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4276	ORION PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4277	WOUNDPLUS MEMBRANE OR E-GRAFT PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4278	EPIEFFECT PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4279	VENDAJE AC PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4280	XCELL AMNIO MATRIX PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4281	BARRERA SL OR BARRERA DL PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4282	CYGNUS DUAL PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4283	BIOVANCE TRI-LAYER OR BIOVANCE 3L PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4284	DERMABIND SL PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4287	DERMABIND DL PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans



Codes Requiring Authorization

THP = The Health Plan eC = eviCore MHT = Mountain Health Trust

Code	Description	Commercial	PEIA	Auth Vendor			Notes
				MHT	Medicare	Self-Funded	
Q4288	DERMABIND CH PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4289	REVOSHIELD+ AMNIOTIC BARRIER PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4290	MEMBRANE WRAP-HYDRO™ PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4291	LAMELLAS XT PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4292	LAMELLAS PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4293	ACESSO DL PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4294	AMNIO QUAD-CORE PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4295	AMNIO TRI-CORE AMNIOTIC PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4296	REBOUND MATRIX PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4297	EMERGE MATRIX PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4298	AMNICORE PRO PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4299	AMNICORE PRO+ PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4300	ACESSO TL PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4301	ACTIVATE MATRIX PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4302	COMPLETE ACA PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4303	COMPLETE AA PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4304	GRAFIX PLUS PER SQ CM	THP	THP	NC	THP	THP	Possible exclusion some Plans
Q4305	AMERICAN AMNION AC TRI-LAYER, PER SQCM	THP	THP	NC	THP	THP	NEW Possible exclusion some Plans
Q4306	AMERICAN AMNION AC, PER SQ CM	THP	THP	NC	THP	THP	NEW Possible exclusion some Plans
Q4307	AMERICAN AMNION, PER SQ CM	THP	THP	NC	THP	THP	NEW Possible exclusion some Plans
Q4308	SANOPELLIS, PER SQ CM	THP	THP	NC	THP	THP	NEW Possible exclusion some Plans
Q4309	VIA MATRIX, PER SQ CM	THP	THP	NC	THP	THP	NEW Possible exclusion some Plans
Q4310	PROCENTRA, PER 100 MG	THP	THP	NC	THP	THP	NEW Possible exclusion some Plans
Q4311	ACESSO, PER SQ CM	THP	THP	NC	THP	THP	NEW Possible exclusion some Plans
Q4312	ACESSO AC, PER SQ CM	THP	THP	NC	THP	THP	NEW Possible exclusion some Plans
Q4313	DERMABIND FM, PER SQ CM	THP	THP	NC	THP	THP	NEW Possible exclusion some Plans
Q4314	REEVA FT, PER SQ CM	THP	THP	NC	THP	THP	NEW Possible exclusion some Plans
Q4315	REGENELINK AMNIOTIC MEMBRANE ALLOGRAFT, PER SQ CM	THP	THP	NC	THP	THP	NEW Possible exclusion some Plans
Q4316	AMCHOPLAST, PER SQ CM	THP	THP	NC	THP	THP	NEW Possible exclusion some Plans
Q4317	VITOGRAFT, PER SQ CM	THP	THP	NC	THP	THP	NEW Possible exclusion some Plans
Q4318	E-GRAFT, PER SQ CM	THP	THP	NC	THP	THP	NEW Possible exclusion some Plans
Q4319	SANOGRAFT, PER SQ CM	THP	THP	NC	THP	THP	NEW Possible exclusion some Plans
Q4320	PELLOGRAFT, PER SQ CM	THP	THP	NC	THP	THP	NEW Possible exclusion some Plans
Q4321	RENOGRAFT, PER SQ CM	THP	THP	NC	THP	THP	NEW Possible exclusion some Plans
Q4322	CAREGRAFT, PER SQ CM	THP	THP	NC	THP	THP	NEW Possible exclusion some Plans



