

MASTER PRECERTIFICATION LIST

For Health Care Providers



June 2025

Complete/PHS+ - The most comprehensive care management model that includes all the components of our Preferred level, plus additional digital tools and the highest level of engagement and potential savings.

Preferred - A comprehensive care management model that includes all the components of our existing care management model, including comprehensive outpatient precertification, plus higher intensity of care coordination and more customer engagement opportunities.

Basic Standard - A lower touch care management model that includes many of the components of our existing care management model, such as higher intensity of care coordination and more customer engagement opportunities. Basic Standard has a limited number of outpatient precertification categories (radiation therapy, medical oncology, medical injectables, home infusion therapy and private duty nursing), fewer than our Preferred and Complete solutions.

Code	Code Description	Precert Effective Date	Precert Removal Date	Comments	Complete/PHS+ /Preferred	Basic Standard
Revenue Code 0161	Room & Board-Hospital at Home	7/1/2022			X	X
Revenue Code 0333	Radiology-Therapeutic and/or Chemotherapy Administration-Radiation Therapy	2/27/2016		Precertification delegated to EviCore National Radiation Therapy Program	X	X
Revenue Code 0342	Nuclear Medicine-Therapeutic	7/1/2021			X	
Revenue Code 0344	Nuclear Medicine-Therapeutic Radiopharmaceuticals	7/1/2021			X	
Revenue Code 0870	Cell/Gene Therapy-General Classification	4/1/2019			X	X
Revenue Code 0871	Cell/Gene Therapy-Cell Collection	4/1/2019			X	X
Revenue Code 0872	Cell/Gene Therapy-Specialized Biologic Processing And Storage - Prior To Transport	4/1/2019			X	X
Revenue Code 0873	Cell/Gene Therapy-Storage And Processing After Receipt Of Cells From Manufacturer	4/1/2019			X	X
Revenue Code 0874	Cell/Gene Therapy-Infusion Of Modified Cells	4/1/2019			X	X
Revenue Code 0875	Cell/Gene Therapy-Injection Of Modified Cells	4/1/2019			X	X
Revenue Code 0890	Pharmacy-Extension Of 025X And 063X - Reserved (Use 0250 For General Classification)	4/1/2019			X	X
Revenue Code 0891	Pharmacy-Extension Of 025X And 063X - Special Processed Drugs - FDA Approved Cell Therapy	4/1/2019			X	X
Revenue Code 0892	Special Processed Drugs-FDA Approved Gene Therapy	4/1/2020			X	X
Revenue Code 0907	Community behavioral health program (day treatment)	8/27/2015			X	
0020M	Oncology (central nervous system), analysis of 30000 DNA methylation loci by methylation array, utilizing DNA extracted from tumor tissue, diagnostic algorithm reported as probability of matching a reference tumor subclass	7/1/2024		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	X
0048U	Oncology (solid organ neoplasia), DNA, targeted sequencing of protein-coding exons of 468 cancer-associated genes, including interrogation for somatic mutations and microsatellite instability, matched with normal specimens, utilizing formalin-fixed paraffin-embedded tumor tissue, report of clinically significant mutation(s)	7/1/2018		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
0075T	Transcatheter placement of extracranial vertebral artery stent(s), including radiologic supervision and interpretation, open or percutaneous; initial vessel	10/25/2019		Precertification delegated to EviCore Vascular Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	

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0080U	Oncology (lung), mass spectrometric analysis of galectin-3-binding protein and scavenger receptor cysteine-rich type 1 protein M130, with five clinical risk factors (age, smoking status, nodule diameter, nodule-spiculation status and nodule location), utilizing plasma, algorithm reported as a categorical probability of malignancy	1/1/2019			X	
0087U	Cardiology (heart transplant), mRNA gene expression profiling by microarray of 1283 genes, transplant biopsy tissue, allograft rejection and injury algorithm reported as a probability score	8/23/2019			X	
0088U	Transplantation medicine (kidney allograft rejection), microarray gene expression profiling of 1494 genes, utilizing transplant biopsy tissue, algorithm reported as a probability score for rejection	8/23/2019			X	
0089U	Oncology (melanoma), gene expression profiling by RTqPCR, PRAME and LINC00518, superficial collection using adhesive patch(es)	7/1/2019		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	X
0098T	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical	10/1/2006		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
0102U	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with mRNA analytics to resolve variants of unknown significance when indicated (17 genes [sequencing and deletion/duplication])	7/1/2019		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
0129U	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis and deletion/duplication analysis panel (ATM, BRCA1, BRCA2, CDH1, CHEK2, PALB2, PTEN, and TP53)	10/1/2019		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	X
0132U	Hereditary ovarian cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), targeted mRNA sequence analysis panel (17 genes)	10/1/2019		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	X

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0172U	Oncology (solid tumor as indicated by the label), somatic mutation analysis of BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) and analysis of homologous recombination deficiency pathways, DNA, formalin-fixed paraffin-embedded tissue, algorithm quantifying tumor genomic instability score	7/1/2020		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
0200T	Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanical device, when used, 1 or more needles, includes imaging guidance and bone biopsy, when performed	7/1/2009		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	X
0201T	Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or mechanical device, when used, 2 or more needles, includes imaging guidance and bone biopsy, when performed	7/1/2009		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	X
0211U	Oncology (pan-tumor), DNA and RNA by next-generation sequencing, utilizing formalin-fixed paraffin-embedded tissue, interpretative report for single nucleotide variants, copy number alterations, tumor mutational burden, and microsatellite instability, with therapy association	5/30/2025		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies. Affordable Care Act (ACA) Individual and Family Plan (IFP) customers effective 01/01/2026.	X	
0213T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; single level	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
0214T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; second level	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
0215T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; third and any additional level(s)	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
0216T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; single level	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
0217T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; second level	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	

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0218T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; third and any additional level(s)	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
0232T	Injection(s), platelet rich plasma, any site, including image guidance, harvesting and preparation when performed	7/1/2010			X	X
0239U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free DNA, analysis of 311 or more genes, interrogation for sequence variants, including substitutions, insertions, deletions, select rearrangements, and copy number variations	1/1/2021		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
0242U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating DNA analysis of 55-74 genes, interrogation for sequence variants, gene copy number amplifications, and gene rearrangements	4/1/2021		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
0261U	Oncology (colorectal cancer), image analysis with artificial intelligence assessment of 4 histologic and immunohistochemical features (CD3 and CD8 within tumor-stroma border and tumor core), tissue, reported as immune response and recurrence-risk score	10/1/2021			X	X
0275T	Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy), any method, under indirect image guidance (eg, fluoroscopic, CT), single or multiple levels, unilateral or bilateral; lumbar	7/1/2011		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	X
0318U	Pediatrics (congenital epigenetic disorders), whole genome methylation analysis by microarray for 50 or more genes, blood	4/1/2022		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
0326U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating DNA analysis of 83 or more genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden	7/1/2022		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
0329U	Oncology (neoplasia), exome and transcriptome sequence analysis for sequence variants, gene copy number amplifications and deletions, gene rearrangements, microsatellite instability and tumor mutational burden utilizing DNA and RNA from tumor with DNA from normal blood or saliva for subtraction, report of clinically significant mutation(s) with therapy associations	7/1/2022		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	

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0331T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment;	7/1/2013		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
0332T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment; with tomographic SPECT	7/1/2013		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
0335T	Insertion of sinus tarsi implant	1/1/2014			X	X
0340U	Oncology (pan-cancer), analysis of minimal residual disease (MRD) from plasma, with assays personalized to each patient based on prior next-generation sequencing of the patient's tumor and germline DNA, reported as absence or presence of MRD, with disease-burden correlation, if appropriate	9/27/2024		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	X
0364U	Oncology (hematolymphoid neoplasm), genomic sequence analysis using multiplex (PCR) and next-generation sequencing with algorithm, quantification of dominant clonal sequence(s), reported as presence or absence of minimal residual disease (MRD) with quantitation of disease burden, when appropriate	4/28/2023		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
0373T	Adaptive behavior treatment with protocol modification, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient's behavior.	7/1/2014			X	
0384U	Nephrology (chronic kidney disease), carboxymethyllysine, methylglyoxal hydroimidazolone, and carboxyethyl lysine by liquid chromatography with tandem mass spectrometry (LC-MS/MS) and HbA1c and estimated glomerular filtration rate (GFR), with risk score reported for predictive progression to high-stage kidney disease	4/28/2023			X	X
0385U	Nephrology (chronic kidney disease), apolipoprotein A4 (ApoA4), CD5 antigen-like (CD5L), and insulin-like growth factor binding protein 3 (IGFBP3) by enzyme-linked immunoassay (ELISA), plasma, algorithm combining results with HDL, estimated glomerular filtration rate (GFR) and clinical data reported as a risk score for developing diabetic kidney disease	4/28/2023			X	X
0388U	Oncology (non-small cell lung cancer), next-generation sequencing with identification of single nucleotide variants, copy number variants, insertions and deletions, and structural variants in 37 cancer-related genes, plasma, with report for alteration detection	5/30/2025		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies. Affordable Care Act (ACA) Individual and Family Plan (IFP) customers effective 01/01/2026.	X	

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0394T	High dose rate electronic brachytherapy, skin surface application, per fraction, includes basic dosimetry, when performed	1/1/2016		Precertification delegated to EviCore National Radiation Therapy Program	X	X
0395T	High dose rate electronic brachytherapy, interstitial or intracavitary treatment, per fraction, includes basic dosimetry, when performed	1/1/2016		Precertification delegated to EviCore National Radiation Therapy Program	X	X
0425U	Genome (eg, unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis, each comparator genome (eg, parents, siblings)	1/1/2024		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
0426U	Genome (eg, unexplained constitutional or heritable disorder or syndrome), ultra-rapid sequence analysis	1/1/2024		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
0441T	Ablation, percutaneous, cryoablation, includes imaging guidance; lower extremity distal/peripheral nerve	7/1/2016			X	X
0442T	Ablation, percutaneous, cryoablation, includes imaging guidance; nerve plexus or other truncal nerve (eg, brachial plexus, pudendal nerve)	7/1/2016			X	X
0445U	β -amyloid (Abeta42) and phospho tau (181P) (pTau181), electrochemiluminescent immunoassay (ECLIA), cerebral spinal fluid, ratio reported as positive or negative for amyloid pathology	4/1/2024			X	
0449T	Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space; initial device	1/1/2017			X	X
0449U	Carrier screening for severe inherited conditions (eg, cystic fibrosis, spinal muscular atrophy, beta hemoglobinopathies [including sickle cell disease], alpha thalassemia), regardless of race or self-identified ancestry, genomic sequence analysis panel, must include analysis of 5 genes (CFTR, SMN1, HBB, HBA1, HBA2)	4/1/2024	6/27/2025		X	
0452U	Oncology (bladder), methylated PENK DNA detection by linear target enrichment-quantitative methylation-specific real-time PCR (LTE-qMSP), urine, reported as likelihood of bladder cancer	9/27/2024		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	X
0453U	Oncology (colorectal cancer), cell-free DNA (cfDNA), methylation-based quantitative PCR assay (SEPTIN9, IKZF1, BCAT1, Septin9-2, VAV3, BCAN), plasma, reported as presence or absence of circulating tumor DNA (ctDNA)	9/27/2024		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	X

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0454U	Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping	9/27/2024		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	X
0458U	Oncology (breast cancer), S100A8 and S100A9, by enzyme-linked immunosorbent assay (ELISA), tear fluid with age, algorithm reported as a risk score	9/27/2024			X	X
0459U	β-amyloid (Abeta42) and total tau (tTau), electrochemiluminescent immunoassay (ECLIA), cerebral spinal fluid, ratio reported as positive or negative for amyloid pathology	7/1/2024			X	
0465U	Oncology (urothelial carcinoma), DNA, quantitative methylation-specific PCR of 2 genes (ONECUT2, VIM), algorithmic analysis reported as positive or negative	9/27/2024		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	X
0466U	Cardiology (coronary artery disease [CAD]), DNA, genome-wide association studies (564856 single-nucleotide polymorphisms [SNPs], targeted variant genotyping), patient lifestyle and clinical data, buccal swab, algorithm reported as polygenic risk to acquired heart disease	9/27/2024		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	X
0467U	Oncology (bladder), DNA, next-generation sequencing (NGS) of 60 genes and whole genome aneuploidy, urine, algorithms reported as minimal residual disease (MRD) status positive or negative and quantitative disease burden	7/1/2024		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
0469U	Rare diseases (constitutional/heritable disorders), whole genome sequence analysis for chromosomal abnormalities, copy number variants, duplications/deletions, inversions, unbalanced translocations, regions of homozygosity (ROH), inheritance pattern that indicate uniparental disomy (UPD), and aneuploidy, fetal sample (amniotic fluid, chorionic villus sample, or products of conception), identification and categorization of genetic variants, diagnostic report of fetal results based on phenotype with maternal sample and paternal sample, if performed, as comparators and/or maternal cell contamination	7/1/2024		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
0471U	Oncology (colorectal cancer), qualitative real-time PCR of 35 variants of KRAS and NRAS genes (exons 2, 3, 4), formalin-fixed paraffin-embedded (FFPE), predictive, identification of detected mutations	7/1/2024		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	

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0473U	Oncology (solid tumor), next-generation sequencing (NGS) of DNA from formalin-fixed paraffin-embedded (FFPE) tissue with comparative sequence analysis from a matched normal specimen (blood or saliva), 648 genes, interrogation for sequence variants, insertion and deletion alterations, copy number variants, rearrangements, microsatellite instability, and tumor-mutation burden	7/1/2024		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
0479T	Fractional ablative laser fenestration of burn and traumatic scars for functional improvement; first 100 cm2 or part thereof, or 1% of body surface area of infants and children	1/1/2018			X	X
0480T	Fractional ablative laser fenestration of burn and traumatic scars for functional improvement; each additional 100 cm2, or each additional 1% of body surface area of infants and children, or part thereof	1/1/2018			X	X
0481U	IDH1 (isocitrate dehydrogenase 1 [NADP+]), IDH2 (isocitrate dehydrogenase 2 [NADP+]), and TERT (telomerase reverse transcriptase) promoter (eg, central nervous system [CNS] tumors), next-generation sequencing (single-nucleotide variants [SNV], deletions, and insertions)	10/1/2024		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	X
0483T	Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; percutaneous approach, including transseptal puncture, when performed	1/1/2018			X	X
0485U	Oncology (solid tumor), cell-free DNA and RNA by next-generation sequencing, interpretative report for germline mutations, clonal hematopoiesis of indeterminate potential, and tumor-derived single-nucleotide variants, small insertions/deletions, copy number alterations, fusions, microsatellite instability, and tumor mutational burden	10/1/2024		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	X
0487U	Oncology (solid tumor), cell-free circulating DNA, targeted genomic sequence analysis panel of 84 genes, interrogation for sequence variants, aneuploidy-corrected gene copy number amplifications and losses, gene rearrangements, and microsatellite instability	10/1/2024		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	X
0488U	Obstetrics (fetal antigen noninvasive prenatal test), cell-free DNA sequence analysis for detection of fetal presence or absence of 1 or more of the Rh, C, c, D, E, Duffy (Fya), or Kell (K) antigen in alloimmunized pregnancies, reported as selected antigen(s) detected or not detected	10/1/2024		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	X
0490U	Oncology (cutaneous or uveal melanoma), circulating tumor cell selection, morphological characterization and enumeration based on differential CD146, high molecular-weight melanoma-associated antigen, CD34 and CD45 protein biomarkers, peripheral blood	10/1/2024			X	X

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0491U	Oncology (solid tumor), circulating tumor cell selection, morphological characterization and enumeration based on differential epithelial cell adhesion molecule (EpCAM), cytokeratins 8, 18, and 19, CD45 protein biomarkers, and quantification of estrogen receptor (ER) protein biomarker-expressing cells, peripheral blood	10/1/2024			X	X
0492U	Oncology (solid tumor), circulating tumor cell selection, morphological characterization and enumeration based on differential epithelial cell adhesion molecule (EpCAM), cytokeratins 8, 18, and 19, CD45 protein biomarkers, and quantification of PD-L1 protein biomarker-expressing cells, peripheral blood	10/1/2024			X	X
0496U	Oncology (colorectal), cell-free DNA, 8 genes for mutations, 7 genes for methylation by real-time RT-PCR, and 4 proteins by enzyme-linked immunosorbent assay, blood, reported positive or negative for colorectal cancer or advanced adenoma risk	10/1/2024		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	X
0499U	Oncology (colorectal and lung), DNA from formalin-fixed paraffin-embedded (FFPE) tissue, next-generation sequencing of 8 genes (NRAS, EGFR, CTNNB1, PIK3CA, APC, BRAF, KRAS, and TP53), mutation detection	10/1/2024		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	X
0500U	Autoinflammatory disease (VEXAS syndrome), DNA, UBA1 gene mutations, targeted variant analysis (M41T, M41V, M41L, c.118-2A>C, c.118-1G>C, c.118-9_118-2del, S56F, S621C)	10/1/2024		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	X
0501U	Oncology (colorectal), blood, quantitative measurement of cell-free DNA (cfDNA)	10/1/2024		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	X
0506U	Gastroenterology (Barrett's esophagus), esophageal cells, DNA methylation analysis by next-generation sequencing of at least 89 differentially methylated genomic regions, algorithm reported as likelihood for Barrett's esophagus	10/1/2024		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	X

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0507U	Oncology (ovarian), DNA, whole-genome sequencing with 5-hydroxymethylcytosine (5hmC) enrichment, using whole blood or plasma, algorithm reported as cancer detected or not detected	10/1/2024		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	X
0523U	Oncology (solid tumor), DNA, qualitative, next-generation sequencing (NGS) of single-nucleotide variants (SNV) and insertion/deletions in 22 genes utilizing formalin-fixed paraffin-embedded tissue, reported as presence or absence of mutation(s), location of mutation(s), nucleotide change, and amino acid change	1/1/2025		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
0529U	Hematology (venous thromboembolism [VTE]), genome-wide single-nucleotide polymorphism variants, including F2 and F5 gene analysis, and Leiden variant, by microarray analysis, saliva, report as risk score for VTE	1/1/2025		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
0530U	Oncology (pan-solid tumor), ctDNA, utilizing plasma, next-generation sequencing (NGS) of 77 genes, 8 fusions, microsatellite instability, and tumor mutation burden, interpretative report for single-nucleotide variants, copy-number alterations, with therapy association	1/1/2025		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
0532U	Rare diseases (constitutional disease/hereditary disorders), rapid whole genome and mitochondrial DNA sequencing for single-nucleotide variants, insertions/deletions, copy number variations, peripheral blood, buffy coat, saliva, buccal or tissue sample, results reported as positive or negative	4/1/2025		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
0533U	Drug metabolism (adverse drug reactions and drug response), genotyping of 16 genes (ie, ABCG2, CYP2B6, CYP2C9, CYP2C19, CYP2C, CYP2D6, CYP3A5, CYP4F2, DPYD, G6PD, GGCX, NUDT15, SLC01B1, TPMT, UGT1A1, VKORC1), reported as metabolizer status and transporter function	4/1/2025		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
0534U	Oncology (prostate), microRNA, single-nucleotide polymorphisms (SNPs) analysis by RT-PCR of 32 variants, using buccal swab, algorithm reported as a risk score	4/1/2025		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	

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0537U	Oncology (colorectal cancer), analysis of cell-free DNA for epigenomic patterns, next- generation sequencing, >2500 differentially methylated regions (DMRs), plasma, algorithm reported as positive or negative	4/1/2025		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
0538U	Oncology (solid tumor), next- generation targeted sequencing analysis, formalin-fixed paraffin- embedded (FFPE) tumor tissue, DNA analysis of 600 genes, interrogation for single-nucleotide variants, insertions/deletions, gene rearrangements, and copy number alterations, microsatellite instability, tumor mutation burden, reported as actionable variant	4/1/2025		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
0539U	Oncology (solid tumor), cell- free circulating tumor DNA (ctDNA), 152 genes, next- generation sequencing, interrogation for single- nucleotide variants, insertions/deletions, gene rearrangements, copy number alterations, and microsatellite instability, using whole-blood samples, mutations with clinical actionability reported as actionable variant	4/1/2025		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
0540U	Transplantation medicine, quantification of donor- derived cell-free DNA using next-generation sequencing analysis of plasma, reported as percentage of donor- derived cell-free DNA to determine probability of rejection	4/1/2025			X	X
0543U	Oncology (solid tumor), next- generation sequencing of DNA from formalin-fixed paraffin-embedded (FFPE) tissue of 517 genes, interrogation for single- nucleotide variants, multi- nucleotide variants, insertions and deletions from DNA, fusions in 24 genes and splice variants in 1 gene from RNA, and tumor mutation burden	4/1/2025		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
0544U	Nephrology (transplant monitoring), 48 variants by digital PCR, using cell-free DNA from plasma, donor-derived cell-free DNA, percentage reported as risk for rejection	4/1/2025			X	X
0549U	Oncology (urothelial), DNA, quantitative methylated real- time PCR of TRNA-Cys, SIM2, and NKX1-1, using urine, diagnostic algorithm reported as a probability index for bladder cancer and/or upper tract urothelial carcinoma (UTUC)	4/1/2025		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
0552U	Reproductive medicine (preimplantation genetic assessment), analysis for known genetic disorders from trophectoderm biopsy, linkage analysis of disease- causing locus, and when possible, targeted mutation analysis for known familial variant, reported as low-risk or high-risk for familial genetic disorder	7/1/2025		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	

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0553U	Reproductive medicine (preimplantation genetic assessment), analysis of 24 chromosomes using DNA genomic sequence analysis from embryonic trophectoderm for structural rearrangements, aneuploidy, and a mitochondrial DNA score, results reported as normal/balanced (euploidy/balanced), unbalanced structural rearrangement, monosomy, trisomy, segmental aneuploidy, or mosaic, per embryo tested	7/1/2025		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
0554U	Reproductive medicine (preimplantation genetic assessment), analysis of 24 chromosomes using DNA genomic sequence analysis from trophectoderm biopsy for aneuploidy, ploidy, a mitochondrial DNA score, and embryo quality control, results reported as normal (euploidy), monosomy, trisomy, segmental aneuploidy, triploid, haploid, or mosaic, with quality control results reported as contamination detected or inconsistent cohort when applicable, per embryo tested	7/1/2025		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
0555U	Reproductive medicine (preimplantation genetic assessment), analysis of 24 chromosomes using DNA genomic sequence analysis from embryonic trophectoderm for structural rearrangements, aneuploidy, ploidy, a mitochondrial DNA score, and embryo quality control, results reported as normal/balanced (euploidy/balanced), unbalanced structural rearrangement, monosomy, trisomy, segmental aneuploidy, triploid, haploid, or mosaic, with quality control results reported as contamination detected or inconsistent cohort when applicable, per embryo tested	7/1/2025		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
0558U	Oncology (colorectal), quantitative enzyme-linked immunosorbent assay (ELISA) for secreted colorectal cancer protein marker (BF7 antigen), using serum, result reported as indicative of response/no response to therapy or disease progression/regression	7/1/2025			X	X
0559U	Oncology (breast), quantitative enzyme-linked immunosorbent assay (ELISA) for secreted breast cancer protein marker (BF9 antigen), serum, result reported as indicative of response/no response to therapy or disease progression/regression	7/1/2025			X	X
0560U	Oncology (minimal residual disease [MRD]), genomic sequence analysis, cell-free DNA, whole blood and tumor tissue, baseline assessment for design and construction of a personalized variant panel to evaluate current MRD and for comparison to subsequent MRD assessments	7/1/2025		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by	X	
0561U	Oncology (minimal residual disease [MRD]), genomic sequence analysis, cell-free DNA, whole blood, subsequent assessment with comparison to initial assessment to evaluate for MRD	7/1/2025		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
0562U	Oncology (solid tumor), targeted genomic sequence analysis, 33 genes, detection of single-nucleotide variants (SNVs), insertions and deletions, copy-number amplifications, and translocations in human genomic circulating cell-free DNA, plasma, reported as presence of actionable variants	7/1/2025		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	