Codes Requiring Authorization

THP = The Health Plan eC = eviCore MHT = Mountain Health Trust

Code	Description	Commercial	PEIA	Auth Vendor			Notes
				MHT	Medicare	Self-Funded	
Q4323	ALLOPLY, PER SQ CM	THP	THP	NC	THP	THP	NEW Possible exclusion some Plans
Q4324	AMNIOTX, PER SQ CM	THP	THP	NC	THP	THP	NEW Possible exclusion some Plans
Q4325	ACAPATCH, PER SQ CM	THP	THP	NC	THP	THP	NEW Possible exclusion some Plans
Q4326	WOUNDPLUS, PER SQ CM	THP	THP	NC	THP	THP	NEW Possible exclusion some Plans
Q4327	DUOAMNION, PER SQ CM	THP	THP	NC	THP	THP	NEW Possible exclusion some Plans
Q4328	MOST, PER SQ CM	THP	THP	NC	THP	THP	NEW Possible exclusion some Plans
Q4329	SINGLAY, PER SQ CM	THP	THP	NC	THP	THP	NEW Possible exclusion some Plans
Q4330	TOTAL, PER SQ CM	THP	THP	NC	THP	THP	NEW Possible exclusion some Plans
Q4331	AXOLOTL GRAFT, PER SQ CM	THP	THP	NC	THP	THP	NEW Possible exclusion some Plans
Q4332	AXOLOTL DUALGRAFT, PER SQ CM	THP	THP	NC	THP	THP	NEW Possible exclusion some Plans
Q4333	ARDEOGRAFT, PER SQ CM	THP	THP	NC	THP	THP	NEW Possible exclusion some Plans
Q4334	AMNIOPLAST 1, PER SQ CM	THP	THP	NC	THP	THP	NEW Possible exclusion some Plans
Q4335	AMNIOPLAST 2, PER SQ CM	THP	THP	NC	THP	THP	NEW Possible exclusion some Plans
Q4336	ARTACENT C, PER SQ CM	THP	THP	NC	THP	THP	NEW Possible exclusion some Plans
Q4337	ARTACENT TRIDENT, PER SQ CM	THP	THP	NC	THP	THP	NEW Possible exclusion some Plans
Q4338	ARTACENT VELOS, PER SQ CM	THP	THP	NC	THP	THP	NEW Possible exclusion some Plans
Q4339	ARTACENT VERICLEN, PER SQ CM	THP	THP	NC	THP	THP	NEW Possible exclusion some Plans
Q4340	SIMPLIGRAFT, PER SQ CM	THP	THP	NC	THP	THP	NEW Possible exclusion some Plans
Q4341	SIMPLIMAX, PER SQ CM	THP	THP	NC	THP	THP	NEW Possible exclusion some Plans
Q4342	THERAMEND, PER SQ CM	THP	THP	NC	THP	THP	NEW Possible exclusion some Plans
Q4343	DERMACYTE AC MATRIX AMNIOTIC MEMBRANE ALLOGRAFT, PER SQ CM	THP	THP	NC	THP	THP	NEW Possible exclusion some Plans
Q4344	TRI-MEMBRANE WRAP, PER SQ CM	THP	THP	NC	THP	THP	NEW Possible exclusion some Plans
Q4345	MATRIX HD ALLOGRAFT DERMIS, PER SQ CM	THP	THP	NC	THP	THP	NEW Possible exclusion some Plans
Q5001	HOSPICE CARE IN PTS HOME	THP	THP	THP	THP	THP	
Q5003	HOSPICE CARE PROV NURSING LTC FACL/NON-SKILL NF	THP	THP	THP	THP	THP	
Q5005	HOSPICE CARE IN INPT HOSPITAL	THP	THP	THP	THP	THP	
Q5006	HOSPICE IN HOSPICE FACILITY	THP	THP	THP	THP	THP	
S0201	PARTIAL HOSITALIZATION SERVICES < 24 HR PER DIEM	THP	THP	THP	THP	THP	
S0810	PHOTOREFRACTIVE KERATECTOMY	THP	THP	THP	THP	THP	
S2083	ADJ GASTRIC BAND DIAM SUBQ PORT INJ/ASPIR SALINE	THP	THP	THP	THP	THP	
S2118	METAL-ON-METAL TOTAL HIP RESURFACING, INCLUDING ACETABULAR AND FEMORAL COMPONENTS	eC	eC	eC	eC	THP	