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0565U	Oncology (hepatocellular carcinoma), next-generation sequencing methylation pattern assay to detect 6626 epigenetic alterations, cell-free DNA, plasma, algorithm reported as cancer signal detected or not detected	7/1/2025		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
0566U	Oncology (lung), qPCR- based analysis of 13 differentially methylated regions (CCDC181, HOXA7, LRRC8A, MARCHF11, MIR129-2, NCOR2, PANTR1, PRKCB, SLC9A3, TBR1_2, TRAP1, VWC2, ZNF781), pleural fluid, algorithm reported as a qualitative result	7/1/2025		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
0567U	Rare diseases (constitutional/heritable disorders), whole-genome sequence analysis combination of short and long reads, for single-nucleotide variants, insertions/deletions and characterized intronic variants, copy-number variants, duplications/deletions, mobile element insertions, runs of homozygosity, aneuploidy, and inversions, mitochondrial DNA sequence and deletions, short tandem repeat genes, methylation status of selected regions, blood, saliva, amniocentesis, chorionic villus sample or tissue, identification and categorization of genetic variants	7/1/2025		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
0568U	Neurology (dementia), beta amyloid (Aβ40, Aβ42, Aβ42/40 ratio), tau-protein phosphorylated at residue (eg, pTau217), neurofilament light chain (NfL), and glial fibrillary acidic protein (GFAP), by ultra-high sensitivity molecule array detection, plasma, algorithm reported as positive, intermediate, or negative for Alzheimer pathology	7/1/2025			X	X
0569U	Oncology (solid tumor), next- generation sequencing analysis of tumor methylation markers (>20000 differentially methylated regions) present in cell-free circulating tumor DNA (ctDNA), whole blood, algorithm reported as presence or absence of ctDNA with tumor fraction, if appropriate	7/1/2025		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
0571U	Oncology (solid tumor), DNA (80 genes) and RNA (10 genes), by next-generation sequencing, plasma, including single-nucleotide variants, insertions/deletions, copy-number alterations, microsatellite instability, and fusions, reported as clinically actionable variants	7/1/2025		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
0572U	Oncology (prostate), high- throughput telomere length quantification by FISH, whole blood, diagnostic algorithm reported as risk of prostate cancer	7/1/2025		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	

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0574U	Mycobacterium tuberculosis, culture filtrate protein-10-kDa (CFP-10), serum or plasma, liquid chromatography mass spectrometry (LC-MS)	7/1/2025			X	X
0584T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; percutaneous	1/1/2020			X	X
0585T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; laparoscopic	1/1/2020			X	X
0586T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; open	1/1/2020			X	X
0600T	Ablation, irreversible electroporation; 1 or more tumors per organ, including imaging guidance, when performed, percutaneous	7/1/2020			X	
0601T	Ablation, irreversible electroporation; 1 or more tumors per organ, including fluoroscopic and ultrasound guidance, when performed, open	7/1/2020			X	
0609T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); acquisition of single voxel data, per disc, on biomarkers (ie, lactic acid, carbohydrate, alanine, laal, propionic acid, proteoglycan, and collagen) in at least 3 discs	7/1/2020		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
0610T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); transmission of biomarker data for software analysis	7/1/2020		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
0611T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); postprocessing for algorithmic analysis of biomarker data for determination of relative chemical differences between discs	7/1/2020		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
0612T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); interpretation and report	7/1/2020		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
0623T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; data preparation and transmission, computerized analysis of data, with review of computerized analysis output to reconcile discordant data, interpretation	1/1/2021		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	

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0624T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; data preparation and transmission	1/1/2021		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
0625T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; computerized analysis of data from coronary computed tomographic angiography	1/1/2021		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
0626T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; review of computerized analysis output to reconcile discordant data, interpretation and report	1/1/2021		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
0627T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; first level	1/1/2021		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	X
0628T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; each additional level	1/1/2021		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	X
0629T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; first level	1/1/2021		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	X
0633T	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast material	1/1/2021		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
0634T	Computed tomography, breast, including 3D rendering, when performed, unilateral; with contrast material(s)	1/1/2021		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
0635T	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast, followed by contrast material(s)	1/1/2021		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	

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0636T	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast material(s)	1/1/2021		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
0637T	Computed tomography, breast, including 3D rendering, when performed, bilateral; with contrast material(s)	1/1/2021		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
0638T	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast, followed by contrast material(s)	1/1/2021		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
0648T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session; single organ	7/1/2021		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
0649T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure); single organ	7/1/2021		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
0656T	Anterior lumbar or thoracolumbar vertebral body tethering; up to 7 vertebral segments	6/17/2022		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	X
0657T	Anterior lumbar or thoracolumbar vertebral body tethering; 8 or more vertebral segments	6/17/2022		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	X
0664T	Donor hysterectomy (including cold preservation); open, from cadaver donor	7/1/2021			X	X
0665T	Donor hysterectomy (including cold preservation); open, from living donor	7/1/2021			X	X
0666T	Donor hysterectomy (including cold preservation); laparoscopic or robotic, from living donor	7/1/2021			X	X

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0667T	Donor hysterectomy (including cold preservation); recipient uterus allograft transplantation from cadaver or living donor	7/1/2021			X	X
0668T	Backbench standard preparation of cadaver or living donor uterine allograft prior to transplantation, including dissection and removal of surrounding soft tissues and preparation of uterine vein(s) and uterine artery(ies), as necessary	7/1/2021			X	X
0669T	Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; venous anastomosis, each	7/1/2021			X	X
0670T	Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; arterial anastomosis, each	7/1/2021			X	X
0671T	Insertion of anterior segment aqueous drainage device into the trabecular meshwork, without external reservoir, and without concomitant cataract removal, one or more	1/1/2022			X	
0697T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session; multiple organs	1/1/2022		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
0698T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure); multiple organs	1/1/2022		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
0707T	Injection(s), bone-substitute material (eg, calcium phosphate) into subchondral bone defect (ie, bone marrow lesion, bone bruise, stress injury, microtrabecular fracture), including imaging guidance and arthroscopic assistance for joint visualization	1/1/2022			X	
0710T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; including data preparation and transmission, quantification of the structure and composition of the vessel wall and assessment for lipid-rich necrotic core plaque to assess atherosclerotic plaque stability, data review, interpretation and report	1/1/2022		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
0711T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data preparation and transmission	1/1/2022		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
0712T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; quantification of the structure and composition of the vessel wall and assessment for lipid-rich necrotic core plaque to assess atherosclerotic plaque stability	1/1/2022		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
0713T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data review, interpretation and report	1/1/2022		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	

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0717T	Autologous adipose-derived regenerative cell (ADRC) therapy for partial thickness rotator cuff tear; adipose tissue harvesting, isolation and preparation of harvested cells, including incubation with cell dissociation enzymes, filtration, washing, and concentration of ADRCs	7/1/2022			X	X
0718T	Autologous adipose-derived regenerative cell (ADRC) therapy for partial thickness rotator cuff tear; injection into supraspinatus tendon including ultrasound guidance, unilateral	7/1/2022			X	X
0720T	Percutaneous electrical nerve field stimulation, cranial nerves, without implantation	7/1/2022			X	X
0745T	Cardiac focal ablation utilizing radiation therapy for arrhythmia; noninvasive arrhythmia localization and mapping of arrhythmia site (nidus), derived from anatomical image data (eg, CT, MRI, or myocardial perfusion scan) and electrical data (eg, 12-lead ECG data), and identification of areas of avoidance	1/1/2023		Precertification delegated to EviCore National Radiation Therapy Program	X	X
0746T	Cardiac focal ablation utilizing radiation therapy for arrhythmia; conversion of arrhythmia localization and mapping of arrhythmia site (nidus) into a multidimensional radiation treatment plan	1/1/2023		Precertification delegated to EviCore National Radiation Therapy Program	X	X
0747T	Cardiac focal ablation utilizing radiation therapy for arrhythmia; delivery of radiation therapy, arrhythmia	1/1/2023		Precertification delegated to EviCore National Radiation Therapy Program	X	X
0805T	Transcatheter superior and inferior vena cava prosthetic valve implantation (ie, caval valve implantation [CAVI]); percutaneous femoral vein approach	7/1/2023			X	X
0806T	Transcatheter superior and inferior vena cava prosthetic valve implantation (ie, caval valve implantation [CAVI]); open femoral vein approach	7/1/2023			X	X
0807T	Pulmonary tissue ventilation analysis using software-based processing of data from separately captured cinefluorograph images; in combination with previously acquired computed tomography (CT) images, including data preparation and transmission, quantification of pulmonary tissue ventilation, data review, interpretation and report	7/1/2023			X	X
0808T	Pulmonary tissue ventilation analysis using software-based processing of data from separately captured cinefluorograph images; in combination with computed tomography (CT) images taken for the purpose of pulmonary tissue ventilation analysis, including data preparation and transmission, quantification of pulmonary tissue ventilation, data review, interpretation and report	7/1/2023			X	X
0813T	Esophagogastroduodenoscopy, flexible, transoral, with volume adjustment of intragastric bariatric balloon	1/1/2024			X	
0865T	Quantitative magnetic resonance image (MRI) analysis of the brain with comparison to prior magnetic resonance (MR) study(ies), including lesion identification, characterization, and quantification, with brain volume(s) quantification and/or severity score, when performed, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the brain during the same session	1/1/2024		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	

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0866T	Quantitative magnetic resonance image (MRI) analysis of the brain with comparison to prior magnetic resonance (MR) study(ies), including lesion detection, characterization, and quantification, with brain volume(s) quantification and/or severity score, when performed, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the brain	1/1/2024		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
0869T	Injection(s), bone-substitute material for bone and/or soft tissue hardware fixation augmentation, including intraoperative imaging guidance, when performed	7/1/2024			X	
0889T	Personalized target development for accelerated, repetitive high-dose functional connectivity MRI-guided theta-burst stimulation derived from a structural and resting-state functional MRI, including data preparation and transmission, generation of the target, motor threshold-starting location, neuronavigation files and target report, review and interpretation	7/1/2024			X	
0890T	Accelerated, repetitive high-dose functional connectivity MRI-guided theta-burst stimulation, including target assessment, initial motor threshold determination, neuronavigation, delivery and management, initial treatment day	7/1/2024			X	
0891T	Accelerated, repetitive high-dose functional connectivity MRI-guided theta-burst stimulation, including neuronavigation, delivery and management, subsequent treatment day	7/1/2024			X	
0892T	Accelerated, repetitive high-dose functional connectivity MRI-guided theta-burst stimulation, including neuronavigation, delivery and management, subsequent motor threshold redetermination with delivery and management, per treatment day	7/1/2024			X	
0899T	Noninvasive determination of absolute quantitation of myocardial blood flow (AQMBF), derived from augmentative algorithmic analysis of the dataset acquired via contrast cardiac magnetic resonance (CMR), pharmacologic stress, with interpretation and report by a physician or other qualified health care professional	7/1/2024		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
0900T	Noninvasive estimate of absolute quantitation of myocardial blood flow (AQMBF), derived from assistive algorithmic analysis of the dataset acquired via contrast cardiac magnetic resonance (CMR), pharmacologic stress, with interpretation and report by a physician or other qualified health care professional	7/1/2024		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
0908T	Open implantation of integrated neurostimulation system, vagus nerve, including analysis and programming, when performed	1/1/2025			X	
0933T	Transcatheter implantation of wireless left atrial pressure sensor for long-term left atrial pressure monitoring, including sensor calibration and deployment, right heart catheterization, transseptal puncture, imaging guidance, and radiological supervision and interpretation	1/1/2025			X	X
0947T	Magnetic resonance image guided low intensity focused ultrasound (MRgFUS), stereotactic blood-brain barrier disruption using microbubble resonators to increase the concentration of blood-based biomarkers of target, intracranial, including stereotactic navigation and frame placement, when performed	1/1/2025			X	
0950T	Ablation of benign prostate tissue, transrectal, with high intensity-focused ultrasound (HIFU), including ultrasound guidance	7/1/2025			X	

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0951T	Totally implantable active middle ear hearing implant; initial placement, including mastoidectomy, placement of and attachment to sound processor	7/1/2025			X	X
0956T	Partial craniectomy, channel creation, and tunneling of electrode for sub-scalp implantation of an electrode array, receiver, and telemetry unit for continuous bilateral electroencephalography monitoring system, including imaging guidance	7/1/2025			X	X
0957T	Revision of sub-scalp implanted electrode array, receiver, and telemetry unit for electrode, when required, including imaging guidance	7/1/2025			X	X
0959T	Removal or replacement of magnet from coil assembly that is connected to continuous bilateral electroencephalography monitoring system, including imaging guidance	7/1/2025			X	X
0960T	Replacement of sub-scalp implanted electrode array, receiver, and telemetry unit with tunneling of electrode for continuous bilateral electroencephalography monitoring system, including imaging guidance	7/1/2025			X	X
0967T	Transanal insertion of endoluminal temporary colorectal anastomosis protection device, including vacuum anchoring component and flexible sheath connected to external vacuum source and monitoring system	7/1/2025			X	X
0968T	Insertion or replacement of epicranial neurostimulator system, including electrode array and pulse generator, with connection to electrode array	7/1/2025			X	X
0977T	Upper gastrointestinal blood detection, sensor capsule, with interpretation and report	7/1/2025			X	X
0978T	Submucosal cryolysis therapy; soft palate, base of tongue, and lingual tonsil	7/1/2025			X	X
0979T	Submucosal cryolysis therapy; soft palate only	7/1/2025			X	X
0980T	Submucosal cryolysis therapy; base of tongue and lingual tonsil only (Do not report Submucosal cryolysis therapy; base of tongue and lingual tonsil only)	7/1/2025			X	X
0981T	Transcatheter implantation of wireless inferior vena cava sensor for long-term hemodynamic monitoring, including deployment of the sensor, radiological supervision and interpretation, right heart catheterization, and inferior vena cava venography, when performed	7/1/2025			X	
11950	Subcutaneous injection of filling material (eg, collagen); 1 cc or less	10/1/2006			X	X
11951	Subcutaneous injection of filling material (eg, collagen); 1.1 to 5.0 cc	10/1/2006			X	X
11952	Subcutaneous injection of filling material (eg, collagen); 5.1 to 10.0 cc	10/1/2006			X	X
11954	Subcutaneous injection of filling material (eg, collagen); over 10.0 cc	10/1/2006			X	X

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11980	Subcutaneous hormone pellet implantation (implantation of estradiol and/or testosterone pellets beneath the skin)	8/25/2017			X	
15011	Harvest of skin for skin cell suspension autograft; first 25 sq cm or less	1/1/2025			X	X
15012	Harvest of skin for skin cell suspension autograft; each additional 25 sq cm or part thereof	1/1/2025			X	X
15013	Preparation of skin cell suspension autograft, requiring enzymatic processing, manual mechanical disaggregation of skin cells, and filtration; first 25 sq cm or less of harvested skin	1/1/2025			X	X
15014	Preparation of skin cell suspension autograft, requiring enzymatic processing, manual mechanical disaggregation of skin cells, and filtration; each additional 25 sq cm of harvested skin or part thereof	1/1/2025			X	X
15015	Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, trunk, arms, legs; first 480 sq cm or less	1/1/2025			X	X
15016	Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, trunk, arms, legs; each additional 480 sq cm or part thereof	1/1/2025			X	X
15017	Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 480 sq cm or less	1/1/2025			X	X
15018	Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 480 sq cm or part thereof	1/1/2025			X	X
15150	Tissue cultured skin autograft, trunk, arms, legs; first 25 sq cm or less	1/1/2006			X	
15151	Tissue cultured skin autograft, trunk, arms, legs; additional 1 sq cm to 75 sq cm	1/22/2007			X	
15152	Tissue cultured skin autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof	1/22/2007			X	
15155	Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 25 sq cm or less	1/22/2007			X	
15156	Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; additional 1 sq cm to 75 sq cm	1/22/2007			X	
15157	Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof	1/22/2007			X	
15271	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	1/1/2012			X	
15272	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof	2/18/2013			X	

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15273	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	1/1/2012			X	
15274	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof	2/18/2013			X	
15275	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	1/1/2012			X	
15276	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof	2/18/2013			X	
15277	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	1/1/2012			X	
15278	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof	2/18/2013			X	
15769	Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)	1/1/2020			X	X
15771	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate	1/1/2020			X	X
15772	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; each additional 50 cc injectate, or part thereof	1/1/2020			X	X
15773	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; 25 cc or less injectate	1/1/2020			X	X
15774	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; each additional 25 cc injectate, or part thereof	1/1/2020			X	X
15777	Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (ie, breast, trunk)	1/1/2012			X	X
15778	Implantation of absorbable mesh or other prosthesis for delayed closure of defect(s) (ie, external genitalia, perineum, abdominal wall) due to soft tissue infection or trauma	1/1/2023			X	
15786	Abrasion; single lesion (eg, keratosis, scar)	10/1/2006			X	X
15787	Abrasion; each additional 4 lesions or less	10/1/2006			X	X

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15820	Blepharoplasty, lower eyelid;	10/1/2006			X	X
15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad	10/1/2006			X	X
15822	Blepharoplasty, upper eyelid;	10/1/2006			X	X
15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid	10/1/2006			X	X
15824	Rhytidectomy; forehead	10/1/2006			X	X
15825	Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)	10/1/2006			X	X
15828	Rhytidectomy; cheek, chin, and neck	10/1/2006			X	X
15829	Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap	10/1/2006			X	X
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy	1/22/2007			X	X
15832	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh	10/1/2006			X	X
15833	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg	10/1/2006			X	X
15834	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip	10/1/2006			X	X
15835	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock	10/1/2006			X	X
15836	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm	10/1/2006			X	X
15837	Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand	10/1/2006			X	X
15838	Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad	10/1/2006			X	X
15839	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area	10/1/2006			X	X
15847	Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, abdominoplasty) (includes umbilical transposition and fascial plication)	1/22/2007			X	X
15876	Suction assisted lipectomy; head and neck	10/1/2006			X	X
15877	Suction assisted lipectomy; trunk	10/1/2006			X	X

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15878	Suction assisted lipectomy; upper extremity	10/1/2006			X	X
15879	Suction assisted lipectomy; lower extremity	10/1/2006			X	X
17106	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm	10/1/2006			X	X
17107	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm	1/22/2007			X	X
17108	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm	1/22/2007			X	X
17999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue	5/21/2007			X	X
19294	Preparation of tumor cavity, with placement of a radiation therapy applicator for intraoperative radiation therapy (IORT) concurrent with partial mastectomy	1/1/2018		Precertification delegated to EviCore National Radiation Therapy Program	X	X
19296	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; on date separate from partial mastectomy	5/21/2007		Precertification delegated to EviCore National Radiation Therapy Program	X	X
19297	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; concurrent with partial mastectomy	5/21/2007		Precertification delegated to EviCore National Radiation Therapy Program	X	X
19298	Placement of radiotherapy after loading brachytherapy catheters (multiple tube and button type) into the breast for interstitial radioelement application following (at the time of or subsequent to) partial mastectomy, includes imaging guidance	10/1/2006		Precertification delegated to EviCore National Radiation Therapy Program	X	X
19300	Mastectomy for gynecomastia	1/22/2007			X	X
19316	Mastopexy	10/1/2006			X	X
19318	Breast reduction	10/1/2006			X	X
19325	Breast augmentation with implant	10/1/2006			X	X
19328	Removal of intact breast implant	10/1/2006			X	X
19330	Removal of ruptured breast implant, including implant contents (eg, saline, silicone gel)	10/1/2006			X	X
19340	Insertion of breast implant on same day of mastectomy (ie, immediate)	2/6/2012			X	X
19342	Insertion or replacement of breast implant on separate day from mastectomy	2/6/2012			X	X

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19350	Nipple/areola reconstruction	10/1/2006			X	X
19355	Correction of inverted nipples	10/1/2006			X	X
19357	Tissue expander placement in breast reconstruction, including subsequent expansion(s)	10/1/2006			X	X
19370	Revision of peri-implant capsule, breast, including capsulotomy, capsulorrhaphy, and/or partial capsulectomy	10/1/2006			X	X
19371	Peri-implant capsulectomy, breast, complete, including removal of all intracapsular contents	10/1/2006			X	X
19380	Revision of reconstructed breast (eg, significant removal of tissue, re-advancement and/or re-inset of flaps in autologous reconstruction or significant capsular revision combined with soft tissue excision in implant-based reconstruction)	10/1/2006			X	X
19499	Unlisted procedure, breast	10/1/2006			X	X
20527	Injection, enzyme (eg, collagenase), palmar fascial cord (ie, Dupuytren's contracture)	8/6/2012			X	
20910	Cartilage graft; costochondral	1/1/2009			X	X
20912	Cartilage graft; nasal septum	1/1/2009			X	X
20930	Allograft, morselized, or placement of osteopromotive material, for spine surgery only	2/6/2012		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
20931	Allograft, structural, for spine surgery only	8/23/2019		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
20936	Autograft for spine surgery only (includes harvesting the graft); local (eg, ribs, spinous process, or laminar fragments) obtained from same incision	8/23/2019		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
20937	Autograft for spine surgery only (includes harvesting the graft); morselized (through separate skin or fascial incision)	8/23/2019		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	

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20938	Autograft for spine surgery only (includes harvesting the graft); structural, bicortical or tricortical (through separate skin or fascial incision)	8/23/2019		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
20939	Bone marrow aspiration for bone grafting, spine surgery only, through separate skin or fascial incision	8/23/2019		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
20975	Electrical stimulation to aid bone healing; invasive (operative)	1/22/2007		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
20999	Unlisted procedure, musculoskeletal system, general	10/1/2006			X	X
21025	Excision of bone (eg, for osteomyelitis or bone abscess); mandible	10/1/2006			X	
21050	Condylectomy, temporomandibular joint	10/1/2006			X	
21060	Meniscectomy, partial or complete, temporomandibular joint	10/1/2006			X	
21073	Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (ie, general or monitored anesthesia care)	8/17/2009			X	
21079	Impression and custom preparation; interim obturator prosthesis	10/25/2019			X	
21080	Impression and custom preparation; definitive obturator prosthesis	10/25/2019			X	
21081	Impression and custom preparation; mandibular resection prosthesis	10/25/2019			X	
21082	Impression and custom preparation; palatal augmentation prosthesis	10/25/2019			X	
21085	Impression and custom preparation; oral surgical splint	10/1/2006			X	
21088	Impression and custom preparation; facial prosthesis	10/1/2006			X	
21089	Unlisted maxillofacial prosthetic procedure	8/17/2009			X	X
21110	Application of interdental fixation device for conditions other than fracture or dislocation, includes removal	8/17/2009			X	
21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)	10/1/2006			X	X

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21121	Genioplasty; sliding osteotomy, single piece	10/1/2006			X	X
21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)	10/1/2006			X	X
21123	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)	10/1/2006			X	X
21125	Augmentation, mandibular body or angle; prosthetic material	10/1/2006			X	X
21127	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)	10/1/2006			X	X
21137	Reduction forehead; contouring only	10/1/2006			X	X
21138	Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)	10/1/2006			X	X
21139	Reduction forehead; contouring and setback of anterior frontal sinus wall	10/1/2006			X	X
21141	Reconstruction midface, LeFort I; single piece, segment movement in any direction (eg, for Long Face Syndrome), without bone graft	10/1/2006			X	X
21142	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, without bone graft	10/1/2006			X	X
21143	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, without bone graft	10/1/2006			X	X
21145	Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)	10/1/2006			X	X
21146	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted unilateral alveolar cleft)	10/1/2006			X	X
21147	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted bilateral alveolar cleft or multiple osteotomies)	10/1/2006			X	X
21150	Reconstruction midface, LeFort II; anterior intrusion (eg, Treacher-Collins Syndrome)	10/1/2006			X	X
21151	Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts)	10/1/2006			X	X
21154	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I	10/1/2006			X	X
21155	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); with LeFort I	10/1/2006			X	X
21159	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); without LeFort I	10/1/2006			X	X
21160	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); with LeFort I	10/1/2006			X	X

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21172	Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)	10/1/2006			X	X
21179	Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)	10/1/2006			X	X
21180	Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts)	10/1/2006			X	X
21188	Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)	10/1/2006			X	X
21193	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft	10/1/2006			X	X
21194	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft)	10/1/2006			X	X
21195	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation	10/1/2006			X	X
21196	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation	10/1/2006			X	X
21198	Osteotomy, mandible, segmental;	10/1/2006			X	X
21199	Osteotomy, mandible, segmental; with genioglossus advancement	10/1/2006			X	X
21206	Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard)	10/1/2006			X	X
21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)	10/1/2006			X	X
21209	Osteoplasty, facial bones; reduction	10/1/2006			X	X
21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)	10/1/2006			X	X
21215	Graft, bone; mandible (includes obtaining graft)	10/1/2006			X	X
21230	Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)	1/1/2009			X	X
21235	Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)	10/1/2006			X	X
21240	Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)	10/1/2006			X	
21243	Arthroplasty, temporomandibular joint, with prosthetic joint replacement	10/1/2006			X	
21244	Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate)	10/1/2006			X	X
21245	Reconstruction of mandible or maxilla, subperiosteal implant; partial	10/1/2006			X	

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21246	Reconstruction of mandible or maxilla, subperiosteal implant; complete	10/1/2006			X	
21248	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial	10/1/2006			X	
21249	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); complete	10/1/2006			X	
21270	Malar augmentation, prosthetic material	10/1/2006			X	X
21299	Unlisted craniofacial and maxillofacial procedure	1/1/2009			X	X
21325	Open treatment of nasal fracture; uncomplicated	2/18/2013			X	X
21497	Interdental wiring, for condition other than fracture	1/1/2009			X	
21499	Unlisted musculoskeletal procedure, head	10/1/2006			X	X
21685	Hyoid myotomy and suspension	10/1/2006			X	
21740	Reconstructive repair of pectus excavatum or carinatum; open	10/1/2006			X	X
21742	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), without thoracoscopy	10/1/2006			X	X
21743	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), with thoracoscopy	10/1/2006			X	X
21899	Unlisted procedure, neck or thorax	1/1/2009			X	X
22207	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); lumbar	8/23/2019		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
22208	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); each additional vertebral segment	8/23/2019		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
22210	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; cervical	8/23/2019		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
22214	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar	8/18/2014		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	

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22216	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; each additional vertebral segment	8/23/2019		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
22220	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; cervical	8/23/2019		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
22224	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; lumbar	8/23/2019		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
22226	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; each additional vertebral segment	8/23/2019		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
22505	Manipulation of spine requiring anesthesia, any region	10/27/2006			X	
22510	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic	1/1/2015		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
22511	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral	1/1/2015		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
22512	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cervicothoracic or lumbosacral vertebral body	1/1/2015		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
22513	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; thoracic	1/1/2015		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	

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22514	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; lumbar	1/1/2015		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
22515	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; each additional thoracic or lumbar vertebral body	1/1/2015		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
22526	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level	1/22/2007		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	X
22527	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; 1 or more additional levels	1/22/2007		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	X
22533	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	2/6/2012		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
22534	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic or lumbar, each additional vertebral segment	8/23/2019		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2	7/1/2018		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
22552	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace	8/23/2019		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	

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22554	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2	7/1/2018		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
22556	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic	1/1/1993		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
22558	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	10/1/2006		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
22585	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace	8/23/2019		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
22586	Arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with posterior instrumentation, with image guidance, includes bone graft when performed, L5-S1 interspace	1/1/2013		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	X
22595	Arthrodesis, posterior technique, atlas-axis (C1-C2)	1/1/1993		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
22600	Arthrodesis, posterior or posterolateral technique, single interspace; cervical below C2 segment	7/1/2018		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
22610	Arthrodesis, posterior or posterolateral technique, single interspace; thoracic (with lateral transverse technique, when performed)	1/1/1993		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	

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Code	Code Description	Precert Effective Date	Precert Removal Date	Comments	Complete/PHS+ /Preferred	Basic Standard
22612	Arthrodesis, posterior or posterolateral technique, single interspace; lumbar (with lateral transverse technique, when performed)	10/1/2006		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
22614	Arthrodesis, posterior or posterolateral technique, single interspace; each additional interspace	8/23/2019		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar;	10/1/2006		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
22632	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace	10/1/2006		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
22633	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar;	1/1/2012		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
22634	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace	1/1/2012		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
22800	Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments	1/1/1993		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
22802	Arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12 vertebral segments	1/1/1993		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	

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22804	Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments	1/1/1996		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
22808	Arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3 vertebral segments	1/1/1996		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
22810	Arthrodesis, anterior, for spinal deformity, with or without cast; 4 to 7 vertebral segments	1/1/1993		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
22812	Arthrodesis, anterior, for spinal deformity, with or without cast; 8 or more vertebral segments	1/1/1993		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
22836	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; up to 7 vertebral segments	1/1/2024		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
22837	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; 8 or more vertebral segments	1/1/2024		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
22838	Revision (eg, augmentation, division of tether), replacement, or removal of thoracic vertebral body tethering, including thoracoscopy, when performed	1/1/2024		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
22840	Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation)	8/23/2019		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	

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22841	Internal spinal fixation by wiring of spinous processes	8/23/2019		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
22842	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments	8/23/2019		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
22843	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments	8/23/2019		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
22844	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 13 or more vertebral segments	8/23/2019		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
22845	Anterior instrumentation; 2 to 3 vertebral segments	8/23/2019		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
22846	Anterior instrumentation; 4 to 7 vertebral segments	8/23/2019		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
22847	Anterior instrumentation; 8 or more vertebral segments	8/23/2019		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
22848	Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum	8/23/2019		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	

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22849	Reinsertion of spinal fixation device	8/23/2019		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
22850	Removal of posterior nonsegmental instrumentation (eg, Harrington rod)	8/23/2019		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
22852	Removal of posterior segmental instrumentation	8/23/2019		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
22853	Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to intervertebral disc space in conjunction with interbody arthrodesis, each interspace	8/23/2019		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
22854	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to vertebral corpectomy(ies) (vertebral body resection, partial or complete) defect, in conjunction with interbody arthrodesis, each contiguous defect	8/23/2019		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
22855	Removal of anterior instrumentation	8/23/2019		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophylectomy for nerve root or spinal cord decompression and microdissection); single interspace, cervical	1/1/2009		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); single interspace, lumbar	1/22/2007		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
22858	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophylectomy for nerve root or spinal cord decompression and microdissection); second level, cervical	1/1/2015		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	

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22859	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh, methylmethacrylate) to intervertebral disc space or vertebral body defect without interbody arthrodesis, each contiguous defect	8/23/2019		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
22860	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); second interspace, lumbar	1/1/2023		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	1/1/2009		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
22862	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	1/22/2007		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
22867	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level	1/1/2017		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	X
22868	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, with open decompression, lumbar; second level	1/1/2017		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	X
22869	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level	1/1/2017		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	X
22870	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; second level	1/1/2017		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	X

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22899	Unlisted procedure, spine	10/1/2006		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.; Previously Precertification delegated to the EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	X
22999	Unlisted procedure, abdomen, musculoskeletal system	10/1/2006			X	X
23000	Removal of subdeltoid calcareous deposits, open	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
23020	Capsular contracture release (eg, Sever type procedure)	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
23106	Arthrotomy; sternoclavicular joint, with synovectomy, with or without biopsy	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
23120	Claviclectomy; partial	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
23130	Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
23145	Excision or curettage of bone cyst or benign tumor of clavicle or scapula; with autograft (includes obtaining graft)	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
23155	Excision or curettage of bone cyst or benign tumor of proximal humerus; with autograft (includes obtaining graft)	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
23172	Sequestrectomy (eg, for osteomyelitis or bone abscess), scapula	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
23174	Sequestrectomy (eg, for osteomyelitis or bone abscess), humeral head to surgical neck	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
23410	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	

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23412	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
23415	Coracoacromial ligament release, with or without acromioplasty	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
23420	Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
23430	Tenodesis of long tendon of biceps	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
23440	Resection or transplantation of long tendon of biceps	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
23450	Capsulorrhaphy, anterior; Putti-Platt procedure or Magnuson type operation	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
23455	Capsulorrhaphy, anterior; with labral repair (eg, Bankart procedure)	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
23460	Capsulorrhaphy, anterior, any type; with bone block	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
23462	Capsulorrhaphy, anterior, any type; with coracoid process transfer	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
23465	Capsulorrhaphy, glenohumeral joint, posterior, with or without bone block	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
23466	Capsulorrhaphy, glenohumeral joint, any type multidirectional instability	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
23470	Arthroplasty, glenohumeral joint; hemiarthroplasty	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
23472	Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder)	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	

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23473	Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
23474	Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
23700	Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program if submitted with another code managed by eviCore; otherwise, Cigna will handle precertification request; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
23802	Arthrodesis, glenohumeral joint; with autogenous graft (includes obtaining graft)	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
23929	Unlisted procedure, shoulder	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program if submitted with another code managed by eviCore; otherwise, Cigna will handle precertification request; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	X
24300	Manipulation, elbow, under anesthesia	8/17/2009			X	
24999	Unlisted procedure, humerus or elbow	10/1/2006			X	X
25259	Manipulation, wrist, under anesthesia	8/17/2009			X	
25999	Unlisted procedure, forearm or wrist	10/1/2006			X	X
26989	Unlisted procedure, hands or fingers	10/1/2006			X	X
27033	Arthrotomy, hip, including exploration or removal of loose or foreign body	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
27096	Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
27125	Hemiarthroplasty, hip, partial (eg, femoral stem prosthesis, bipolar arthroplasty)	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
27132	Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	

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27134	Revision of total hip arthroplasty; both components, with or without autograft or allograft	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
27137	Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
27138	Revision of total hip arthroplasty; femoral component only, with or without allograft	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
27175	Treatment of slipped femoral epiphysis; by traction, without reduction	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
27197	Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; without manipulation	1/1/2017			X	
27198	Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; with manipulation, requiring more than local anesthesia (ie, general anesthesia, moderate sedation, spinal/epidural)	1/1/2017			X	
27275	Manipulation, hip joint, requiring general anesthesia	8/17/2009			X	
27278	Arthrodesis, sacroiliac joint, percutaneous, with image guidance, including placement of intra-articular implant(s) (eg, bone allograft[s], synthetic device[s]), without placement of transfixation device	1/1/2024		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixation device	1/1/2015		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
27280	Arthrodesis, sacroiliac joint, open, includes obtaining bone graft, including instrumentation, when performed	8/19/2013		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	

Code	Code Description	Precert Effective Date	Precert Removal Date	Comments	Complete/PHS+ /Preferred	Basic Standard
27299	Unlisted procedure, pelvis or hip joint	10/1/2006		Precertification delegated to EviCore Musculoskeletal (MSK) Program if submitted with another code managed by eviCore; otherwise, Cigna will handle precertification request; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	X
27331	Arthrotomy, knee; including joint exploration, biopsy, or removal of loose or foreign bodies	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
27332	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial OR lateral	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
27333	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial AND lateral	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
27334	Arthrotomy, with synovectomy, knee; anterior OR posterior	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
27335	Arthrotomy, with synovectomy, knee; anterior AND posterior including popliteal area	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
27340	Excision, prepatellar bursa	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
27347	Excision of lesion of meniscus or capsule (eg, cyst, ganglion), knee	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
27355	Excision or curettage of bone cyst or benign tumor of femur;	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
27356	Excision or curettage of bone cyst or benign tumor of femur; with allograft	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
27357	Excision or curettage of bone cyst or benign tumor of femur; with autograft (includes obtaining graft)	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
27358	Excision or curettage of bone cyst or benign tumor of femur; with internal fixation	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
27360	Partial excision (craterization, saucerization, or diaphysectomy) bone, femur, proximal tibia and/or fibula (eg, osteomyelitis or bone abscess)	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	

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27403	Arthrotomy with meniscus repair, knee	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
27405	Repair, primary, torn ligament and/or capsule, knee; collateral	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
27407	Repair, primary, torn ligament and/or capsule, knee; cruciate	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
27409	Repair, primary, torn ligament and/or capsule, knee; collateral and cruciate ligaments	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
27412	Autologous chondrocyte implantation, knee	3/17/2008		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
27415	Osteochondral allograft, knee, open	3/17/2008		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
27416	Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft[s])	1/1/2008		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
27418	Anterior tibial tubercleplasty (eg, Maquet type procedure)	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
27420	Reconstruction of dislocating patella; (eg, Hauser type procedure)	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
27422	Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or release (eg, Campbell, Goldwaite type procedure)	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
27424	Reconstruction of dislocating patella; with patellectomy	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
27425	Lateral retinacular release, open	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
27427	Ligamentous reconstruction (augmentation), knee; extra-articular	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
27428	Ligamentous reconstruction (augmentation), knee; intra-articular (open)	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	

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27429	Ligamentous reconstruction (augmentation), knee; intra-articular (open) and extra-articular	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
27438	Arthroplasty, patella; with prosthesis	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
27440	Arthroplasty, knee, tibial plateau;	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
27441	Arthroplasty, knee, tibial plateau; with debridement and partial synovectomy	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
27442	Arthroplasty, femoral condyles or tibial plateau(s), knee;	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
27443	Arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement and partial synovectomy	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
27445	Arthroplasty, knee, hinge prosthesis (eg, Walldius type)	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
27446	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
27486	Revision of total knee arthroplasty, with or without allograft; 1 component	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
27487	Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
27570	Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program if submitted with another code managed by eviCore; otherwise, Cigna will handle precertification request; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
27599	Unlisted procedure, femur or knee	10/1/2006		Precertification delegated to EviCore Musculoskeletal (MSK) Program if submitted with another code managed by eviCore; otherwise, Cigna will handle precertification request; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	X
27702	Arthroplasty, ankle; with implant (total ankle)	10/1/2006			X	

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27703	Arthroplasty, ankle; revision, total ankle	10/27/2006			X	
27860	Manipulation of ankle under general anesthesia (includes application of traction or other fixation apparatus)	8/17/2009			X	
27899	Unlisted procedure, leg or ankle	10/1/2006		Precertification delegated to EviCore Musculoskeletal (MSK) Program if submitted with another code managed by eviCore; otherwise, Cigna will handle precertification request; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	X
28890	Extracorporeal shock wave, high energy, performed by a physician or other qualified health care professional, requiring anesthesia other than local, including ultrasound guidance, involving the plantar fascia	10/1/2006			X	X
28899	Unlisted procedure, foot or toes	10/1/2006			X	X
29804	Arthroscopy, temporomandibular joint, surgical	10/1/2006			X	
29805	Arthroscopy, shoulder, diagnostic, with or without synovial biopsy	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
29806	Arthroscopy, shoulder, surgical; capsulorrhaphy	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
29807	Arthroscopy, shoulder, surgical; repair of SLAP lesion	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
29819	Arthroscopy, shoulder, surgical; with removal of loose body or foreign body	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
29820	Arthroscopy, shoulder, surgical; synovectomy, partial	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
29821	Arthroscopy, shoulder, surgical; synovectomy, complete	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
29822	Arthroscopy, shoulder, surgical; debridement, limited, 1 or 2 discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies])	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
29823	Arthroscopy, shoulder, surgical; debridement, extensive, 3 or more discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies])	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	

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29824	Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
29825	Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
29826	Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release, when performed	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
29828	Arthroscopy, shoulder, surgical; biceps tenodesis	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
29850	Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without manipulation; without internal or external fixation (includes arthroscopy)	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
29851	Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without manipulation; with internal or external fixation (includes arthroscopy)	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
29855	Arthroscopically aided treatment of tibial fracture, proximal (plateau); unicondylar, includes internal fixation, when performed (includes arthroscopy)	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
29856	Arthroscopically aided treatment of tibial fracture, proximal (plateau); bicondylar, includes internal fixation, when performed (includes arthroscopy)	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
29860	Arthroscopy, hip, diagnostic with or without synovial biopsy	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
29861	Arthroscopy, hip, surgical; with removal of loose body or foreign body	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
29862	Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
29863	Arthroscopy, hip, surgical; with synovectomy	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
29866	Arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty) (includes harvesting of the autograft[s])	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	

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29867	Arthroscopy, knee, surgical; osteochondral allograft (eg, mosaicplasty)	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
29868	Arthroscopy, knee, surgical; meniscal transplantation (includes arthrotomy for meniscal insertion), medial or lateral	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
29870	Arthroscopy, knee, diagnostic, with or without synovial biopsy	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
29871	Arthroscopy, knee, surgical; for infection, lavage and drainage	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
29873	Arthroscopy, knee, surgical; with lateral release	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
29874	Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
29875	Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection)	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
29876	Arthroscopy, knee, surgical; synovectomy, major, 2 or more compartments (eg, medial or lateral)	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
29877	Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
29879	Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
29880	Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
29881	Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
29882	Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral)	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
29883	Arthroscopy, knee, surgical; with meniscus repair (medial AND lateral)	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
29884	Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	

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Code	Code Description	Precert Effective Date	Precert Removal Date	Comments	Complete/PHS+ /Preferred	Basic Standard
29885	Arthroscopy, knee, surgical; drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion)	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
29886	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
29887	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
29888	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
29889	Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
29914	Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
29915	Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
29916	Arthroscopy, hip, surgical; with labral repair	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
29999	Unlisted procedure, arthroscopy	1/22/2007		Precertification delegated to EviCore Musculoskeletal (MSK) Program if submitted with another code managed by eviCore; otherwise, Cigna will handle precertification request; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	X
30150	Rhinectomy; partial	10/1/2006			X	X
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip	10/1/2006			X	X
30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip	10/1/2006			X	X
30420	Rhinoplasty, primary; including major septal repair	10/1/2006			X	X
30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)	10/1/2006			X	X
30435	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)	10/1/2006			X	X
30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)	10/1/2006			X	X

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30460	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only	10/1/2006			X	X
30462	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum, osteotomies	10/1/2006			X	X
30465	Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)	11/12/2007			X	X
30468	Repair of nasal valve collapse with subcutaneous/submucosal lateral wall implant(s)	1/1/2021			X	X
30469	Repair of nasal valve collapse with low energy, temperature-controlled (ie, radiofrequency) subcutaneous/submucosal remodeling	1/1/2023			X	
30620	Septal or other intranasal dermatoplasty (does not include obtaining graft)	1/1/2009			X	X
30999	Unlisted procedure, nose	10/1/2006			X	X
31295	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); maxillary sinus ostium, transnasal or via canine fossa	8/26/2016			X	
31296	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal sinus ostium	8/26/2016			X	
31297	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); sphenoid sinus ostium	8/26/2016			X	
31298	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal and sphenoid sinus ostia	1/1/2018			X	
31299	Unlisted procedure, accessory sinuses	10/1/2006			X	X
31599	Unlisted procedure, larynx	10/1/2006			X	X
31899	Unlisted procedure, trachea, bronchi	10/1/2006			X	X
32553	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-thoracic, single or multiple	8/1/2012		Precertification delegated to EviCore National Radiation Therapy Program	X	X
32664	Thoracoscopy, surgical; with thoracic sympathectomy	10/1/2006			X	
32850	Donor pneumonectomy(s) (including cold preservation), from cadaver donor	2/17/2014			X	X
32851	Lung transplant, single; without cardiopulmonary bypass	10/1/2006			X	X
32852	Lung transplant, single; with cardiopulmonary bypass	10/1/2006			X	X
32853	Lung transplant, double (bilateral sequential or en bloc); without cardiopulmonary bypass	10/1/2006			X	X
32854	Lung transplant, double (bilateral sequential or en bloc); with cardiopulmonary bypass	10/1/2006			X	X

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32855	Backbench standard preparation of cadaver donor lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare pulmonary venous/atrial cuff, pulmonary artery, and bronchus; unilateral	1/1/2005			X	X
32856	Backbench standard preparation of cadaver donor lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare pulmonary venous/atrial cuff, pulmonary artery, and bronchus; bilateral	1/1/2005			X	X
32999	Unlisted procedure, lungs and pleura	10/1/2006			X	X
33224	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, with attachment to previously placed pacemaker or implantable defibrillator pulse generator (including revision of pocket, removal, insertion, and/or replacement of existing generator)	10/1/2018			X	
33225	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (eg, for upgrade to dual chamber system)	10/1/2018			X	
33249	Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber	2/18/2013			X	
33254	Operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure)	8/26/2022			X	X
33255	Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); without cardiopulmonary bypass	8/26/2022			X	X
33258	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), without cardiopulmonary bypass	8/26/2022			X	X
33265	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure), without cardiopulmonary bypass	8/26/2022			X	X
33266	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure), without cardiopulmonary bypass	8/26/2022			X	X
33267	Exclusion of left atrial appendage, open, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)	1/1/2022			X	
33269	Exclusion of left atrial appendage, thoracoscopic, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)	1/1/2022			X	

Code	Code Description	Precert Effective Date	Precert Removal Date	Comments	Complete/PHS+ /Preferred	Basic Standard
33270	Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode, including defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters, when performed	1/1/2015			X	
33285	Insertion, subcutaneous cardiac rhythm monitor, including programming	10/25/2019			X	
33289	Transcatheter implantation of wireless pulmonary artery pressure sensor for long-term hemodynamic monitoring, including deployment and calibration of the sensor, right heart catheterization, selective pulmonary catheterization, radiological supervision and interpretation, and pulmonary artery angiography, when performed	1/1/2019			X	
33340	Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transseptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, when performed, and radiological supervision and interpretation	1/1/2017			X	X
33361	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach	1/1/2013			X	
33362	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach	1/1/2013			X	
33363	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach	1/1/2013			X	
33364	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach	1/1/2013			X	
33365	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transaortic approach (eg, median sternotomy, mediastinotomy)	1/1/2013			X	
33366	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transapical exposure (eg, left thoracotomy)	1/1/2014			X	
33418	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; initial prosthesis	1/1/2015			X	
33477	Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed	1/1/2016			X	
33930	Donor cardiectomy-pneumonectomy (including cold preservation)	1/1/1993			X	X
33933	Backbench standard preparation of cadaver donor heart/lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare aorta, superior vena cava, inferior vena cava, and trachea for implantation	1/1/2005			X	X
33935	Heart-lung transplant with recipient cardiectomy-pneumonectomy	10/1/2006			X	X
33940	Donor cardiectomy (including cold preservation)	1/1/1993			X	X
33944	Backbench standard preparation of cadaver donor heart allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare aorta, superior vena cava, inferior vena cava, pulmonary artery, and left atrium for implantation	1/1/2005			X	X