Codes Requiring Authorization

THP = The Health Plan eC = eviCore MHT = Mountain Health Trust

Code	Description	Auth Vendor					Notes
		Commercial	PEIA	MHT	Medicare	Self-Funded	
S2409	FETAL SURG NOC	THP	THP	THP	THP	THP	
S2900	SURG TECHNIQUES REQUIRING USE ROBOTIC SURG SYS	THP	THP	THP	THP	THP	
S3854	GENE EXPRESSION PROFILING PANL MGMT BREAST CA TX	THP	THP	THP	THP	THP	
S5108	HOME CARE TRAINING HOME CARE CLIENT PER 15 MIN	THP	THP	THP	THP	THP	
S5109	HOME CARE TRAINING HOME CARE CLIENT PER SESSION	THP	THP	THP	THP	THP	
S5110	HOME CARE TRAINING FAMILY; PER 15 MINUTES	THP	THP	THP	THP	THP	
S5111	HOME CARE TRAINING FAMILY; PER SESSION	THP	THP	THP	THP	THP	
S5115	HOME CARE TRAINING NON-FAMILY; PER 15 MINUTES	THP	THP	THP	THP	THP	
S5116	HOME CARE TRAINING NON-FAMILY; PER SESSION	THP	THP	THP	THP	THP	
S5181	HOME HEALTH RESPIRATORY THERAPY NOS PER DIEM	THP	THP	THP	THP	THP	
S8037	MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY	eC	eC	eC	eC	THP	
S8042	MAGNETIC RESONANCE IMAGING LOW-FIELD	eC	eC	eC	eC	THP	
S8085	F-18 FDG IMAG USING 2-HEAD COINCIDENCE DETCT SYS	eC	eC	eC	eC	THP	
S8092	ELECTRON BEAM COMPUTED TOMOGRAPHY	eC	eC	eC	eC	THP	
S8189	TRACHESTOMY SUPPLY, NOC	THP	THP	THP	THP	THP	
S9090	VERTEBRAL AXIAL DECOMPRESSION	THP	THP	THP	THP	THP	
S9126	HOSPICE CARE, IN THE HOME;PER DIEM	THP	THP	THP	THP	THP	
S9364	HIT TOTAL PARENTERAL NUTRITION; CARE COORD DIEM	THP	THP	THP	THP	THP	
S9365	HOM INFUS TX TPN; 1 LITER-DAY DIEM	THP	THP	THP	THP	THP	
S9366	HIT TPN; > 1 LITER BUT NOT > 2 LITERS-DA-DIEM	THP	THP	THP	THP	THP	
S9367	HIT TPN; > 2 LITERS BUT NOT > 3 LITERS-DA -DIEM	THP	THP	THP	THP	THP	
S9368	HIT TOTAL PARENTERAL NUTRIT; > 3 LITERS-DA -DIEM	THP	THP	THP	THP	THP	
S9432	MEDICAL FOODS FOR NONINBORN ERRORS OF METABOLISM	THP	THP	THP	THP	THP	
S9433	MED FOOD NUTR CMPL ORAL 100% NUTRITNL INTAKE	THP	THP	THP	THP	THP	
S9434	MOD SOLID FOOD SUPPLEMENTS INBORN ERRORS METAB	THP	THP	THP	THP	THP	
S9435	MEDICAL FOODS FOR INBORN ERRORS OF METABOLISM	THP	THP	THP	THP	THP	
S9475	AMBULATORY SETTING SUBSTANCE ABUST TREATMENT	THP	THP	THP	THP	THP	
S9480	INTENSIVE OP PSYCHIATRIC SERVICES PER DIEM	THP	THP	THP	THP	THP	
S9960	AIR AMBULANC NONEMERG FIXED	THP	THP	THP	THP	THP	
S9961	AIR AMBULAN NONEMERG ROTARY	THP	THP	THP	THP	THP	
T1000	PRIVATE DUTY/INDEPENDENT NSG	THP	THP	THP	THP	THP	
T1505	ELEC MED COMP DEV, NOC	THP	THP	THP	THP	THP	
T1999	MISC THERAPEUTIC ITEMS/SUPPLIES NOC, ID IN REMARKS	THP	THP	THP	THP	THP	
T2042	HOSPICE ROUTINE HOME CARE;PER DIEM	THP	THP	THP	THP	THP	
T2045	HOSPICE GENERAL INPATIENT CARE;PER DIEM	THP	THP	THP	THP	THP	
T2048	BHVAL HEALTH; LONG-TERM CARE RES W/ROOM&BD-DIEM	THP	THP	THP	THP	THP	
T5999	SUPPLY, NOT OTHERWISE SPECIFIED	THP	THP	THP	THP	THP	
V5255	HEARING AID, ITC DIGITAL MONAURAL	THP	THP	THP	THP	THP	
V5256	HEARING AID, ITE DIGITAL MONAURAL	THP	THP	THP	THP	THP	
V5274	ASSISTIVE LISTENING DEVICE, NOC	THP	THP	THP	THP	THP	
V5298	HEARING AID, NOC	THP	THP	THP	THP	THP	
V5299	HEARING AID, NOT OTHERWISE CLASSIFIABLE	THP	THP	THP	THP	THP	
V5281	ASSIST LIST DEVC PERS FM/DM SYS MONAURL ANY TYPE	THP	THP	THP	THP	THP	
V5282	ASSIST LIST DEVC PERS FM/DM SYS BINAURL ANY TYPE	THP	THP	THP	THP	THP	
V5286	ASSIST LISTEN DEVC PERS BLUE TOOTH FM/DM RECEIVR	THP	THP	THP	THP	THP	



Codes Requiring Authorization

THP = The Health Plan eC = eviCore MHT = Mountain Health Trust

Code	Description	Auth Vendor					Notes
		Commercial	PEIA	MHT	Medicare	Self-Funded	
V5287	ASSISTIVE LISTENING DEVC PERS FM/DM RECEIVER NOS	THP	THP	THP	THP	THP	
V5288	ASSIST LISTEN DEVC PERS FM/DM TRANSMITTER ALD	THP	THP	THP	THP	THP	
V5289	ASSIST LIST DEVC PERS FM/DM ADPTR/BOOT CPLG RECV	THP	THP	THP	THP	THP	