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33945	Heart transplant, with or without recipient cardiectomy	10/1/2006			X	X
33975	Insertion of ventricular assist device; extracorporeal, single ventricle	9/15/2010			X	X
33976	Insertion of ventricular assist device; extracorporeal, biventricular	8/19/2013			X	X
33979	Insertion of ventricular assist device, implantable intracorporeal, single ventricle	8/19/2013			X	X
33981	Replacement of extracorporeal ventricular assist device, single or biventricular, pump(s), single or each pump	8/19/2013			X	X
33982	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, without cardiopulmonary bypass	1/1/2010			X	X
33983	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, with cardiopulmonary bypass	1/1/2010			X	X
33990	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; left heart, arterial access only	1/1/2013			X	
33991	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; left heart, both arterial and venous access, with transeptal puncture	1/1/2013			X	
33993	Repositioning of percutaneous right or left heart ventricular assist device with imaging guidance at separate and distinct session from insertion	1/1/2013			X	
33999	Unlisted procedure, cardiac surgery	11/12/2007			X	X
34718	Endovascular repair of iliac artery, not associated with placement of an aorto-iliac artery endograft at the same session, by deployment of an iliac branched endograft, including pre-procedure sizing and device selection, all ipsilateral selective iliac artery catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally in the internal iliac, external iliac, and common femoral artery(ies), and treatment zone angioplasty/stenting, when performed, for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, penetrating ulcer), unilateral	1/1/2020		Precertification delegated to EviCore Vascular Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
36465	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein, accessory saphenous vein)	1/1/2018		Precertification delegated to EviCore Vascular Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	X
36466	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vein), same leg	1/1/2018		Precertification delegated to EviCore Vascular Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	X

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36468	Injection(s) of sclerosant for spider veins (telangiectasia), limb or trunk	10/1/2006		Precertification delegated to EviCore Vascular Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	X
36471	Injection of sclerosant; multiple incompetent veins (other than telangiectasia), same leg	10/1/2006		Precertification delegated to EviCore Vascular Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	X
36473	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated	1/1/2017		Precertification delegated to EviCore Vascular Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
36474	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent vein(s) treated in a single extremity, each through separate access sites	1/1/2017		Precertification delegated to EviCore Vascular Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	10/1/2006		Precertification delegated to EviCore Vascular Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
36476	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites	10/1/2006		Precertification delegated to EviCore Vascular Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	10/1/2006		Precertification delegated to EviCore Vascular Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
36479	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; subsequent vein(s) treated in a single extremity, each through separate access sites	10/1/2006		Precertification delegated to EviCore Vascular Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	

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36482	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated	1/1/2018		Precertification delegated to EviCore Vascular Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	X
36483	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; subsequent vein(s) treated in a single extremity, each through separate access sites	1/1/2018		Precertification delegated to EviCore Vascular Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	X
36514	Therapeutic apheresis; for plasma pheresis	11/12/2007			X	
37215	Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection	10/25/2019		Precertification delegated to EviCore Vascular Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
37216	Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; without distal embolic protection	10/25/2019		Precertification delegated to EviCore Vascular Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
37218	Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery, open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation	10/25/2019		Precertification delegated to EviCore Vascular Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
37220	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty	4/1/2019		Precertification delegated to EviCore Vascular Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
37221	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	4/1/2019		Precertification delegated to EviCore Vascular Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	

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37222	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty	4/1/2019		Precertification delegated to EviCore Vascular Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
37223	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	4/1/2019		Precertification delegated to EviCore Vascular Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
37224	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty	4/1/2019		Precertification delegated to EviCore Vascular Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
37225	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed	4/1/2019		Precertification delegated to EviCore Vascular Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
37226	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	4/1/2019		Precertification delegated to EviCore Vascular Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
37227	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed	4/1/2019		Precertification delegated to EviCore Vascular Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
37228	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty	4/1/2019		Precertification delegated to EviCore Vascular Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
37229	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed	4/1/2019		Precertification delegated to EviCore Vascular Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	

Code	Code Description	Precert Effective Date	Precert Removal Date	Comments	Complete/PHS+ /Preferred	Basic Standard
37230	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	4/1/2019		Precertification delegated to EviCore Vascular Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
37231	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed	4/1/2019		Precertification delegated to EviCore Vascular Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
37232	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty	4/1/2019		Precertification delegated to EviCore Vascular Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
37233	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed	4/1/2019		Precertification delegated to EviCore Vascular Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
37234	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	4/1/2019		Precertification delegated to EviCore Vascular Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
37235	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed	4/1/2019		Precertification delegated to EviCore Vascular Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
37238	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; initial vein	8/23/2019		Precertification delegated to EviCore Vascular Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
37239	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; each additional vein	8/23/2019		Precertification delegated to EviCore Vascular Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	

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Code	Code Description	Precert Effective Date	Precert Removal Date	Comments	Complete/PHS+ /Preferred	Basic Standard
37241	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (eg, congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles)	1/1/2014		Precertification delegated to EviCore Vascular Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
37242	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; arterial, other than hemorrhage or tumor (eg, congenital or acquired arterial malformations, arteriovenous malformations, arteriovenous fistulas, aneurysms, pseudoaneurysms)	11/1/2024		Precertification delegated to EviCore Vascular Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
37243	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction	11/1/2024		Precertification delegated to EviCore Vascular Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
37244	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation	1/1/2014		Precertification delegated to EviCore Vascular Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
37248	Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; initial vein	8/23/2019		Precertification delegated to EviCore Vascular Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
37249	Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; each additional vein	8/23/2019		Precertification delegated to EviCore Vascular Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
37700	Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions	10/1/2006		Precertification delegated to EviCore Vascular Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
37718	Ligation, division, and stripping, short saphenous vein	10/1/2006		Precertification delegated to EviCore Vascular Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	

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37722	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below	10/1/2006		Precertification delegated to EviCore Vascular Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
37735	Ligation and division and complete stripping of long or short saphenous veins with radical excision of ulcer and skin graft and/or interruption of communicating veins of lower leg, with excision of deep fascia	10/1/2006		Precertification delegated to EviCore Vascular Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
37765	Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions	10/1/2006		Precertification delegated to EviCore Vascular Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
37766	Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions	10/1/2006		Precertification delegated to EviCore Vascular Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
37780	Ligation and division of short saphenous vein at saphenopopliteal junction	10/1/2006		Precertification delegated to EviCore Vascular Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
37785	Ligation, division, and/or excision of varicose vein cluster(s), 1 leg	10/1/2006		Precertification delegated to EviCore Vascular Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
37799	Unlisted procedure, vascular surgery	10/1/2006		Precertification delegated to EviCore Vascular Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	X
38129	Unlisted laparoscopy procedure, spleen	10/1/2006			X	X
38204	Management of recipient hematopoietic progenitor cell donor search and cell acquisition	10/1/2006			X	X

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38205	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; allogeneic	10/1/2006			X	X
38206	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; autologous	10/1/2006			X	X
38207	Transplant preparation of hematopoietic progenitor cells; cryopreservation and storage	10/1/2006			X	X
38208	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, without washing, per donor	10/1/2006			X	X
38209	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, with washing, per donor	10/1/2006			X	X
38210	Transplant preparation of hematopoietic progenitor cells; specific cell depletion within harvest, T-cell depletion	10/1/2006			X	X
38211	Transplant preparation of hematopoietic progenitor cells; tumor cell depletion	10/1/2006			X	X
38212	Transplant preparation of hematopoietic progenitor cells; red blood cell removal	10/1/2006			X	X
38213	Transplant preparation of hematopoietic progenitor cells; platelet depletion	10/1/2006			X	X
38214	Transplant preparation of hematopoietic progenitor cells; plasma (volume) depletion	10/1/2006			X	X
38215	Transplant preparation of hematopoietic progenitor cells; cell concentration in plasma, mononuclear, or buffy coat layer	10/1/2006			X	X
38225	Chimeric antigen receptor T-cell (CAR-T) therapy; harvesting of blood-derived T lymphocytes for development of genetically modified autologous CAR-T cells, per day	1/1/2025			X	X
38226	Chimeric antigen receptor T-cell (CAR-T) therapy; preparation of blood-derived T lymphocytes for transportation (eg, cryopreservation, storage)	1/1/2025			X	X
38227	Chimeric antigen receptor T-cell (CAR-T) therapy; receipt and preparation of CAR-T cells for administration	1/1/2025			X	X
38228	Chimeric antigen receptor T-cell (CAR-T) therapy; CAR-T cell administration, autologous	1/1/2025			X	X
38230	Bone marrow harvesting for transplantation; allogeneic	10/1/2006			X	X
38232	Bone marrow harvesting for transplantation; autologous	1/1/2012			X	X
38240	Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor	10/1/2006			X	X
38241	Hematopoietic progenitor cell (HPC); autologous transplantation	10/1/2006			X	X
38242	Allogeneic lymphocyte infusions	10/1/2006			X	X

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38243	Hematopoietic progenitor cell (HPC); HPC boost	1/1/2013			X	X
38589	Unlisted laparoscopy procedure, lymphatic system	10/1/2006			X	X
38999	Unlisted procedure, hemic or lymphatic system	10/1/2006			X	X
39599	Unlisted procedure, diaphragm	10/1/2006			X	X
40799	Unlisted procedure, lips	10/1/2006			X	X
41019	Placement of needles, catheters, or other device(s) into the head and/or neck region (percutaneous, transoral, or transnasal) for subsequent interstitial radioelement application	8/1/2012		Precertification delegated to EviCore National Radiation Therapy Program	X	X
41512	Tongue base suspension, permanent suture technique	1/1/2009			X	
41530	Submucosal ablation of the tongue base, radiofrequency, 1 or more sites, per session	1/1/2009			X	
41599	Unlisted procedure, tongue, floor of mouth	10/1/2006			X	X
41874	Alveoloplasty, each quadrant (specify)	10/1/2006			X	
41899	Unlisted procedure, dentoalveolar structures	10/1/2006			X	X
42140	Uvulectomy, excision of uvula	1/1/2009			X	
42145	Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty)	10/1/2006			X	
42160	Destruction of lesion, palate or uvula (thermal, cryo or chemical)	10/1/2006			X	
42299	Unlisted procedure, palate, uvula	10/1/2006			X	X
42699	Unlisted procedure, salivary glands or ducts	10/1/2006			X	X
42975	Drug-induced sleep endoscopy, with dynamic evaluation of velum, pharynx, tongue base, and larynx for evaluation of sleep-disordered breathing, flexible, diagnostic	1/1/2022			X	
42999	Unlisted procedure, pharynx, adenoids, or tonsils	10/1/2006			X	X
43210	Esophagogastroduodenoscopy, flexible, transoral; with esophagogastric fundoplasty, partial or complete, includes duodenoscopy when performed	8/26/2016			X	X
43233	Esophagogastroduodenoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)	1/1/2022		Precertification delegated to EviCore Gastroenterology Program. Effective 01/01/2022, ASO and Fully Insured Commercial customers added (except for clients who opt out, and/or Global, and/or services in Carelink or MVP networks).	X	
43235	Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed	1/1/2022		Precertification delegated to EviCore Gastroenterology Program. Effective 01/01/2022, ASO and Fully Insured Commercial customers added (except for clients who opt out, and/or Global, and/or services in Carelink or MVP networks).	X	

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43236	Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance	1/1/2022		Precertification delegated to EviCore Gastroenterology Program. Effective 01/01/2022, ASO and Fully Insured Commercial customers added (except for clients who opt out, and/or Global, and/or services in Carelink or MVP networks).	X	
43239	Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple	1/1/2022		Precertification delegated to EviCore Gastroenterology Program. Effective 01/01/2022, ASO and Fully Insured Commercial customers added (except for clients who opt out, and/or Global, and/or services in Carelink or MVP networks).	X	
43241	Esophagogastroduodenoscopy, flexible, transoral; with insertion of intraluminal tube or catheter	8/1/2012		Precertification delegated to EviCore Gastroenterology Program. Effective 01/01/2022, ASO and Fully Insured Commercial customers added (except for clients who opt out, and/or Global, and/or services in Carelink or MVP networks).	X	
43243	Esophagogastroduodenoscopy, flexible, transoral; with injection sclerosis of esophageal/gastric varices	1/1/2022		Precertification delegated to EviCore Gastroenterology Program. Effective 01/01/2022, ASO and Fully Insured Commercial customers added (except for clients who opt out, and/or Global, and/or services in Carelink or MVP networks).	X	
43244	Esophagogastroduodenoscopy, flexible, transoral; with band ligation of esophageal/gastric varices	1/1/2022		Precertification delegated to EviCore Gastroenterology Program. Effective 01/01/2022, ASO and Fully Insured Commercial customers added (except for clients who opt out, and/or Global, and/or services in Carelink or MVP networks).	X	
43245	Esophagogastroduodenoscopy, flexible, transoral; with dilation of gastric/duodenal stricture(s) (eg, balloon, bougie)	1/1/2022		Precertification delegated to EviCore Gastroenterology Program. Effective 01/01/2022, ASO and Fully Insured Commercial customers added (except for clients who opt out, and/or Global, and/or services in Carelink or MVP networks).	X	
43246	Esophagogastroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrostomy tube	1/1/2022		Precertification delegated to EviCore Gastroenterology Program. Effective 01/01/2022, ASO and Fully Insured Commercial customers added (except for clients who opt out, and/or Global, and/or services in Carelink or MVP networks).	X	
43247	Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body(s)	1/1/2022		Precertification delegated to EviCore Gastroenterology Program. Effective 01/01/2022, ASO and Fully Insured Commercial customers added (except for clients who opt out, and/or Global, and/or services in Carelink or MVP networks).	X	
43248	Esophagogastroduodenoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) through esophagus over guide wire	1/1/2022		Precertification delegated to EviCore Gastroenterology Program. Effective 01/01/2022, ASO and Fully Insured Commercial customers added (except for clients who opt out, and/or Global, and/or services in Carelink or MVP networks).	X	

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43249	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus (less than 30 mm diameter)	1/1/2022		Precertification delegated to EviCore Gastroenterology Program. Effective 01/01/2022, ASO and Fully Insured Commercial customers added (except for clients who opt out, and/or Global, and/or services in Carelink or MVP networks).	X	
43250	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	1/1/2022		Precertification delegated to EviCore Gastroenterology Program. Effective 01/01/2022, ASO and Fully Insured Commercial customers added (except for clients who opt out, and/or Global, and/or services in Carelink or MVP networks).	X	
43251	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	1/1/2022		Precertification delegated to EviCore Gastroenterology Program. Effective 01/01/2022, ASO and Fully Insured Commercial customers added (except for clients who opt out, and/or Global, and/or services in Carelink or MVP networks).	X	
43252	Esophagogastroduodenoscopy, flexible, transoral; with optical endomicroscopy	1/1/2022		Precertification delegated to EviCore Gastroenterology Program. Effective 01/01/2022, ASO and Fully Insured Commercial customers added (except for clients who opt out, and/or Global, and/or services in Carelink or MVP networks).	X	
43254	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection	1/1/2022		Precertification delegated to EviCore Gastroenterology Program. Effective 01/01/2022, ASO and Fully Insured Commercial customers added (except for clients who opt out, and/or Global, and/or services in Carelink or MVP networks).	X	
43255	Esophagogastroduodenoscopy, flexible, transoral; with control of bleeding, any method	1/1/2022		Precertification delegated to EviCore Gastroenterology Program. Effective 01/01/2022, ASO and Fully Insured Commercial customers added (except for clients who opt out, and/or Global, and/or services in Carelink or MVP networks).	X	
43257	Esophagogastroduodenoscopy, flexible, transoral; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal reflux disease	10/1/2006			X	X
43266	Esophagogastroduodenoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	1/1/2022		Precertification delegated to EviCore Gastroenterology Program. Effective 01/01/2022, ASO and Fully Insured Commercial customers added (except for clients who opt out, and/or Global, and/or services in Carelink or MVP networks).	X	

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43270	Esophagogastroduodenoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	1/1/2022		Precertification delegated to EviCore Gastroenterology Program. Effective 01/01/2022, ASO and Fully Insured Commercial customers added (except for clients who opt out, and/or Global, and/or services in Carelink or MVP networks).	X	
43284	Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (ie, magnetic band), including cruroplasty when performed	1/1/2017			X	X
43289	Unlisted laparoscopy procedure, esophagus	10/1/2006			X	X
43290	Esophagogastroduodenoscopy, flexible, transoral; with deployment of intragastric bariatric balloon	1/1/2023			X	
43497	Lower esophageal myotomy, transoral (ie, peroral endoscopic myotomy [POEM])	1/1/2022			X	
43499	Unlisted procedure, esophagus	10/1/2006			X	X
43631	Gastrectomy, partial, distal; with gastroduodenostomy	10/1/2006			X	
43632	Gastrectomy, partial, distal; with gastrojejunostomy	10/1/2006			X	
43633	Gastrectomy, partial, distal; with Roux-en-Y reconstruction	10/1/2006			X	
43634	Gastrectomy, partial, distal; with formation of intestinal pouch	10/1/2006			X	
43644	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)	10/1/2006			X	
43645	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption	10/1/2006			X	
43659	Unlisted laparoscopy procedure, stomach	10/1/2006			X	X
43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components)	10/1/2006			X	
43771	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only	10/1/2006			X	
43772	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only	10/1/2006			X	
43773	Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only	10/1/2006			X	
43774	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components	10/1/2006			X	

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43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)	1/1/2010			X	
43842	Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty	10/1/2006			X	
43843	Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty	10/1/2006			X	
43845	Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (50 to 100 cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch)	10/1/2006			X	
43846	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy	10/1/2006			X	
43847	Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption	10/1/2006			X	
43848	Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device	10/1/2006			X	
43860	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; without vagotomy	1/1/2009			X	
43865	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; with vagotomy	1/1/2009			X	
43881	Implantation or replacement of gastric neurostimulator electrodes, antrum, open	1/22/2007			X	
43886	Gastric restrictive procedure, open; revision of subcutaneous port component only	10/1/2006			X	
43888	Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only	10/1/2006			X	
43999	Unlisted procedure, stomach	10/1/2006			X	X
44132	Donor enterectomy (including cold preservation), open; from cadaver donor	2/17/2014			X	X
44133	Donor enterectomy (including cold preservation), open; partial, from living donor	2/17/2014			X	X
44135	Intestinal allotransplantation; from cadaver donor	2/17/2014			X	X
44136	Intestinal allotransplantation; from living donor	1/1/2010			X	X
44137	Removal of transplanted intestinal allograft, complete	1/1/2005			X	X
44238	Unlisted laparoscopy procedure, intestine (except rectum)	10/1/2006			X	X

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Code	Code Description	Precert Effective Date	Precert Removal Date	Comments	Complete/PHS+ /Preferred	Basic Standard
44715	Backbench standard preparation of cadaver or living donor intestine allograft prior to transplantation, including mobilization and fashioning of the superior mesenteric artery and vein	10/1/2006			X	X
44720	Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; venous anastomosis, each	10/1/2006			X	X
44721	Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; arterial anastomosis, each	10/1/2006			X	X
44799	Unlisted procedure, small intestine	10/1/2006			X	X
44979	Unlisted laparoscopy procedure, appendix	10/1/2006			X	X
45399	Unlisted procedure, colon	1/1/2015			X	X
45999	Unlisted procedure, rectum	10/1/2006			X	X
46707	Repair of anorectal fistula with plug (eg, porcine small intestine submucosa [SIS])	1/1/2010			X	X
46999	Unlisted procedure, anus	10/1/2006			X	X
47133	Donor hepatectomy (including cold preservation), from cadaver donor	1/1/1993			X	X
47135	Liver allotransplantation, orthotopic, partial or whole, from cadaver or living donor, any age	10/1/2006			X	X
47140	Donor hepatectomy (including cold preservation), from living donor; left lateral segment only (segments II and III)	10/1/2006			X	X
47141	Donor hepatectomy (including cold preservation), from living donor; total left lobectomy (segments II, III and IV)	10/1/2006			X	X
47142	Donor hepatectomy (including cold preservation), from living donor; total right lobectomy (segments V, VI, VII and VIII)	10/1/2006			X	X
47143	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; without trisegment or lobe split	8/26/2016			X	X
47144	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; with trisegment split of whole liver graft into 2 partial liver grafts (ie, left lateral segment [segments II and III] and right trisegment [segments I and IV through VIII])	8/26/2016			X	X
47145	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; with lobe split of whole liver graft into 2 partial liver grafts (ie, left lobe [segments II, III, and IV] and right lobe [segments I and V through VIII])	8/26/2016			X	X

Code	Code Description	Precert Effective Date	Precert Removal Date	Comments	Complete/PHS+ /Preferred	Basic Standard
47146	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; venous anastomosis, each	10/1/2006			X	X
47147	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; arterial anastomosis, each	10/1/2006			X	X
47379	Unlisted laparoscopic procedure, liver	10/1/2006			X	X
47399	Unlisted procedure, liver	10/1/2006			X	X
47579	Unlisted laparoscopy procedure, biliary tract	10/1/2006			X	X
47999	Unlisted procedure, biliary tract	10/1/2006			X	X
48160	Pancreatectomy, total or subtotal, with autologous transplantation of pancreas or pancreatic islet cells	1/1/2009			X	X
48550	Donor pancreatectomy (including cold preservation), with or without duodenal segment for transplantation	8/26/2016			X	X
48551	Backbench standard preparation of cadaver donor pancreas allograft prior to transplantation, including dissection of allograft from surrounding soft tissues, splenectomy, duodenotomy, ligation of bile duct, ligation of mesenteric vessels, and Y-graft arterial anastomoses from iliac artery to superior mesenteric artery and to splenic artery	8/26/2016			X	X
48552	Backbench reconstruction of cadaver donor pancreas allograft prior to transplantation, venous anastomosis, each	8/26/2016			X	X
48554	Transplantation of pancreatic allograft	10/1/2006			X	X
48556	Removal of transplanted pancreatic allograft	10/1/2006			X	X
48999	Unlisted procedure, pancreas	10/1/2006			X	X
49329	Unlisted laparoscopy procedure, abdomen, peritoneum and omentum	10/1/2006			X	X
49411	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or multiple	8/1/2012		Precertification delegated to EviCore National Radiation Therapy Program	X	X
49412	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), open, intra-abdominal, intrapelvic, and/or retroperitoneum, including image guidance, if performed, single or multiple	8/1/2012		Precertification delegated to EviCore National Radiation Therapy Program	X	X
49659	Unlisted laparoscopy procedure, hernioplasty, herniorrhaphy, herniotomy	10/1/2006			X	X
49999	Unlisted procedure, abdomen, peritoneum and omentum	10/1/2006			X	X
50300	Donor nephrectomy (including cold preservation); from cadaver donor, unilateral or bilateral	1/1/1993			X	X

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50320	Donor nephrectomy (including cold preservation); open, from living donor	10/1/2006			X	X
50323	Backbench standard preparation of cadaver donor renal allograft prior to transplantation, including dissection and removal of perinephric fat, diaphragmatic and retroperitoneal attachments, excision of adrenal gland, and preparation of ureter(s), renal vein(s), and renal artery(s), ligating branches, as necessary	1/1/2005			X	X
50325	Backbench standard preparation of living donor renal allograft (open or laparoscopic) prior to transplantation, including dissection and removal of perinephric fat and preparation of ureter(s), renal vein(s), and renal artery(s), ligating branches, as necessary	10/1/2006			X	X
50327	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; venous anastomosis, each	10/1/2006			X	X
50328	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; arterial anastomosis, each	10/1/2006			X	X
50329	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; ureteral anastomosis, each	10/1/2006			X	X
50340	Recipient nephrectomy	10/1/2006			X	X
50360	Renal allotransplantation, implantation of graft; without recipient nephrectomy	10/1/2006			X	X
50365	Renal allotransplantation, implantation of graft; with recipient nephrectomy	10/1/2006			X	X
50370	Removal of transplanted renal allograft	10/1/2006			X	X
50547	Laparoscopy, surgical; donor nephrectomy (including cold preservation), from living donor	10/1/2006			X	X
50949	Unlisted laparoscopy procedure, ureter	10/1/2006			X	X
53451	Periurethral transperineal adjustable balloon continence device; bilateral insertion, including cystourethroscopy and imaging guidance	1/1/2022			X	
53452	Periurethral transperineal adjustable balloon continence device; unilateral insertion, including cystourethroscopy and imaging guidance	1/1/2022			X	
53865	Cystourethroscopy with insertion of temporary device for ischemic remodeling (ie, pressure necrosis) of bladder neck and prostate	1/1/2025			X	
53899	Unlisted procedure, urinary system	10/1/2006			X	X
54125	Amputation of penis; complete	2/16/2015			X	
54161	Circumcision, surgical excision other than clamp, device, or dorsal slit; older than 28 days of age	1/17/2011			X	X
54400	Insertion of penile prosthesis; non-inflatable (semi-rigid)	10/1/2006			X	
54401	Insertion of penile prosthesis; inflatable (self-contained)	10/1/2006			X	
54405	Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir	10/1/2006			X	

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54408	Repair of component(s) of a multi-component, inflatable penile prosthesis	10/1/2006			X	
54410	Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session	10/1/2006			X	
54416	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis at the same operative session	10/1/2006			X	
55875	Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy	8/1/2012		Precertification delegated to EviCore National Radiation Therapy Program	X	X
55876	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple	8/1/2012		Precertification delegated to EviCore National Radiation Therapy Program	X	X
55880	Ablation of malignant prostate tissue, transrectal, with high intensity-focused ultrasound (HIFU), including ultrasound guidance	1/1/2021			X	
55899	Unlisted procedure, male genital system	10/1/2006			X	X
55920	Placement of needles or catheters into pelvic organs and/or genitalia (except prostate) for subsequent interstitial radioelement application	8/1/2012		Precertification delegated to EviCore National Radiation Therapy Program	X	X
55970	Intersex surgery; male to female	9/15/2010			X	
55980	Intersex surgery; female to male	9/15/2010			X	
56620	Vulvectomy simple; partial	9/15/2010			X	X
56805	Clitoroplasty for intersex state	2/16/2015			X	X
57110	Vaginectomy, complete removal of vaginal wall;	2/16/2015			X	X
57155	Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy	8/1/2012		Precertification delegated to EviCore National Radiation Therapy Program	X	X
57156	Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy	8/1/2012		Precertification delegated to EviCore National Radiation Therapy Program	X	X
57291	Construction of artificial vagina; without graft	2/16/2015			X	
57292	Construction of artificial vagina; with graft	2/16/2015			X	
57335	Vaginoplasty for intersex state	2/16/2015			X	
57700	Cerclage of uterine cervix, nonobstetrical	8/19/2013			X	X
58346	Insertion of Heyman capsules for clinical brachytherapy	8/1/2012		Precertification delegated to EviCore National Radiation Therapy Program	X	X

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58578	Unlisted laparoscopy procedure, uterus	10/1/2006			X	X
58579	Unlisted hysteroscopy procedure, uterus	10/1/2006			X	X
58679	Unlisted laparoscopy procedure, oviduct, ovary	10/1/2006			X	X
58999	Unlisted procedure, female genital system (nonobstetrical)	10/1/2006			X	X
59897	Unlisted fetal invasive procedure, including ultrasound guidance, when performed	10/1/2006			X	X
60660	Ablation of 1 or more thyroid nodule(s), one lobe or the isthmus, percutaneous, including imaging guidance, radiofrequency	1/1/2025			X	
60661	Ablation of 1 or more thyroid nodule(s), additional lobe, percutaneous, including imaging guidance, radiofrequency	1/1/2025			X	
60699	Unlisted procedure, endocrine system	10/1/2006			X	X
61624	Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method; central nervous system (intracranial, spinal cord)	10/25/2019		Precertification delegated to EviCore Vascular Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
61630	Balloon angioplasty, intracranial (eg, atherosclerotic stenosis), percutaneous	10/25/2019		Precertification delegated to EviCore Vascular Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
61635	Transcatheter placement of intravascular stent(s), intracranial (eg, atherosclerotic stenosis), including balloon angioplasty, if performed	10/25/2019		Precertification delegated to EviCore Vascular Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
61736	Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; single trajectory for 1 simple lesion	1/1/2022			X	
61737	Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; multiple trajectories for multiple or complex lesion(s)	1/1/2022			X	
61796	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion	2/17/2014		Precertification delegated to EviCore National Radiation Therapy Program	X	X
61797	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple	2/17/2014		Precertification delegated to EviCore National Radiation Therapy Program	X	X

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61798	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion	2/17/2014		Precertification delegated to EviCore National Radiation Therapy Program	X	X
61799	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex	2/17/2014		Precertification delegated to EviCore National Radiation Therapy Program	X	X
61800	Application of stereotactic headframe for stereotactic radiosurgery	2/17/2014		Precertification delegated to EviCore National Radiation Therapy Program	X	X
61863	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperative microelectrode recording; first array	2/18/2013			X	
61867	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; first array	2/18/2013			X	
61886	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to 2 or more electrode arrays	10/1/2006			X	
61889	Insertion of skull-mounted cranial neurostimulator pulse generator or receiver, including craniectomy or craniotomy, when performed, with direct or inductive coupling, with connection to depth and/or cortical strip electrode array(s)	1/1/2024			X	
62263	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 2 or more days	10/1/2006		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
62264	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 1 day	10/1/2006		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
62280	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; subarachnoid	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
62281	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, cervical or thoracic	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
62282	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, lumbar, sacral (caudal)	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	

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62287	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar	10/1/2006		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	X
62290	Injection procedure for discography, each level; lumbar	1/17/2011		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
62320	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance	1/1/2017		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
62321	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)	1/1/2017		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
62322	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance	1/1/2017		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
62323	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)	1/1/2017		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
62324	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance	1/1/2017		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
62325	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)	1/1/2017		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
62326	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance	1/1/2017		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	

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62327	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)	1/1/2017		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
62350	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
62351	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; with laminectomy	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
62360	Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
62361	Implantation or replacement of device for intrathecal or epidural drug infusion; nonprogrammable pump	1/1/2009		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
62362	Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming	1/1/2009		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
62380	Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc, 1 interspace, lumbar	1/1/2017		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	X
63001	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; cervical	11/1/2024		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	

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63005	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; lumbar, except for spondylolisthesis	10/1/2006		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
63012	Laminectomy with removal of abnormal facets and/or pars inter-articularis with decompression of cauda equina and nerve roots for spondylolisthesis, lumbar (Gill type procedure)	10/1/2006		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
63015	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; cervical	11/1/2024		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
63016	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; thoracic	1/1/1994		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
63017	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; lumbar	10/1/2006		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
63020	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical	1/1/2024		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar	6/1/2023		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
63042	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar	6/1/2023		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	

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63044	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional lumbar interspace	11/1/2024		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
63045	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; cervical	1/1/2024		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
63047	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar	10/1/2006		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
63048	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar	10/1/2006		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
63056	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; lumbar (including transfacet, or lateral extraforaminal approach) (eg, far lateral herniated intervertebral disc)	10/1/2006		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
63057	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; each additional segment, thoracic or lumbar	10/1/2006		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
63077	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctectomy; thoracic, single interspace	1/1/1993		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	X

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63078	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophylectomy; thoracic, each additional interspace	1/1/1993		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
63081	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment	11/1/2024		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
63082	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, each additional segment	11/1/2024		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
63087	Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; single segment	10/1/2006		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
63088	Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; each additional segment	10/1/2006		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
63090	Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; single segment	10/1/2006		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
63091	Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; each additional segment	10/1/2006		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
63267	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; lumbar	6/1/2023		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	

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63620	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion	1/1/2009		Precertification delegated to EviCore National Radiation Therapy Program	X	
63621	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion	1/1/2009		Precertification delegated to EviCore National Radiation Therapy Program	X	
63650	Percutaneous implantation of neurostimulator electrode array, epidural	8/1/2008		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural	8/1/2008		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver	3/17/2008		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
64451	Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	1/1/2020		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
64479	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), cervical or thoracic, single level	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
64480	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), cervical or thoracic, each additional level	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
64483	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, single level	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
64484	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, each additional level	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
64490	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
64491	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	

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64492	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any additional level(s)	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
64493	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
64494	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
64495	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
64510	Injection, anesthetic agent; stellate ganglion (cervical sympathetic)	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
64520	Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
64553	Percutaneous implantation of neurostimulator electrode array; cranial nerve	8/17/2009			X	
64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	1/1/2009			X	X
64561	Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed	1/1/2009			X	
64568	Open implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	1/1/2011			X	
64575	Open implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	1/1/2009			X	
64581	Open implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)	1/1/2009			X	
64582	Open implantation of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array	1/1/2022			X	

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64590	Insertion or replacement of peripheral, sacral, or gastric neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver	3/17/2008			X	
64596	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; initial electrode array	1/1/2024			X	
64597	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; each additional electrode array	1/1/2024			X	
64611	Chemodenervation of parotid and submandibular salivary glands, bilateral	1/1/2011			X	
64612	Chemodenervation of muscle(s); muscle(s) innervated by facial nerve, unilateral (eg, for blepharospasm, hemifacial spasm)	10/1/2006			X	
64615	Chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine)	1/1/2013			X	
64625	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	1/1/2020		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
64628	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral	1/1/2022		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
64629	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; each additional vertebral body, lumbar or sacral	1/1/2022		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	1/1/2012		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
64634	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint	1/1/2012		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	

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64635	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	1/1/2012		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
64636	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	1/1/2012		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
64714	Neuroplasty, major peripheral nerve, arm or leg, open; lumbar plexus	8/23/2019			X	
64912	Nerve repair; with nerve allograft, each nerve, first strand (cable)	1/1/2018			X	X
64913	Nerve repair; with nerve allograft, each additional strand	1/1/2018			X	X
64999	Unlisted procedure, nervous system	10/1/2006		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.; Previously Precertification delegated to the EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	X
65710	Keratoplasty (corneal transplant); anterior lamellar	10/27/2006			X	
65760	Keratomileusis	10/27/2006			X	X
65772	Corneal relaxing incision for correction of surgically induced astigmatism	10/1/2006			X	X
65785	Implantation of intrastromal corneal ring segments	1/1/2016			X	
66174	Transluminal dilation of aqueous outflow canal (eg, canaloplasty); without retention of device or stent	1/1/2011			X	
66175	Transluminal dilation of aqueous outflow canal (eg, canaloplasty); with retention of device or stent	1/1/2011			X	
66179	Aqueous shunt to extraocular equatorial plate reservoir, external approach; without graft	1/1/2015			X	
66183	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach	1/1/2014			X	
66683	Implantation of iris prosthesis, including suture fixation and repair or removal of iris, when performed	1/1/2025			X	
66999	Unlisted procedure, anterior segment of eye	10/1/2006			X	X
67299	Unlisted procedure, posterior segment	10/1/2006			X	X
67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)	10/1/2006			X	X
67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia)	10/1/2006			X	X

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67902	Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia)	10/1/2006			X	X
67903	Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach	10/1/2006			X	X
67904	Repair of blepharoptosis; (tarso) levator resection or advancement, external approach	10/1/2006			X	X
67906	Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)	10/1/2006			X	X
67908	Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (eg, Fasanella-Servat type)	10/1/2006			X	X
67911	Correction of lid retraction	10/1/2006			X	X
67999	Unlisted procedure, eyelids	10/1/2006			X	X
68899	Unlisted procedure, lacrimal system	10/1/2006			X	X
69300	Otoplasty, protruding ear, with or without size reduction	10/1/2006			X	X
69399	Unlisted procedure, external ear	10/1/2006			X	X
69705	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); unilateral	1/1/2021			X	X
69706	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); bilateral	1/1/2021			X	X
69714	Implantation, osseointegrated implant, skull; with percutaneous attachment to external speech processor	1/1/2009			X	X
69716	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, within the mastoid and/or resulting in removal of less than 100 sq mm surface area of bone deep to the outer cranial cortex	1/1/2022			X	
69799	Unlisted procedure, middle ear	10/1/2006			X	X
69930	Cochlear device implantation, with or without mastoidectomy	10/1/2006			X	
69949	Unlisted procedure, inner ear	10/1/2006			X	X
70336	Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)	10/1/2006		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
70490	Computed tomography, soft tissue neck; without contrast material	10/1/2006		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
70491	Computed tomography, soft tissue neck; with contrast material(s)	10/1/2006		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	

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70492	Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections	10/1/2006		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
70498	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	10/1/2006		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
70540	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	10/1/2006		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
70542	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)	10/1/2006		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
70543	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences	10/1/2006		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
70547	Magnetic resonance angiography, neck; without contrast material(s)	10/1/2006		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
70548	Magnetic resonance angiography, neck; with contrast material(s)	10/1/2006		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
70549	Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences	10/1/2006		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
71250	Computed tomography, thorax, diagnostic; without contrast material	10/1/2006		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
71260	Computed tomography, thorax, diagnostic; with contrast material(s)	10/1/2006		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
71270	Computed tomography, thorax, diagnostic; without contrast material, followed by contrast material(s) and further sections	10/1/2006		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	

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71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	10/1/2006		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
71550	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	10/1/2006		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
71551	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s)	10/1/2006		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
71552	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences	10/1/2006		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
71555	Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	10/1/2006		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
72125	Computed tomography, cervical spine; without contrast material	10/1/2006		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
72126	Computed tomography, cervical spine; with contrast material	10/1/2006		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
72127	Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections	10/1/2006		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
72128	Computed tomography, thoracic spine; without contrast material	10/1/2006		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
72129	Computed tomography, thoracic spine; with contrast material	10/1/2006		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
72130	Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections	10/1/2006		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	

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72131	Computed tomography, lumbar spine; without contrast material	10/1/2006		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
72132	Computed tomography, lumbar spine; with contrast material	10/1/2006		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
72133	Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections	10/1/2006		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
72141	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	10/1/2006		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
72142	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)	10/1/2006		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
72146	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	10/1/2006		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
72147	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)	10/1/2006		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
72148	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	10/1/2006		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
72149	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)	10/1/2006		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
72156	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical	10/1/2006		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
72157	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic	10/1/2006		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	

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72158	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar	10/1/2006		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
72159	Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s)	10/1/2006		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
72191	Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	10/1/2006		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
72192	Computed tomography, pelvis; without contrast material	10/1/2006		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
72193	Computed tomography, pelvis; with contrast material(s)	10/1/2006		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
72194	Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections	10/1/2006		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
72195	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)	10/1/2006		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
72196	Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	10/1/2006		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
72197	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences	10/1/2006		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
72198	Magnetic resonance angiography, pelvis, with or without contrast material(s)	10/1/2006		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
73200	Computed tomography, upper extremity; without contrast material	10/1/2006		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	

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73201	Computed tomography, upper extremity; with contrast material(s)	10/1/2006		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
73202	Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections	10/1/2006		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
73206	Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	10/1/2006		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
73218	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)	10/1/2006		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
73219	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; with contrast material(s)	10/1/2006		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
73220	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	10/1/2006		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
73221	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	10/1/2006		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
73222	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; with contrast material(s)	10/1/2006		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
73223	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s), followed by contrast material(s) and further sequences	10/1/2006		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
73225	Magnetic resonance angiography, upper extremity, with or without contrast material(s)	10/1/2006		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
73700	Computed tomography, lower extremity; without contrast material	10/1/2006		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	

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73701	Computed tomography, lower extremity; with contrast material(s)	10/1/2006		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
73702	Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections	10/1/2006		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
73706	Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	10/1/2006		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
73718	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)	10/1/2006		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
73719	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s)	10/1/2006		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
73720	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	10/1/2006		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
73721	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	10/1/2006		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
73722	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; with contrast material(s)	10/1/2006		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
73723	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences	10/1/2006		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
73725	Magnetic resonance angiography, lower extremity, with or without contrast material(s)	10/1/2006		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
74150	Computed tomography, abdomen; without contrast material	10/1/2006		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	

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74160	Computed tomography, abdomen; with contrast material(s)	10/1/2006		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
74170	Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections	10/1/2006		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
74174	Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	1/1/2012		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
74175	Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	10/1/2006		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
74176	Computed tomography, abdomen and pelvis; without contrast material	1/1/2011		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
74177	Computed tomography, abdomen and pelvis; with contrast material(s)	1/1/2011		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
74178	Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	1/1/2011		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
74181	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	10/1/2006		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
74182	Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)	10/1/2006		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
74183	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences	10/1/2006		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
74185	Magnetic resonance angiography, abdomen, with or without contrast material(s)	10/1/2006		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	

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75635	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	10/1/2006		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
76390	Magnetic resonance spectroscopy	10/1/2006		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
76391	Magnetic resonance (eg, vibration) elastography	1/1/2019		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
76497	Unlisted computed tomography procedure (eg, diagnostic, interventional)	10/1/2006		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
76498	Unlisted magnetic resonance procedure (eg, diagnostic, interventional)	10/1/2006		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
76873	Ultrasound, transrectal; prostate volume study for brachytherapy treatment planning	8/1/2012		Precertification delegated to EviCore National Radiation Therapy Program	X	X
76965	Ultrasonic guidance for interstitial radioelement application	8/1/2012		Precertification delegated to EviCore National Radiation Therapy Program	X	X
77014	Computed tomography guidance for placement of radiation therapy fields	8/1/2012		Precertification delegated to EviCore National Radiation Therapy Program	X	X
77046	Magnetic resonance imaging, breast, without contrast material; unilateral	1/1/2019		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
77047	Magnetic resonance imaging, breast, without contrast material; bilateral	1/1/2019		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
77048	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	1/1/2019		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
77049	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral	1/1/2019		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
77084	Magnetic resonance (eg, proton) imaging, bone marrow blood supply	1/22/2007		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
77261	Therapeutic radiology treatment planning; simple	8/1/2012		Precertification delegated to EviCore National Radiation Therapy Program	X	X

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77262	Therapeutic radiology treatment planning; intermediate	8/1/2012		Precertification delegated to EviCore National Radiation Therapy Program	X	X
77263	Therapeutic radiology treatment planning; complex	8/1/2012		Precertification delegated to EviCore National Radiation Therapy Program	X	X
77280	Therapeutic radiology simulation-aided field setting; simple	8/1/2012		Precertification delegated to EviCore National Radiation Therapy Program	X	X
77285	Therapeutic radiology simulation-aided field setting; intermediate	8/1/2012		Precertification delegated to EviCore National Radiation Therapy Program	X	X
77290	Therapeutic radiology simulation-aided field setting; complex	8/1/2012		Precertification delegated to EviCore National Radiation Therapy Program	X	X
77293	Respiratory motion management simulation	1/1/2014		Precertification delegated to EviCore National Radiation Therapy Program	X	X
77295	3-dimensional radiotherapy plan, including dose-volume histograms	8/1/2012		Precertification delegated to EviCore National Radiation Therapy Program	X	X
77300	Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, only when prescribed by the treating physician	8/1/2012		Precertification delegated to EviCore National Radiation Therapy Program	X	X
77301	Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications	8/1/2012		Precertification delegated to EviCore National Radiation Therapy Program	X	X
77306	Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)	1/1/2015		Precertification delegated to EviCore National Radiation Therapy Program	X	X
77307	Teletherapy isodose plan; complex (multiple treatment areas, tangential ports, the use of wedges, blocking, rotational beam, or special beam considerations), includes basic dosimetry calculation(s)	1/1/2015		Precertification delegated to EviCore National Radiation Therapy Program	X	X
77316	Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)	1/1/2015		Precertification delegated to EviCore National Radiation Therapy Program	X	X
77317	Brachytherapy isodose plan; intermediate (calculation[s] made from 5 to 10 sources, or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s)	1/1/2015		Precertification delegated to EviCore National Radiation Therapy Program	X	X
77318	Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)	1/1/2015		Precertification delegated to EviCore National Radiation Therapy Program	X	X
77321	Special teletherapy port plan, particles, hemibody, total body	8/1/2012		Precertification delegated to EviCore National Radiation Therapy Program	X	X
77331	Special dosimetry (eg, TLD, microdosimetry) (specify), only when prescribed by the treating physician	8/1/2012		Precertification delegated to EviCore National Radiation Therapy Program	X	X
77332	Treatment devices, design and construction; simple (simple block, simple bolus)	8/1/2012		Precertification delegated to EviCore National Radiation Therapy Program	X	X
77333	Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus)	8/1/2012		Precertification delegated to EviCore National Radiation Therapy Program	X	X

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77334	Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts)	8/1/2012		Precertification delegated to EviCore National Radiation Therapy Program	X	X
77336	Continuing medical physics consultation, including assessment of treatment parameters, quality assurance of dose delivery, and review of patient treatment documentation in support of the radiation oncologist, reported per week of therapy	8/1/2012		Precertification delegated to EviCore National Radiation Therapy Program	X	X
77338	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan	8/1/2012		Precertification delegated to EviCore National Radiation Therapy Program	X	X
77370	Special medical radiation physics consultation	8/1/2012		Precertification delegated to EviCore National Radiation Therapy Program	X	X
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based	8/1/2012		Precertification delegated to EviCore National Radiation Therapy Program	X	X
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based	8/1/2012		Precertification delegated to EviCore National Radiation Therapy Program	X	X
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	10/1/2006		Precertification delegated to EviCore National Radiation Therapy Program	X	X
77385	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple	1/1/2015		Precertification delegated to EviCore National Radiation Therapy Program	X	X
77386	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex	1/1/2015		Precertification delegated to EviCore National Radiation Therapy Program	X	X
77387	Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed	1/1/2015		Precertification delegated to EviCore National Radiation Therapy Program	X	X
77399	Unlisted procedure, medical radiation physics, dosimetry and treatment devices, and special services	8/1/2012		Precertification delegated to EviCore National Radiation Therapy Program	X	X
77401	Radiation treatment delivery, superficial and/or ortho voltage, per day	8/1/2012		Precertification delegated to EviCore National Radiation Therapy Program	X	X
77402	Radiation treatment delivery, >=1 MeV; simple	8/1/2012		Precertification delegated to EviCore National Radiation Therapy Program	X	X
77407	Radiation treatment delivery, >=1 MeV; intermediate	8/1/2012		Precertification delegated to EviCore National Radiation Therapy Program	X	X
77412	Radiation treatment delivery, >=1 MeV; complex	8/1/2012		Precertification delegated to EviCore National Radiation Therapy Program	X	X
77417	Therapeutic radiology port image(s)	8/1/2012		Precertification delegated to EviCore National Radiation Therapy Program	X	X
77423	High energy neutron radiation treatment delivery, 1 or more isocenter(s) with coplanar or non-coplanar geometry with blocking and/or wedge, and/or compensator(s)	11/12/2007		Precertification delegated to EviCore National Radiation Therapy Program	X	X
77424	Intraoperative radiation treatment delivery, x-ray, single treatment session	2/26/2016		Precertification delegated to EviCore National Radiation Therapy Program	X	X
77425	Intraoperative radiation treatment delivery, electrons, single treatment session	2/26/2016		Precertification delegated to EviCore National Radiation Therapy Program	X	X
77427	Radiation treatment management, 5 treatments	8/1/2012		Precertification delegated to EviCore National Radiation Therapy Program	X	X

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77431	Radiation therapy management with complete course of therapy consisting of 1 or 2 fractions only	8/1/2012		Precertification delegated to EviCore National Radiation Therapy Program	X	X
77432	Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)	8/1/2012		Precertification delegated to EviCore National Radiation Therapy Program	X	X
77435	Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	7/1/2011		Precertification delegated to EviCore National Radiation Therapy Program	X	X
77469	Intraoperative radiation treatment management	2/26/2016		Precertification delegated to EviCore National Radiation Therapy Program	X	X
77470	Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)	8/1/2012		Precertification delegated to EviCore National Radiation Therapy Program	X	X
77499	Unlisted procedure, therapeutic radiology treatment management	8/1/2012		Precertification delegated to EviCore National Radiation Therapy Program	X	X
77520	Proton treatment delivery; simple, without compensation	10/1/2006		Precertification delegated to EviCore National Radiation Therapy Program	X	X
77522	Proton treatment delivery; simple, with compensation	10/1/2006		Precertification delegated to EviCore National Radiation Therapy Program	X	X
77523	Proton treatment delivery; intermediate	10/1/2006		Precertification delegated to EviCore National Radiation Therapy Program	X	X
77525	Proton treatment delivery; complex	10/1/2006		Precertification delegated to EviCore National Radiation Therapy Program	X	X
77750	Infusion or instillation of radioelement solution (includes 3-month follow-up care)	8/1/2012		Precertification delegated to EviCore National Radiation Therapy Program	X	X
77761	Intracavitary radiation source application; simple	1/22/2007		Precertification delegated to EviCore National Radiation Therapy Program	X	X
77762	Intracavitary radiation source application; intermediate	1/22/2007		Precertification delegated to EviCore National Radiation Therapy Program	X	X
77763	Intracavitary radiation source application; complex	1/22/2007		Precertification delegated to EviCore National Radiation Therapy Program	X	X
77767	Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel	1/1/2016		Precertification delegated to EviCore National Radiation Therapy Program	X	X
77768	Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions	1/1/2016		Precertification delegated to EviCore National Radiation Therapy Program	X	X
77770	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel	1/1/2016		Precertification delegated to EviCore National Radiation Therapy Program	X	X
77771	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels	1/1/2016		Precertification delegated to EviCore National Radiation Therapy Program	X	X
77772	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels	1/1/2016		Precertification delegated to EviCore National Radiation Therapy Program	X	X
77778	Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source, when performed	1/22/2007		Precertification delegated to EviCore National Radiation Therapy Program	X	X

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77789	Surface application of low dose rate radionuclide source	8/1/2012		Precertification delegated to EviCore National Radiation Therapy Program	X	X
77790	Supervision, handling, loading of radiation source	8/1/2012		Precertification delegated to EviCore National Radiation Therapy Program	X	X
77799	Unlisted procedure, clinical brachytherapy	10/1/2006		Precertification delegated to EviCore National Radiation Therapy Program	X	X
78429	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	1/1/2020		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
78430	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	1/1/2020		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
78431	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	1/1/2020		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
78432	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability);	1/1/2020		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
78433	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); with concurrently acquired computed tomography transmission scan	1/1/2020		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
78434	Absolute quantitation of myocardial blood flow (AQMBF), positron emission tomography (PET), rest and pharmacologic stress	1/1/2020		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study;	10/1/2006		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
78491	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic)	10/1/2006		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
78492	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic)	10/1/2006		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
78608	Brain imaging, positron emission tomography (PET); metabolic evaluation	10/1/2006		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	

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78609	Brain imaging, positron emission tomography (PET); perfusion evaluation	10/1/2006		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
78811	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)	10/1/2006		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
78812	Positron emission tomography (PET) imaging; skull base to mid-thigh	10/1/2006		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
78813	Positron emission tomography (PET) imaging; whole body	10/1/2006		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
78814	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)	10/1/2006		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
78815	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh	10/1/2006		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
78816	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	10/1/2006		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
79005	Radiopharmaceutical therapy, by oral administration	10/25/2019		Precertification delegated to EviCore National Radiation Therapy Program	X	X
81162	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis (ie, detection of large gene rearrangements)	1/1/2016		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
81163	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	1/1/2019		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	

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81164	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	1/1/2019		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
81165	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	1/1/2019		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
81166	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	1/1/2019		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
81167	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	1/1/2019		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
81195	Cytogenomic (genome-wide) analysis, hematologic malignancy, structural variants and copy number variants, optical genome mapping (OGM)	1/1/2025		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
81212	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; 185delAG, 5385insC, 6174delT variants	1/1/2012		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
81215	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	1/1/2012		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	

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81216	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	1/1/2012		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
81217	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	1/1/2012		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
81223	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; full gene sequence	2/17/2014		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
81226	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *9, *10, *17, *19, *29, *35, *41, *1XN, *2XN, *4XN)	1/1/2012		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
81228	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number variants, comparative genomic hybridization [CGH] microarray analysis	2/18/2013		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
81277	Cytogenomic neoplasia (genome-wide) microarray analysis, interrogation of genomic regions for copy number and loss-of-heterozygosity variants for chromosomal abnormalities	1/1/2020		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
81292	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	2/18/2013		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	

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81293	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	2/18/2013		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
81294	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	2/18/2013		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
81295	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	2/18/2013		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
81296	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	2/18/2013		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
81297	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	2/18/2013		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
81298	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	2/18/2013		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
81299	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	2/18/2013		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	

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81300	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	2/18/2013		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
81307	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; full gene sequence	1/1/2020		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
81308	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; known familial variant	1/1/2020		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
81313	PCA3/KLK3 (prostate cancer antigen 3 [non-protein coding]/kallikrein-related peptidase 3 [prostate specific antigen]) ratio (eg, prostate cancer)	1/1/2015		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
81317	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	2/18/2013		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
81318	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	2/18/2013		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
81319	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	2/18/2013		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	

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81321	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; full sequence analysis	1/1/2013		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
81322	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; known familial variant	1/1/2013		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
81323	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; duplication/deletion variant	1/1/2013		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
81349	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number and loss-of-heterozygosity variants, low-pass sequencing analysis	1/1/2022		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
81410	Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome); genomic sequence analysis panel, must include sequencing of at least 9 genes, including FBN1, TGFBR1, TGFBR2, COL3A1, MYH11, ACTA2, SLC2A10, SMAD3, and MYLK	1/1/2015		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
81411	Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome); duplication/deletion analysis panel, must include analyses for TGFBR1, TGFBR2, MYH11, and COL3A1	1/1/2015		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
81413	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); genomic sequence analysis panel, must include sequencing of at least 10 genes, including ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, RYR2, and SCN5A	1/1/2017		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	

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81414	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); duplication/deletion gene analysis panel, must include analysis of at least 2 genes, including KCNH2 and KCNQ1	1/1/2017		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
81415	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis	1/1/2015		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
81416	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator exome (eg, parents, siblings)	1/1/2015		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
81417	Exome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained exome sequence (eg, updated knowledge or unrelated condition/syndrome)	1/1/2015		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
81425	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis	1/1/2015		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
81426	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator genome (eg, parents, siblings)	1/1/2015		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
81430	Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); genomic sequence analysis panel, must include sequencing of at least 60 genes, including CDH23, CLRN1, GJB2, GPR98, MTRNR1, MYO7A, MYO15A, PCDH15, OTOF, SLC26A4, TMC1, TMPRSS3, USH1C, USH1G, USH2A, and WFS1	1/1/2015		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	

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81431	Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); duplication/deletion analysis panel, must include copy number analyses for STRC and DFNB1 deletions in GJB2 and GJB6 genes	1/1/2015		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
81434	Hereditary retinal disorders (eg, retinitis pigmentosa, Leber congenital amaurosis, cone-rod dystrophy), genomic sequence analysis panel, must include sequencing of at least 15 genes, including ABCA4, CNGA1, CRB1, EYS, PDE6A, PDE6B, PRPF31, PRPH2, RDH12, RHO, RP1, RP2, RPE65, RPGR, and USH2A	1/1/2016		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
81437	Hereditary neuroendocrine tumor-related disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma), genomic sequence analysis panel, 5 or more genes, interrogation for sequence variants and copy number variants	1/1/2016		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
81439	Hereditary cardiomyopathy (eg, hypertrophic cardiomyopathy, dilated cardiomyopathy, arrhythmogenic right ventricular cardiomyopathy), genomic sequence analysis panel, must include sequencing of at least 5 cardiomyopathy-related genes (eg, DSG2, MYBPC3, MYH7, PKP2, TTN)	1/1/2017		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
81440	Nuclear encoded mitochondrial genes (eg, neurologic or myopathic phenotypes), genomic sequence panel, must include analysis of at least 100 genes, including BCS1L, C10orf2, COQ2, COX10, DGUOK, MPV17, OPA1, PDSS2, POLG, POLG2, RRM2B, SCO1, SCO2, SLC25A4, SUCLA2, SUCLG1, TAZ, TK2, and TYMP	1/1/2015		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
81442	Noonan spectrum disorders (eg, Noonan syndrome, cardio-facio-cutaneous syndrome, Costello syndrome, LEOPARD syndrome, Noonan-like syndrome), genomic sequence analysis panel, must include sequencing of at least 12 genes, including BRAF, CBL, HRAS, KRAS, MAP2K1, MAP2K2, NRAS, PTPN11, RAF1, RIT1, SHOC2, and SOS1	1/1/2016		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
81448	Hereditary peripheral neuropathies (eg, Charcot-Marie-Tooth, spastic paraplegia), genomic sequence analysis panel, must include sequencing of at least 5 peripheral neuropathy-related genes (eg, BSCL2, GJB1, MFN2, MPZ, REEP1, SPAST, SPG11, SPTLC1)	1/1/2018		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	

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81449	Solid organ neoplasm, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants and copy number variants or rearrangements, if performed; RNA analysis	4/28/2023		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
81451	Hematolymphoid neoplasm or disorder, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; RNA analysis	4/28/2023		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
81455	Solid organ or hematolymphoid neoplasm or disorder, 51 or greater genes, genomic sequence analysis panel, interrogation for sequence variants and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; DNA analysis or combined DNA and RNA analysis	4/28/2023		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
81456	Solid organ or hematolymphoid neoplasm or disorder, 51 or greater genes, genomic sequence analysis panel, interrogation for sequence variants and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; RNA analysis	1/1/2023		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
81457	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, microsatellite instability	1/1/2024		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
81458	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, copy number variants and microsatellite instability	1/1/2024		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
81459	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants, microsatellite instability, tumor mutation burden, and rearrangements	1/1/2024		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	

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81460	Whole mitochondrial genome (eg, Leigh syndrome, mitochondrial encephalomyopathy, lactic acidosis, and stroke-like episodes [MELAS], myoclonic epilepsy with ragged-red fibers [MERFF], neuropathy, ataxia, and retinitis pigmentosa [NARP], Leber hereditary optic neuropathy [LHON]), genomic sequence, must include sequence analysis of entire mitochondrial genome with heteroplasmy detection	1/1/2015		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
81462	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants and rearrangements	1/1/2024		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
81463	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis, copy number variants, and microsatellite instability	1/1/2024		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
81464	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants, microsatellite instability, tumor mutation burden, and rearrangements	1/1/2024		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
81465	Whole mitochondrial genome large deletion analysis panel (eg, Kearns-Sayre syndrome, chronic progressive external ophthalmoplegia), including heteroplasmy detection, if performed	1/1/2015		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
81470	X-linked intellectual disability (XLID) (eg, syndromic and non-syndromic XLID); genomic sequence analysis panel, must include sequencing of at least 60 genes, including ARX, ATRX, CDKL5, FGD1, FMR1, HUWE1, IL1RAPL, KDM5C, L1CAM, MECP2, MED12, MID1, OCRL, RPS6KA3, and SLC16A2	1/1/2015		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
81471	X-linked intellectual disability (XLID) (eg, syndromic and non-syndromic XLID); duplication/deletion gene analysis, must include analysis of at least 60 genes, including ARX, ATRX, CDKL5, FGD1, FMR1, HUWE1, IL1RAPL, KDM5C, L1CAM, MECP2, MED12, MID1, OCRL, RPS6KA3, and SLC16A2	1/1/2015		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	

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81479	Unlisted molecular pathology procedure	1/1/2013		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
81518	Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 11 genes (7 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithms reported as percentage risk for metastatic recurrence and likelihood of benefit from extended endocrine therapy	1/1/2019		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
81529	Oncology (cutaneous melanoma), mRNA, gene expression profiling by real-time RT-PCR of 31 genes (28 content and 3 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence risk, including likelihood of sentinel lymph node metastasis	1/1/2021		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
81538	Oncology (lung), mass spectrometric 8-protein signature, including amyloid A, utilizing serum, prognostic and predictive algorithm reported as good versus poor overall survival	1/1/2016		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
81542	Oncology (prostate), mRNA, microarray gene expression profiling of 22 content genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as metastasis risk score	1/1/2020		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
81552	Oncology (uveal melanoma), mRNA, gene expression profiling by real-time RT-PCR of 15 genes (12 content and 3 housekeeping), utilizing fine needle aspirate or formalin-fixed paraffin-embedded tissue, algorithm reported as risk of metastasis	1/1/2020		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
81554	Pulmonary disease (idiopathic pulmonary fibrosis [IPF]), mRNA, gene expression analysis of 190 genes, utilizing transbronchial biopsies, diagnostic algorithm reported as categorical result (eg, positive or negative for high probability of usual interstitial pneumonia [UIP])	1/1/2021		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	

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81558	Transplantation medicine (allograft rejection, kidney), mRNA, gene expression profiling by quantitative polymerase chain reaction (qPCR) of 139 genes, utilizing whole blood, algorithm reported as a binary categorization as transplant excellence, which indicates immune quiescence, or not transplant excellence, indicating subclinical rejection	1/1/2025			X	X
81595	Cardiology (heart transplant), mRNA, gene expression profiling by real-time quantitative PCR of 20 genes (11 content and 9 housekeeping), utilizing subfraction of peripheral blood, algorithm reported as a rejection risk score	1/1/2016			X	
81599	Unlisted multianalyte assay with algorithmic analysis	9/27/2024		Precertification delegated to EviCore Molecular Laboratory Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
86950	Leukocyte transfusion	1/1/1993			X	X
89251	Culture of oocyte(s)/embryo(s), less than 4 days; with co-culture of oocyte(s)/embryos	10/1/2006			X	X
89335	Cryopreservation, reproductive tissue, testicular	10/1/2006			X	X
89344	Storage (per year); reproductive tissue, testicular/ovarian	10/1/2006			X	X
89346	Storage (per year); oocyte(s)	10/1/2006			X	
89354	Thawing of cryopreserved; reproductive tissue, testicular/ovarian	10/1/2006			X	X
89356	Thawing of cryopreserved; oocytes, each aliquot	10/1/2006			X	
90283	Immune globulin (IgIV), human, for intravenous use	3/17/2008			X	X
90284	Immune globulin (SCIg), human, for use in subcutaneous infusions, 100 mg, each	8/19/2013			X	X
90378	Respiratory syncytial virus, monoclonal antibody, recombinant, for intramuscular use, 50 mg, each	10/1/2006			X	X
90399	Unlisted immune globulin	8/17/2009			X	X
90867	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management	1/1/2011			X	

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90868	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session	1/1/2011			X	
90869	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management	1/1/2012			X	
90899	Unlisted psychiatric service or procedure	2/16/2015			X	X
91299	Unlisted diagnostic gastroenterology procedure	10/1/2006			X	X
93451	Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed	2/17/2014		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
93452	Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	2/17/2014		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
93453	Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	2/17/2014		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
93454	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;	2/17/2014		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
93455	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography	2/17/2014		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
93456	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization	2/17/2014		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
93457	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization	2/17/2014		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
93458	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed	2/17/2014		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	

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93459	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography	2/17/2014		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
93460	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed	2/17/2014		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
93461	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography	2/17/2014		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
93580	Percutaneous transcatheter closure of congenital interatrial communication (ie, Fontan fenestration, atrial septal defect) with implant	10/1/2006			X	
93581	Percutaneous transcatheter closure of a congenital ventricular septal defect with implant	2/1/2021			X	
93582	Percutaneous transcatheter closure of patent ductus arteriosus	1/1/2014			X	
93583	Percutaneous transcatheter septal reduction therapy (eg, alcohol septal ablation) including temporary pacemaker insertion when performed	1/1/2017			X	
93619	Comprehensive electrophysiologic evaluation with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording, including insertion and repositioning of multiple electrode catheters, without induction or attempted induction of arrhythmia	1/1/2019			X	
93620	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording	1/1/2019			X	
93621	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left atrial pacing and recording from coronary sinus or left atrium	1/1/2019			X	
93622	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left ventricular pacing and recording	1/1/2019			X	
93653	Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording and catheter ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping, right ventricular pacing and recording, left atrial pacing and recording from coronary sinus or left atrium, and His bundle recording, when performed; with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re-entry	7/1/2018			X	

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93654	Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording and catheter ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping, right ventricular pacing and recording, left atrial pacing and recording from coronary sinus or left atrium, and His bundle recording, when performed; with treatment of ventricular tachycardia or focus of ventricular ectopy including left ventricular pacing and recording, when performed	1/1/2019			X	
93655	Intracardiac catheter ablation of a discrete mechanism of arrhythmia which is distinct from the primary ablated mechanism, including repeat diagnostic maneuvers, to treat a spontaneous or induced arrhythmia	1/1/2019			X	
93656	Comprehensive electrophysiologic evaluation with transseptal catheterizations, insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia including left or right atrial pacing/recording, and intracardiac catheter ablation of atrial fibrillation by pulmonary vein isolation, including intracardiac electrophysiologic 3-dimensional mapping, intracardiac echocardiography with imaging supervision and interpretation, right ventricular pacing/recording, and His bundle recording, when performed	7/1/2018			X	
93657	Additional linear or focal intracardiac catheter ablation of the left or right atrium for treatment of atrial fibrillation remaining after completion of pulmonary vein isolation	7/1/2018			X	
93799	Unlisted cardiovascular service or procedure	10/1/2006			X	X
94799	Unlisted pulmonary service or procedure	10/1/2006			X	X
95782	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	1/1/2013		Precertification delegated to EviCore Sleep Management Program	X	
95783	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bi-level ventilation, attended by a technologist	1/1/2013		Precertification delegated to EviCore Sleep Management Program	X	
95805	Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness	2/18/2013		Precertification delegated to EviCore Sleep Management Program	X	
95807	Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist	2/18/2013		Precertification delegated to EviCore Sleep Management Program	X	
95808	Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist	2/18/2013		Precertification delegated to EviCore Sleep Management Program	X	
95810	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	2/18/2013		Precertification delegated to EviCore Sleep Management Program	X	
95811	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist	2/18/2013		Precertification delegated to EviCore Sleep Management Program	X	
96920	Excimer laser treatment for psoriasis; total area less than 250 sq cm	10/1/2006			X	X

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96921	Excimer laser treatment for psoriasis; 250 sq cm to 500 sq cm	10/1/2006			X	X
96922	Excimer laser treatment for psoriasis; over 500 sq cm	10/1/2006			X	X
97153	Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 15 minutes	1/1/2019			X	
97154	Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes	1/1/2019			X	
97155	Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes	1/1/2019			X	
97156	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes	1/1/2019			X	
97157	Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, each 15 minutes	1/1/2019			X	
97158	Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes	1/1/2019			X	
97610	Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day	1/1/2014			X	
99183	Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session	10/1/2006			X	
99199	Unlisted special service, procedure or report	10/1/2006			X	X
99512	Home visit for hemodialysis	2/16/2015			X	
A0140	Non-emergency transportation and air travel (private or commercial) intra or inter state	1/1/2009			X	
A0430	Ambulance service, conventional air services, transport, one way (fixed wing)	1/1/2001			X	
A0435	Fixed wing air mileage, per statute mile	1/1/2001			X	
A2004	Xcellistem, 1 mg	1/1/2022			X	X
A2005	Microlyte matrix, per square centimeter	1/1/2022			X	X
A2019	Kerecis omega3 marigen shield, per square centimeter	4/28/2023			X	X
A2020	Ac5 advanced wound system (ac5)	4/28/2023			X	X
A2021	Neomatrix, per square centimeter	4/28/2023			X	X
A4238	Supply allowance for adjunctive, non-implanted continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service	4/1/2022			X	

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A4239	Supply allowance for non-adjunctive, non-implanted continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service	1/1/2023			X	
A9276	Sensor; invasive (e.g., subcutaneous), disposable, for use with non-durable medical equipment interstitial continuous glucose monitoring system, one unit = 1 day supply	7/1/2021			X	
A9277	Transmitter; external, for use with non-durable medical equipment interstitial continuous glucose monitoring system	7/1/2021			X	
A9278	Receiver (monitor); external, for use with non-durable medical equipment interstitial continuous glucose monitoring system	7/1/2021			X	
A9513	Lutetium lu 177, dotatate, therapeutic, 1 millicurie	1/1/2019		Precertification delegated to EviCore National Radiation Therapy Program	X	X
A9606	Radium ra-223 dichloride, therapeutic, per microcurie	2/27/2016		Precertification delegated to EviCore National Radiation Therapy Program	X	X
A9607	Lutetium lu 177 vipivotide tetraxetan, therapeutic, 1 millicurie	10/1/2022		Precertification delegated to EviCore National Radiation Therapy Program	X	X
A9699	Radiopharmaceutical, therapeutic, not otherwise classified	4/1/2014		Precertification delegated to EviCore National Radiation Therapy Program	X	X
B4187	Omegaven, 10 grams lipids	1/1/2020			X	X
C1062	Intravertebral body fracture augmentation with implant (e.g., metal, polymer)	1/1/2021		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
C1764	Event recorder, cardiac (implantable)	10/25/2019			X	
C1767	Generator, neurostimulator (implantable), non-rechargeable	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program if submitted with another code managed by eviCore; otherwise, Cigna will handle precertification request; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
C1772	Infusion pump, programmable (implantable)	7/1/2021		Precertification delegated to EviCore Musculoskeletal (MSK) Program if submitted with another code managed by eviCore; otherwise, Cigna will handle precertification request; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
C1778	Lead, neurostimulator (implantable)	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program if submitted with another code managed by eviCore; otherwise, Cigna will handle precertification request; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	

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C1787	Patient programmer, neurostimulator	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program if submitted with another code managed by eviCore; otherwise, Cigna will handle precertification request; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
C1816	Receiver and/or transmitter, neurostimulator (implantable)	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program if submitted with another code managed by eviCore; otherwise, Cigna will handle precertification request; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
C1820	Generator, neurostimulator (implantable), with rechargeable battery and charging system	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program if submitted with another code managed by eviCore; otherwise, Cigna will handle precertification request; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
C1821	Interspinous process distraction device (implantable)	1/1/2007		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	X
C1822	Generator, neurostimulator (implantable), high frequency, with rechargeable battery and charging system	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program if submitted with another code managed by eviCore; otherwise, Cigna will handle precertification request; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
C1824	Generator, cardiac contractility modulation (implantable)	1/1/2020			X	
C1825	Generator, neurostimulator (implantable), non-rechargeable with carotid sinus baroreceptor stimulation lead(s)	1/1/2021			X	
C1839	Iris prosthesis	1/1/2020			X	X
C1883	Adapter/extension, pacing lead or neurostimulator lead (implantable)	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program if submitted with another code managed by eviCore; otherwise, Cigna will handle precertification request; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
C1889	Implantable/insertable device, not otherwise classified	1/1/2017			X	X
C1897	Lead, neurostimulator test kit (implantable)	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program if submitted with another code managed by eviCore; otherwise, Cigna will handle precertification request; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	

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C2614	Probe, percutaneous lumbar discectomy	1/1/2003		Precertification delegated to EviCore Spine Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	X
C2624	Implantable wireless pulmonary artery pressure sensor with delivery catheter, including all system components	1/1/2015			X	X
C5271	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	1/1/2014			X	
C5273	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	1/1/2014			X	
C5275	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	1/1/2014			X	
C7557	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed and intraprocedural coronary fractional flow reserve (ffr) with 3d functional mapping of color-coded ffr values for the coronary tree, derived from coronary angiogram data, for real-time review and interpretation of possible atherosclerotic stenosis(es) intervention	1/1/2025		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
C8002	Preparation of skin cell suspension autograft, automated, including all enzymatic processing and device components (do not report with manual suspension preparation)	1/1/2025			X	
C8003	Implantation of medial knee extraarticular implantable shock absorber spanning the knee joint from distal femur to proximal tibia, open, includes measurements, positioning and adjustments, with imaging guidance (eg, fluoroscopy)	1/1/2025			X	X
C8900	Magnetic resonance angiography with contrast, abdomen	10/1/2001		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
C8901	Magnetic resonance angiography without contrast, abdomen	10/1/2001		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
C8902	Magnetic resonance angiography without contrast followed by with contrast, abdomen	10/1/2001		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	

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C8903	Magnetic resonance imaging with contrast, breast; unilateral	10/1/2001		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
C8905	Magnetic resonance imaging without contrast followed by with contrast, breast; unilateral	10/1/2001		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
C8906	Magnetic resonance imaging with contrast, breast; bilateral	10/1/2001		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
C8908	Magnetic resonance imaging without contrast followed by with contrast, breast; bilateral	10/1/2001		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
C8909	Magnetic resonance angiography with contrast, chest (excluding myocardium)	10/1/2001		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
C8910	Magnetic resonance angiography without contrast, chest (excluding myocardium)	10/1/2001		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
C8911	Magnetic resonance angiography without contrast followed by with contrast, chest (excluding myocardium)	10/1/2001		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
C8912	Magnetic resonance angiography with contrast, lower extremity	10/1/2001		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
C8913	Magnetic resonance angiography without contrast, lower extremity	10/1/2001		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
C8914	Magnetic resonance angiography without contrast followed by with contrast, lower extremity	10/1/2001		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
C8918	Magnetic resonance angiography with contrast, pelvis	7/1/2003		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	

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C8919	Magnetic resonance angiography without contrast, pelvis	7/1/2003		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
C8920	Magnetic resonance angiography without contrast followed by with contrast, pelvis	7/1/2003		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
C8931	Magnetic resonance angiography with contrast, spinal canal and contents	10/1/2010		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
C8932	Magnetic resonance angiography without contrast, spinal canal and contents	10/1/2010		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
C8933	Magnetic resonance angiography without contrast followed by with contrast, spinal canal and contents	10/1/2010		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
C8934	Magnetic resonance angiography with contrast, upper extremity	10/1/2010		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
C8935	Magnetic resonance angiography without contrast, upper extremity	10/1/2010		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
C8936	Magnetic resonance angiography without contrast followed by with contrast, upper extremity	10/1/2010		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
C8937	Computer-aided detection, including computer algorithm analysis of breast mri image data for lesion detection/characterization, pharmacokinetic analysis, with further physician review for interpretation	1/1/2019		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
C9047	Injection, caplacizumab-yhdp, 1 mg	7/1/2019			X	X
C9173	Injection, filgrastim-txld (nypozi), biosimilar, 1 microgram	1/1/2025		Precertification delegated to EviCore Medical Oncology Program for oncology diagnoses. Requests for non-oncology indications should be submitted to Cigna.	X	X
C9174	Injection, datopotamab deruxtecan-dlnk, 1 mg	7/1/2025		Precertification delegated to EviCore Medical Oncology Program	X	X
C9175	Injection, treosulfan, 50 mg	7/1/2025		Precertification delegated to EviCore Medical Oncology Program	X	X

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Code	Code Description	Precert Effective Date	Precert Removal Date	Comments	Complete/PHS+ /Preferred	Basic Standard
C9301	Obecabtagene autoleucel, up to 410 million cd19 car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	4/1/2025			X	X
C9302	Injection, zanidatamab-hrii, 2 mg	4/1/2025		Precertification delegated to EviCore Medical Oncology Program	X	X
C9303	Injection, zolbetuximab-clzb, 1 mg	4/1/2025		Precertification delegated to EviCore Medical Oncology Program	X	X
C9304	Injection, marstacimab-hncq, 0.5 mg	4/1/2025			X	X
C9352	Microporous collagen implantable tube (neuragen nerve guide), per centimeter length	8/18/2014			X	X
C9353	Microporous collagen implantable slit tube (neurawrap nerve protector), per centimeter length	8/18/2014			X	X
C9358	Dermal substitute, native, non-denatured collagen, fetal bovine origin (surgimend collagen matrix), per 0.5 square centimeters	2/6/2012			X	X
C9360	Dermal substitute, native, non-denatured collagen, neonatal bovine origin (surgimend collagen matrix), per 0.5 square centimeters	2/6/2012			X	X
C9364	Porcine implant, permacol, per square centimeter	7/1/2009			X	X
C9399	Unclassified drugs or biologicals	8/6/2012		Precertification delegated to EviCore Medical Oncology Program for oncology diagnoses. Requests for non-oncology indications should be submitted to Cigna.	X	X
C9726	Placement and removal (if performed) of applicator into breast for intraoperative radiation therapy, add-on to primary breast procedure	8/1/2012		Precertification delegated to EviCore National Radiation Therapy Program	X	X
C9727	Insertion of implants into the soft palate; minimum of three implants	10/1/2006			X	X
C9734	Focused ultrasound ablation/therapeutic intervention, other than uterine leiomyomata, with magnetic resonance (mr) guidance	2/17/2014			X	
C9762	Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with strain imaging	7/1/2020		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
C9763	Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with stress imaging	7/1/2020		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
C9764	Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy, includes angioplasty within the same vessel(s), when performed	7/1/2020		Precertification delegated to EviCore Vascular Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	X

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C9767	Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy and transluminal stent placement(s), and atherectomy, includes angioplasty within the same vessel(s), when performed	7/1/2020		Precertification delegated to EviCore Vascular Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	X
C9772	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies), with intravascular lithotripsy, includes angioplasty within the same vessel (s), when performed	1/1/2021		Precertification delegated to EviCore Vascular Program. Effective 11/01/2024, ASO, Payer Solution, and Fully Insured Commercial customers (except for clients who opt out; and/or Global/SAR, and/or services in CareLink or MVP networks). Global/SAR customers will continue to be managed by Care Allies.	X	
C9784	Gastric restrictive procedure, endoscopic sleeve gastropasty, with esophagogastroduodenoscopy and intraluminal tube insertion, if performed, including all system and tissue anchoring components	1/1/2025			X	
C9785	Endoscopic outlet reduction, gastric pouch application, with endoscopy and intraluminal tube insertion, if performed, including all system and tissue anchoring components	1/1/2025			X	
C9791	Magnetic resonance imaging with inhaled hyperpolarized xenon-129 contrast agent, chest, including preparation and administration of agent	7/26/2024		Precertification delegate to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
C9793	3d predictive model generation for pre-planning of a cardiac procedure, using data from cardiac computed tomographic angiography with report	1/1/2025		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
C9807	Nerve stimulator, percutaneous, peripheral (e.g., sprint peripheral nerve stimulation system), including electrode and all disposable system components, non-opioid medical device (must be a qualifying medicare non-opioid medical device for post-surgical pain relief in accordance with section 4135 of the caa, 2023)	1/1/2025			X	
C9808	Nerve cryoablation probe (e.g., cryoice, cryosphere, cryosphere max, cryoice cryosphere, cryoice cryo2), including probe and all disposable system components, non-opioid medical device (must be a qualifying medicare non-opioid medical device for post-surgical pain relief in accordance with section 4135 of the caa, 2023)	1/1/2025			X	X
C9809	Cryoablation needle (e.g., iovera system), including needle/tip and all disposable system components, non-opioid medical device (must be a qualifying medicare non-opioid medical device for post-surgical pain relief in accordance with section 4135 of the caa, 2023)	1/1/2025			X	X
D7880	occlusal orthotic device, by report	1/1/2001			X	
E0466	Home ventilator, any type, used with non-invasive interface, (e.g., mask, chest shell)	1/1/2020			X	
E0467	Home ventilator, multi-function respiratory device, also performs any or all of the additional functions of oxygen concentration, drug nebulization, aspiration, and cough stimulation, includes all accessories, components and supplies for all functions	1/1/2019			X	

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E0468	Home ventilator, dual-function respiratory device, also performs additional function of cough stimulation, includes all accessories, components and supplies for all functions	4/1/2024			X	
E0481	Intrapulmonary percussive ventilation system and related accessories	2/6/2012			X	X
E0483	High frequency chest wall oscillation system, with full anterior and/or posterior thoracic region receiving simultaneous external oscillation, includes all accessories and supplies, each	2/6/2012			X	
E0492	Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, controlled by phone application	1/1/2024		Precertification delegated to EviCore Sleep Management Program effective 5/30/2025	X	
E0530	Electronic positional obstructive sleep apnea treatment, with sensor, includes all components and accessories, any type	1/1/2024		Precertification delegated to EviCore Sleep Management Program effective 5/30/2025	X	
E0627	Seat lift mechanism, electric, any type	10/1/2006			X	
E0637	Combination sit to stand frame/table system, any size including pediatric, with seat lift feature, with or without wheels	1/1/2004			X	
E0638	Standing frame/table system, one position (e.g., upright, supine or prone stander), any size including pediatric, with or without wheels	1/1/2004			X	
E0640	Patient lift, fixed system, includes all components/accessories	1/1/2005			X	
E0641	Standing frame/table system, multi-position (e.g., three-way stander), any size including pediatric, with or without wheels	1/1/2006			X	
E0642	Standing frame/table system, mobile (dynamic stander), any size including pediatric	1/1/2006			X	
E0677	Non-pneumatic sequential compression garment, trunk	4/28/2023			X	
E0678	Non-pneumatic sequential compression garment, full leg	1/1/2024			X	
E0679	Non-pneumatic sequential compression garment, half leg	1/1/2024			X	
E0680	Non-pneumatic compression controller with sequential calibrated gradient pressure	1/1/2024			X	
E0682	Non-pneumatic sequential compression garment, full arm	1/1/2024			X	
E0683	Non-pneumatic, non-sequential, peristaltic wave compression pump	10/1/2024			X	
E0721	Transcutaneous electrical nerve stimulator for nerves in the auricular region	10/1/2024			X	
E0736	Transcutaneous tibial nerve stimulator	4/1/2024			X	

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E0738	Upper extremity rehabilitation system providing active assistance to facilitate muscle re-education, include microprocessor, all components and accessories	4/1/2024			X	
E0739	Rehabilitation system with interactive interface providing active assistance in rehabilitation therapy, includes all components and accessories, motors, microprocessors, sensors	4/1/2024			X	
E0748	Osteogenesis stimulator, electrical, non-invasive, spinal applications	10/1/2006			X	
E0760	Osteogenesis stimulator, low intensity ultrasound, non-invasive	10/1/2006			X	
E0767	Intrabuccal, systemic delivery of amplitude-modulated, radiofrequency electromagnetic field device, for cancer treatment, includes all accessories	10/1/2024			X	
E0782	Infusion pump, implantable, non-programmable (includes all components, e.g., pump, catheter, connectors, etc.)	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program if submitted with another code managed by eviCore; otherwise, Cigna will handle precertification request; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
E0783	Infusion pump system, implantable, programmable (includes all components, e.g., pump, catheter, connectors, etc.)	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program if submitted with another code managed by eviCore; otherwise, Cigna will handle precertification request; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
E0785	Implantable intraspinal (epidural/intrathecal) catheter used with implantable infusion pump, replacement	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program if submitted with another code managed by eviCore; otherwise, Cigna will handle precertification request; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
E0786	Implantable programmable infusion pump, replacement (excludes implantable intraspinal catheter)	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program if submitted with another code managed by eviCore; otherwise, Cigna will handle precertification request; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
E1399	Durable medical equipment, miscellaneous	1/1/2025			X	
E1905	Virtual reality cognitive behavioral therapy device (cbt), including pre-programmed therapy software	4/28/2023			X	
E2102	Adjunctive, non-implanted continuous glucose monitor or receiver	4/1/2022			X	
E2103	Non-adjunctive, non-implanted continuous glucose monitor or receiver	1/1/2023			X	
E2508	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device	1/1/2004			X	
E2510	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access	1/1/2004			X	
E3200	Gait modulation system, rhythmic auditory stimulation, including restricted therapy software, all components and accessories, prescription only	10/1/2024			X	

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G0138	Intravenous infusion of cipaglucosidase alfa-atga, including provider/supplier acquisition and clinical supervision of oral administration of miglustat in preparation of receipt of cipaglucosidase alfa-atga	4/1/2024			X	X
G0155	Services of clinical social worker in home health or hospice settings, each 15 minutes	10/25/2019			X	
G0156	Services of home health/hospice aide in home health or hospice settings, each 15 minutes	10/25/2019			X	
G0166	External counterpulsation, per treatment session	10/1/2006			X	
G0219	Pet imaging whole body; melanoma for non-covered indications	7/1/2001		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
G0235	Pet imaging, any site, not otherwise specified	1/1/2006		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
G0252	Pet imaging, full and partial-ring pet scanners only, for initial diagnosis of breast cancer and/or surgical planning for breast cancer (e.g., initial staging of axillary lymph nodes)	10/1/2002		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
G0260	Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agent, with or without arthrography	1/1/2003		Precertification delegated to EviCore Musculoskeletal (MSK) Program; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
G0277	Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval	1/1/2015			X	
G0299	Direct skilled nursing services of a registered nurse (rn) in the home health or hospice setting, each 15 minutes	10/25/2019			X	
G0300	Direct skilled nursing services of a licensed practical nurse (lpn) in the home health or hospice setting, each 15 minutes	10/25/2019			X	
G0337	Hospice evaluation and counseling services, pre-election	1/1/2005			X	
G0339	Image-guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session or first session of fractionated treatment	1/1/2004		Precertification delegated to EviCore National Radiation Therapy Program	X	X
G0340	Image-guided robotic linear accelerator-based stereotactic radiosurgery, delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session, second through fifth sessions, maximum five sessions per course of treatment	1/1/2004		Precertification delegated to EviCore National Radiation Therapy Program	X	X
G0341	Percutaneous islet cell transplant, includes portal vein catheterization and infusion	10/1/2004			X	X
G0342	Laparoscopy for islet cell transplant, includes portal vein catheterization and infusion	10/1/2004			X	X
G0343	Laparotomy for islet cell transplant, includes portal vein catheterization and infusion	10/1/2004			X	X

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G0422	Intensive cardiac rehabilitation; with or without continuous ecg monitoring with exercise, per session	1/1/2010			X	
G0423	Intensive cardiac rehabilitation; with or without continuous ecg monitoring; without exercise, per session	1/1/2010			X	
G0458	Low dose rate (ldr) prostate brachytherapy services, composite rate	2/27/2016		Precertification delegated to EviCore National Radiation Therapy Program	X	X
G0493	Skilled services of a registered nurse (rn) for the observation and assessment of the patient's condition, each 15 minutes (the change in the patient's condition requires skilled nursing personnel to identify and evaluate the patient's need for possible modification of treatment in the home health or hospice setting)	1/1/2017			X	
G0494	Skilled services of a licensed practical nurse (lpn) for the observation and assessment of the patient's condition, each 15 minutes (the change in the patient's condition requires skilled nursing personnel to identify and evaluate the patient's need for possible modification of treatment in the home health or hospice setting)	1/1/2017			X	
G0555	Provision of replacement patient electronics system (e.g., system pillow, handheld reader) for home pulmonary artery pressure monitoring	1/1/2025			X	X
G6001	Ultrasonic guidance for placement of radiation therapy fields	1/1/2015		Precertification delegated to EviCore National Radiation Therapy Program	X	X
G6002	Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy	1/1/2015		Precertification delegated to EviCore National Radiation Therapy Program	X	X
G6003	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: up to 5 mev	1/1/2015		Precertification delegated to EviCore National Radiation Therapy Program	X	X
G6004	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 6-10 mev	1/1/2015		Precertification delegated to EviCore National Radiation Therapy Program	X	X
G6005	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 11-19 mev	1/1/2015		Precertification delegated to EviCore National Radiation Therapy Program	X	X
G6006	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 20 mev or greater	1/1/2015		Precertification delegated to EviCore National Radiation Therapy Program	X	X
G6007	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: up to 5 mev	1/1/2015		Precertification delegated to EviCore National Radiation Therapy Program	X	X
G6008	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 6-10 mev	1/1/2015		Precertification delegated to EviCore National Radiation Therapy Program	X	X
G6009	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 11-19 mev	1/1/2015		Precertification delegated to EviCore National Radiation Therapy Program	X	X
G6010	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 20 mev or greater	1/1/2015		Precertification delegated to EviCore National Radiation Therapy Program	X	X
G6011	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5 mev	1/1/2015		Precertification delegated to EviCore National Radiation Therapy Program	X	X

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G6012	Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10 mev	1/1/2015		Precertification delegated to EviCore National Radiation Therapy Program	X	X
G6013	Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19 mev	1/1/2015		Precertification delegated to EviCore National Radiation Therapy Program	X	X
G6014	Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 mev or greater	1/1/2015		Precertification delegated to EviCore National Radiation Therapy Program	X	X
G6015	Intensity modulated treatment delivery, single or multiple fields/arcs,via narrow spatially and temporally modulated beams, binary, dynamic mlc, per treatment session	1/1/2015		Precertification delegated to EviCore National Radiation Therapy Program	X	X
G6016	Compensator-based beam modulation treatment delivery of inverse planned treatment using 3 or more high resolution (milled or cast) compensator, convergent beam modulated fields, per treatment session	1/1/2015		Precertification delegated to EviCore National Radiation Therapy Program	X	X
G6017	Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (eg,3d positional tracking, gating, 3d surface tracking), each fraction of treatment	1/1/2015		Precertification delegated to EviCore National Radiation Therapy Program	X	X
H0045	Respite care services, not in the home, per diem	1/1/2003			X	
J0129	Injection, abatacept, 10 mg	1/1/2007			X	X
J0139	Injection, adalimumab, 1 mg	1/1/2025			X	X
J0172	Injection, aducanumab-avwa, 2 mg	1/1/2022			X	X
J0174	Injection, lecanemab-irmb, 1 mg	7/6/2023			X	X
J0175	Injection, donanemab-azbt, 2 mg	7/2/2024			X	X
J0177	Injection, aflibercept hd, 1 mg	4/1/2024			X	X
J0178	Injection, aflibercept, 1 mg	1/1/2013			X	X
J0179	Injection, brolucizumab-dblj, 1 mg	1/1/2020			X	X
J0180	Injection, agalsidase beta, 1 mg	1/1/2005			X	X
J0202	Injection, alemtuzumab, 1 mg	1/1/2016			X	X
J0205	Injection, alglucerase, per 10 units	1/1/2010			X	X
J0208	Injection, sodium thiosulfate (pedmark), 100 mg	4/28/2023		Precertification delegated to EviCore Medical Oncology Program	X	X
J0215	Injection, alefacept, 0.5 mg	1/1/2004			X	X
J0217	Injection, velmanase alfa-tycv, 1 mg	1/1/2024			X	X
J0218	Injection, olipudase alfa-rpcp, 1 mg	4/28/2023			X	X
J0219	Injection, avalglucosidase alfa-ngpt, 4 mg	4/1/2022			X	X

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J0220	Injection, alglucosidase alfa, 10 mg, not otherwise specified	1/1/2008			X	X
J0221	Injection, alglucosidase alfa, (lumizyme), 10 mg	1/1/2012			X	X
J0222	Injection, Patisiran, 0.1 mg	10/1/2019			X	X
J0223	Injection, givosiran, 0.5 mg	7/1/2020			X	X
J0224	Injection, lumasiran, 0.5 mg	7/1/2021			X	X
J0225	Injection, vutrisiran, 1 mg	1/1/2023			X	X
J0256	Injection, alpha 1 proteinase inhibitor (human), not otherwise specified, 10 mg	10/1/2006			X	X
J0257	Injection, alpha 1 proteinase inhibitor (human), (glassia), 10 mg	1/1/2012			X	X
J0349	Injection, rezafungin, 1 mg	10/1/2023			X	X
J0364	Injection, apomorphine hydrochloride, 1 mg	2/6/2012			X	X
J0470	Injection, dimercaprol, per 100 mg	10/1/2006			X	X
J0485	Injection, belatacept, 1 mg	1/1/2022			X	X
J0490	Injection, belimumab, 10 mg	1/1/2012			X	X
J0491	Injection, anifrolumab-fnia, 1 mg	4/1/2022			X	X
J0517	Injection, benralizumab, 1 mg	1/1/2019			X	X
J0567	Injection, cerliponase alfa, 1 mg	1/1/2019			X	X
J0584	Injection, burosumab-twza 1 mg	1/1/2019			X	X
J0585	Injection, onabotulinumtoxina, 1 unit	10/1/2006			X	X
J0586	Injection, abobotulinumtoxina, 5 units	1/1/2010			X	X
J0587	Injection, rimabotulinumtoxinb, 100 units	1/1/2002			X	X
J0588	Injection, incobotulinumtoxin a, 1 unit	1/1/2012			X	X
J0589	Injection, daxibotulinumtoxina-lanm, 1 unit	4/1/2024			X	X
J0591	Injection, deoxycholic acid, 1 mg	7/1/2020			X	X
J0593	Injection, lanadelumab-flyo, 1 mg (code may be used for medicare when drug administered under direct supervision of a physician, not for use when drug is self-administered)	10/1/2019			X	X
J0596	Injection, c1 esterase inhibitor (recombinant), ruconest, 10 units	1/1/2016			X	X

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Code	Code Description	Precert Effective Date	Precert Removal Date	Comments	Complete/PHS+ /Preferred	Basic Standard
J0597	Injection, c-1 esterase inhibitor (human), berinert, 10 units	1/1/2011			X	X
J0598	Injection, c-1 esterase inhibitor (human), cinryze, 10 units	1/1/2010			X	X
J0599	Injection, c-1 esterase inhibitor (human), (haegarda), 10 units	1/1/2019			X	X
J0600	Injection, edetate calcium disodium, up to 1000 mg	10/1/2006			X	X
J0606	Injection, etelcalcetide, 0.1 mg	1/1/2018			X	X
J0638	Injection, canakinumab, 1 mg	1/1/2011			X	X
J0641	Injection, levoleucovorin, not otherwise specified, 0.5 mg	1/1/2018		Precertification delegated to EviCore Medical Oncology Program	X	X
J0642	Injection, levoleucovorin (khapsory), 0.5 mg	10/1/2019		Precertification delegated to EviCore Medical Oncology Program	X	X
J0717	Injection, certolizumab pegol, 1 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)	1/1/2014			X	X
J0725	Injection, chorionic gonadotropin, per 1,000 usp units	9/1/2012		NDC# must be submitted on medical claim form.	X	X
J0739	Injection, cabotegravir, 1mg, fda approved prescription, only for use as hiv pre-exposure prophylaxis (not for use as treatment for hiv)	7/1/2022			X	X
J0741	Injection, cabotegravir and rilpivirine, 2mg/3mg	10/1/2021			X	X
J0775	Injection, collagenase, clostridium histolyticum, 0.01 mg	1/1/2011			X	X
J0791	Injection, crizanlizumab-tmca, 5 mg	7/1/2020			X	X
J0801	Injection, corticotropin (acthar gel), up to 40 units	10/1/2023			X	X
J0802	Injection, corticotropin (ani), up to 40 units	10/1/2023			X	X
J0870	Injection, imetelstat, 1 mg	1/1/2025		Precertification delegated to EviCore Medical Oncology Program	X	X
J0879	Injection, difelikefalin, 0.1 microgram, (for esrd on dialysis)	4/1/2022			X	X
J0881	Injection, darbepoetin alfa, 1 microgram (non-esrd use) - Brand name: Aranesp	2/18/2013		Precertification delegated to EviCore Medical Oncology Program for oncology diagnoses. Requests for non-oncology indications should be submitted to Cigna.	X	X
J0882	Injection, darbepoetin alfa, 1 microgram (for esrd on dialysis)	2/16/2015			X	X
J0885	Injection, epoetin alfa, (for non-esrd use), 1000 units	2/18/2013		Precertification delegated to EviCore Medical Oncology Program for oncology diagnoses. Requests for non-oncology indications should be submitted to Cigna.	X	X
J0887	Injection, epoetin beta, 1 microgram, (for esrd on dialysis)	8/27/2015			X	X

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J0888	Injection, epoetin beta, 1 microgram, (for non esrd use)	1/1/2015			X	X
J0890	Injection, peginesatide, 0.1 mg (for esrd on dialysis)	1/1/2013			X	X
J0893	Injection, decitabine (sun pharma), not therapeutically equivalent to J0894, 1 mg	1/1/2023		Precertification delegated to EviCore Medical Oncology Program	X	X
J0894	Injection, decitabine, 1 mg	1/1/2018		Precertification delegated to EviCore Medical Oncology Program	X	X
J0896	Injection, luspatercept-aamt, 0.25 mg	7/1/2020			X	X
J0897	Injection, denosumab, 1 mg	2/18/2013		Precertification delegated to EviCore Medical Oncology Program for oncology diagnoses. Requests for non-oncology indications should be submitted to Cigna.	X	X
J1072	Injection, testosterone cypionate (azmiro), 1 mg	4/1/2025			X	X
J1202	Miglustat, oral, 65 mg	4/1/2024			X	X
J1203	Injection, cipaglucosidase alfa-atga, 5 mg	4/1/2024			X	X
J1290	Injection, ecallantide, 1 mg	1/1/2011			X	X
J1299	Injection, eculizumab, 2 mg	4/1/2025			X	X
J1301	Injection, edaravone, 1 mg	1/1/2019			X	X
J1302	Injection, sutimlimab-jome, 10 mg	10/1/2022			X	X
J1303	Injection, ravulizumab-cwvz, 10 mg	10/1/2019			X	X
J1304	Injection, tofersen, 1 mg	1/1/2024			X	X
J1305	Injection, evinacumab-dgnb, 5mg	10/1/2021			X	X
J1306	Injection, inclisiran, 1 mg	7/1/2022			X	X
J1307	Injection, crovalimab-akkz, 10 mg	1/1/2025			X	X
J1322	Injection, elosulfase alfa, 1 mg	1/1/2015			X	X
J1323	Injection, elranatamab-bcmm, 1 mg	4/1/2024		Precertification delegated to EviCore Medical Oncology Program	X	X
J1325	Injection, epoprostenol, 0.5 mg	10/1/2006			X	X
J1326	Injection, zolbetuximab-clzb, 2 mg	7/1/2025		Precertification delegated to EviCore Medical Oncology Program	X	X
J3391	Injection, atidarsagene autotemcel, per treatment	7/1/2025			X	X
J1411	Injection, etranacogene dezaparvovec-drlb, per therapeutic dose	4/28/2023		Precertification required for all Cigna medical management models	X	X

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J1412	Injection, valoctocogene roxaparvovec-rvox, per ml, containing nominal 2 x 10 ¹³ vector genomes	1/1/2024		Precertification required for all Cigna medical management models	X	X
J1413	Injection, delandistrogene moxeparvovec-rokl, per therapeutic dose	1/1/2024		Precertification required for all Cigna medical management models	X	X
J1414	Injection, fidanacogene elaparvovec-dzkt, per therapeutic dose	1/1/2025		Precertification required for all Cigna medical management models	X	X
J1426	Injection, casimersen, 10 mg	10/1/2021			X	X
J1427	Injection, viltolarsen, 10 mg	4/1/2021			X	X
J1428	Injection, eteplirsen, 10 mg	1/1/2018			X	X
J1429	Injection, golodirsen, 10 mg	7/1/2020			X	X
J1437	Injection, ferric derisomaltose, 10 mg	1/1/2022			X	X
J1438	Injection, etanercept, 25 mg	10/1/2006			X	X
J1439	Injection, ferric carboxymaltose, 1 mg	1/1/2022			X	X
J1440	Fecal microbiota, live - jsln, 1 ml	7/1/2023			X	X
J1442	Injection, filgrastim (g-CSF), excludes biosimilars, 1 microgram - Brand name: Neupogen	8/27/2015		Precertification delegated to EviCore Medical Oncology Program for oncology diagnoses. Requests for non-oncology indications should be submitted to Cigna.	X	X
J1447	Injection, tbo-filgrastim, 1 microgram	7/1/2021		Precertification delegated to EviCore Medical Oncology Program for oncology diagnoses. Requests for non-oncology indications should be submitted to Cigna.	X	X
J1448	Injection, trilaciclib, 1mg	10/1/2021		Precertification delegated to EviCore Medical Oncology Program	X	X
J1449	Injection, eflapegrastim-xnst, 0.1 mg	4/28/2023		Precertification delegated to EviCore Medical Oncology Program	X	X
J1458	Injection, galsulfase, 1 mg	1/1/2007			X	X
J1459	Injection, immune globulin (privigen), intravenous, non-lyophilized (e.g., liquid), 500 mg	1/1/2009			X	X
J1551	Injection, immune globulin (cutaquin), 100 mg	7/1/2022			X	X
J1552	Injection, immune globulin (alyglo), 100 mg	1/1/2025			X	X
J1554	Injection, immune globulin (asceniv), 500 mg	4/1/2021			X	X
J1555	Injection, immune globulin (cuvitru), 100 mg	1/1/2018			X	X
J1556	Injection, immune globulin (bivigam), 500 mg	1/1/2014			X	X
J1557	Injection, immune globulin, (gammalex), intravenous, non-lyophilized (e.g., liquid), 500 mg	1/1/2012			X	X

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J1558	Injection, immune globulin (xembify), 100 mg	7/1/2020			X	X
J1559	Injection, immune globulin (hizentra), 100 mg	1/1/2011			X	X
J1561	Injection, immune globulin, (gamunex-c/gammaked), non-lyophilized (e.g., liquid), 500 mg	1/1/2008			X	X
J1562	Injection, immune globulin (vivaglobin), 100 mg	1/1/2007			X	X
J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg	1/1/2006			X	X
J1568	Injection, immune globulin, (octagam), intravenous, non-lyophilized (e.g., liquid), 500 mg	1/1/2008			X	X
J1569	Injection, immune globulin, (gammagard liquid), non-lyophilized, (e.g., liquid), 500 mg	1/1/2008			X	X
J1572	Injection, immune globulin, (flebogamma/flebogamma dif), intravenous, non-lyophilized (e.g., liquid), 500 mg	1/1/2008			X	X
J1575	Injection, immune globulin/hyaluronidase, (hyqvia), 100 mg immunoglobulin	1/1/2016			X	X
J1576	Injection, immune globulin (panzyga), intravenous, non-lyophilized (e.g., liquid), 500 mg	7/1/2023			X	X
J1595	Injection, glatiramer acetate, 20 mg	1/1/2004			X	X
J1599	Injection, immune globulin, intravenous, non-lyophilized (e.g., liquid), not otherwise specified, 500 mg	1/1/2011			X	X
J1602	Injection, golimumab, 1 mg, for intravenous use	1/1/2014			X	X
J1620	Injection, gonadorelin hydrochloride, per 100 mcg	10/1/2006			X	X
J1628	Injection, guselkumab, 1 mg	1/1/2019			X	X
J1632	Injection, brexanolone, 1 mg	10/1/2020			X	X
J1675	Injection, histrelin acetate, 10 micrograms	1/1/2006			X	X
J1726	Injection, hydroxyprogesterone caproate, (makena), 10 mg	1/1/2018			X	X
J1743	Injection, idursulfase, 1 mg	1/1/2008			X	X
J1744	Injection, icatibant, 1 mg	1/1/2013			X	X
J1745	Injection, infliximab, excludes biosimilar, 10 mg	10/1/2006			X	X
J1746	Injection, ibalizumab-uiyk, 10 mg	1/1/2019			X	X
J1747	Injection, spesolimab-sbzo, 1 mg	4/28/2023			X	X
J1748	Injection, infliximab-dyyb (zymfentra), 10 mg	7/1/2024			X	X
J1786	Injection, imiglucerase, 10 units	1/1/2011			X	X

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J1823	Injection, inebilizumab-cdon, 1 mg	1/1/2021			X	X
J1826	Injection, interferon beta-1a, 30 mcg	1/1/2011			X	X
J1830	Injection, interferon beta-1b, 0.25 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)	9/1/2012		NDC# must be submitted on medical claim form.	X	X
J1930	Injection, lanreotide, 1 mg -Brand name: Somatuline Depot	2/17/2017		Precertification delegated to EviCore Medical Oncology Program for oncology diagnoses. Requests for non-oncology indications should be submitted to Cigna.	X	X
J1931	Injection, laronidase, 0.1 mg	1/1/2005			X	X
J1932	Injection, lanreotide, (cipla), 1 mg	10/1/2022		Precertification delegated to EviCore Medical Oncology Program	X	X
J1950	Injection, leuprolide acetate (for depot suspension), per 3.75 mg	7/1/2021		Precertification delegated to EviCore Medical Oncology Program for oncology diagnoses. Requests for non-oncology indications should be submitted to Cigna.	X	X
J1951	Injection, leuprolide acetate for depot suspension (fensolvi), 0.25 mg	7/1/2021			X	X
J1952	Leuprolide injectable, camcevi, 1 mg	1/1/2022		Precertification delegated to EviCore Medical Oncology Program	X	X
J1954	Injection, leuprolide acetate for depot suspension (lutrate depot), 7.5 mg	1/1/2023		Precertification delegated to EviCore Medical Oncology Program for oncology diagnoses. Requests for non-oncology indications should be submitted to Cigna.	X	X
J1961	Injection, lenacapavir, 1 mg	7/1/2023			X	X
J2170	Injection, mecasermin, 1 mg	1/1/2007			X	X
J2182	Injection, mepolizumab, 1 mg	1/1/2017			X	X
J2267	Injection, mirikizumab-mrkz, 1 mg	7/1/2024			X	X
J2277	Injection, motixafortide, 0.25 mg	4/1/2024			X	X
J2323	Injection, natalizumab, 1 mg	1/1/2008			X	X
J2326	Injection, nusinersen, 0.1 mg	1/1/2018			X	X
J2327	Injection, risankizumab-rzaa, intravenous, 1 mg	1/1/2023			X	X
J2329	Injection, ublituximab-xiiy, 1mg	7/1/2023			X	X
J2350	Injection, ocrelizumab, 1 mg	1/1/2018			X	X
J2351	Injection, ocrelizumab, 1 mg and hyaluronidase-ocsq	4/1/2025			X	X

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J2353	Injection, octreotide, depot form for intramuscular injection, 1 mg	2/17/2017		Precertification delegated to EviCore Medical Oncology Program for oncology diagnoses. Requests for non-oncology indications should be submitted to Cigna.	X	X
J2354	Injection, octreotide, non-depot form for subcutaneous or intravenous injection, 25 mcg	2/17/2017		Precertification delegated to EviCore Medical Oncology Program for oncology diagnoses. Requests for non-oncology indications should be submitted to Cigna.	X	X
J2356	Injection, tezepelumab-ekko, 1 mg	7/1/2022			X	X
J2357	Injection, omalizumab, 5 mg	1/1/2005			X	X
J2502	Injection, pasireotide long acting, 1 mg	1/1/2016			X	X
J2503	Injection, pegaptanib sodium, 0.3 mg	8/6/2012			X	X
J2504	Injection, pegademase bovine, 25 iu	2/18/2013			X	X
J2506	Injection, pegfilgrastim, excludes biosimilar, 0.5 mg	1/1/2022		Precertification delegated to EviCore Medical Oncology Program	X	X
J2507	Injection, pegloticase, 1 mg	1/1/2012			X	X
J2508	Injection, pegunigalsidase alfa-iwxj, 1 mg	1/1/2024			X	X
J2562	Injection, plerixafor, 1 mg	1/1/2010			X	X
J2724	Injection, protein c concentrate, intravenous, human, 10 iu	8/26/2016			X	X
J2777	Injection, faricimab-svoa, 0.1 mg	10/1/2022			X	X
J2778	Injection, ranibizumab, 0.1 mg	8/6/2012			X	X
J2779	Injection, ranibizumab, via intravitreal implant (susvimo), 0.1 mg	7/1/2022			X	X
J2781	Injection, pegcetacoplan, intravitreal, 1 mg	10/1/2023			X	X
J2782	Injection, avacincaptad pegol, 0.1 mg	4/1/2024			X	X
J2786	Injection, reslizumab, 1 mg	1/1/2017			X	X
J2793	Injection, rilonacept, 1 mg	1/1/2010			X	X
J2797	Injection, rolapitant, 0.5 mg	1/1/2019		Precertification delegated to EviCore Medical Oncology Program	X	X
J2802	Injection, romiplostim, 1 microgram	1/1/2025		Precertification delegated to EviCore Medical Oncology Program for oncology diagnoses. Requests for non-oncology indications should be submitted to Cigna.	X	X
J2840	Injection, sebelipase alfa, 1 mg	1/1/2017			X	X
J2860	Injection, siltuximab, 10 mg	1/1/2016		Precertification delegated to EviCore Medical Oncology Program	X	X

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J2940	Injection, somatrem, 1 mg	1/1/2002			X	X
J2941	Injection, somatropin, 1 mg	9/1/2012		NDC# must be submitted on medical claim form.	X	X
J2998	Injection, plasminogen, human-tvmh, 1 mg	7/1/2022			X	X
J3031	Injection, fremanezumab-vfrm, 1 mg	10/1/2019			X	X
J3032	Injection, eptinezumab-jjmr, 1 mg	10/1/2020			X	X
J3055	Injection, talquetamab-tgvs, 0.25 mg	4/1/2024		Precertification delegated to EviCore Medical Oncology Program	X	X
J3060	Injection, taliglucerase alfa, 10 units	1/1/2014			X	X
J3111	Injection, romosozumab-aqqg, 1 mg	10/1/2019			X	X
J3145	Injection, testosterone undecanoate, 1 mg	4/1/2015			X	X
J3241	Injection, teprotumumab-trbw, 10 mg	10/1/2020			X	X
J3245	Injection, tildrakizumab, 1 mg	1/1/2019			X	X
J3247	Injection, secukinumab, intravenous, 1 mg	7/1/2024			X	X
J3262	Injection, tocilizumab, 1 mg - Brand name: Actemra	2/17/2017		Precertification delegated to EviCore Medical Oncology Program for oncology diagnoses. Requests for non-oncology indications should be submitted to Cigna.	X	X
J3263	Injection, toripalimab-tpzi, 1 mg	7/1/2024		Precertification delegated to EviCore Medical Oncology Program	X	X
J3285	Injection, trestipinil, 1 mg	1/1/2006			X	X
J3299	Injection, triamcinolone acetonide (xipere), 1 mg	7/1/2022			X	X
J3304	Injection, triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1 mg	1/1/2019			X	X
J3315	Injection, triptorelin pamoate, 3.75 mg	7/1/2021		Precertification delegated to EviCore Medical Oncology Program	X	X
J3316	Injection, triptorelin, extended-release, 3.75 mg	1/1/2019			X	X
J3355	Injection, urofollitropin, 75 iu	1/1/2006			X	X
J3357	Ustekinumab, for subcutaneous injection, 1 mg	1/1/2011			X	X
J3358	Ustekinumab, for intravenous injection, 1 mg	1/1/2018			X	X
J3380	Injection, vedolizumab, intravenous, 1 mg	1/1/2016			X	X

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J3385	Injection, velaglycerase alfa, 100 units	1/1/2011			X	X
J3392	Injection, exagamglogene autotemcel, per treatment	1/1/2025		Precertification required for all Cigna medical management models	X	X
J3393	Injection, betibeglogene autotemcel, per treatment	7/1/2024		Precertification required for all Cigna medical management models	X	X
J3394	Injection, lovitibeglogene autotemcel, per treatment	7/1/2024		Precertification required for all Cigna medical management models	X	X
J3397	Injection, vestronidase alfa-vjbk, 1 mg	1/1/2019			X	X
J3398	Injection, voretigene neparvovec-rzyl, 1 billion vector genomes	1/1/2019		Precertification required for all Cigna medical management models	X	X
J3399	Injection, onasemnogene abeparvovec-xioi, per treatment, up to 5x10 ¹⁵ vector genomes	7/1/2020		Precertification required for all Cigna medical management models	X	X
J3401	Beremagene geperpavec-svdt for topical administration, containing nominal 5 x 10 ⁹ pfu/ml vector genomes, per 0.1 ml	1/1/2024		Precertification required for all Cigna medical management models	X	X
J3490	Unclassified drugs	2/17/2017		Precertification delegated to EviCore Medical Oncology Program for oncology diagnoses. Requests for non-oncology indications should be submitted to Cigna.	X	X
J3520	Edetate disodium, per 150 mg	10/1/2006			X	X
J3590	Unclassified biologics	2/17/2017		Precertification delegated to EviCore Medical Oncology Program for oncology diagnoses. Requests for non-oncology indications should be submitted to Cigna.	X	X
J3591	Unclassified drug or biological used for esrd on dialysis	1/1/2019			X	X
L5827	Endoskeletal knee-shin system, single axis, electromechanical swing and stance phase control, with or without shock absorption and stance extension damping	4/1/2025			X	X
L6700	Upper extremity addition, external powered feature, myoelectronic control module, additional emg inputs, pattern-recognition decoding intent movement	4/1/2025			X	X
J7170	Injection, emicizumab-kxwh, 0.5 mg	1/1/2019			X	X
J7171	Injection, adams13, recombinant-krhn, 10 iu	7/1/2024			X	X
J7172	Injection, marstacimab-hncq, 0.5 mg	7/1/2025			X	X
J7213	Injection, coagulation factor ix (recombinant), ixinity, 1 i.u.	7/1/2025		Affordable Care Act (ACA) Individual and Family Plan (IFP) customers effective 01/01/2026.	X	X
J7175	Injection, factor x, (human), 1 i.u.	1/1/2017			X	X
J7177	Injection, human fibrinogen concentrate (fibryga), 1 mg	1/1/2019			X	X

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J7178	Injection, human fibrinogen concentrate, not otherwise specified, 1 mg	1/1/2013			X	X
J7179	Injection, von willebrand factor (recombinant), (vonvendi), 1 i.u. vwf:rc0	1/1/2017			X	X
J7180	Injection, factor xiii (antihemophilic factor, human), 1 i.u.	1/1/2012			X	X
J7181	Injection, factor xiii a-subunit, (recombinant), per iu	1/1/2015			X	X
J7182	Injection, factor viii, (antihemophilic factor, recombinant), (novoeight), per iu	1/1/2015			X	X
J7183	Injection, von willebrand factor complex (human), wilate, 1 i.u. vwf:rc0	1/1/2012			X	X
J7185	Injection, factor viii (antihemophilic factor, recombinant) (xyntha), per i.u.	1/1/2010			X	X
J7186	Injection, antihemophilic factor viii/von willebrand factor complex (human), per factor viii i.u.	1/1/2009			X	X
J7187	Injection, von willebrand factor complex (humate-p), per iu vwf:rc0	1/1/2007			X	X
J7188	Injection, factor viii (antihemophilic factor, recombinant), (obizur), per i.u.	1/1/2016			X	X
J7189	Factor viia (antihemophilic factor, recombinant), (novoseven rt), 1 microgram	1/1/2006			X	X
J7190	Factor viii (antihemophilic factor, human) per i.u.	10/1/2006			X	X
J7191	Factor viii (antihemophilic factor (porcine)), per i.u.	10/1/2006			X	X
J7192	Factor viii (antihemophilic factor, recombinant) per i.u., not otherwise specified	10/1/2006			X	X
J7193	Factor ix (antihemophilic factor, purified, non-recombinant) per i.u.	1/1/2002			X	X
J7194	Factor ix, complex, per i.u.	10/1/2006			X	X
J7195	Injection, factor ix (antihemophilic factor, recombinant) per iu, not otherwise specified	1/1/2002			X	X
J7196	Injection, antithrombin recombinant, 50 i.u.	1/1/2011			X	X
J7197	Antithrombin iii (human), per i.u.	10/1/2006			X	X
J7198	Anti-inhibitor, per i.u.	10/1/2006			X	X

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J7199	Hemophilia clotting factor, not otherwise classified	10/1/2006			X	X
J7200	Injection, factor ix, (antihemophilic factor, recombinant), rixubis, per iu	1/1/2015			X	X
J7201	Injection, factor ix, fc fusion protein, (recombinant), alprolix, 1 i.u.	1/1/2015			X	X
J7202	Injection, factor ix, albumin fusion protein, (recombinant), idelvion, 1 i.u.	1/1/2017			X	X
J7203	Injection factor ix, (antihemophilic factor, recombinant), glycopegylated, (rebinyn), 1 iu	1/1/2019			X	X
J7204	Injection, factor viii, antihemophilic factor (recombinant), (esperoct), glycopegylated-exei, per iu	7/1/2020			X	X
J7205	Injection, factor viii fc fusion protein (recombinant), per iu	1/1/2016			X	X
J7207	Injection, factor viii, (antihemophilic factor, recombinant), pegylated, 1 i.u.	1/1/2017			X	X
J7208	Injection, factor viii, (antihemophilic factor, recombinant), pegylated-auci, (jivi), 1 i.u.	7/1/2019			X	X
J7209	Injection, factor viii, (antihemophilic factor, recombinant), (nuwiq), 1 i.u.	1/1/2017			X	X
J7210	Injection, factor viii, (antihemophilic factor, recombinant), (afstyla), 1 i.u.	1/1/2018			X	X
J7211	Injection, factor viii, (antihemophilic factor, recombinant), (koyaltry), 1 i.u.	1/1/2018			X	X
J7212	Factor viia (antihemophilic factor, recombinant)-jncw (sevenfact), 1 microgram	1/1/2021			X	X
J7214	Injection, factor viii/von willebrand factor complex, recombinant (altuviio), per factor viii i.u.	10/1/2023			X	X
J7316	Injection, ocriplasmin, 0.125 mg	1/1/2014			X	X
J7318	Hyaluronan or derivative, durolane, for intra-articular injection, 1 mg	1/1/2019			X	X
J7320	Hyaluronan or derivative, genvisc 850, for intra-articular injection, 1 mg	1/1/2017			X	X
J7321	Hyaluronan or derivative, hyalgan, supartz or visco-3, for intra-articular injection, per dose	8/18/2014			X	X
J7322	Hyaluronan or derivative, hymovis, for intra-articular injection, 1 mg	1/1/2017			X	X
J7323	Hyaluronan or derivative, euflexxa, for intra-articular injection, per dose	8/18/2014			X	X

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J7324	Hyaluronan or derivative, orthovisc, for intra-articular injection, per dose	8/18/2014			X	X
J7325	Hyaluronan or derivative, synvisc or synvisc-one, for intra-articular injection, 1 mg	8/18/2014			X	X
J7326	Hyaluronan or derivative, gel-one, for intra-articular injection, per dose	8/18/2014			X	X
J7327	Hyaluronan or derivative, monovisc, for intra-articular injection, per dose	1/1/2015			X	X
J7328	Hyaluronan or derivative, gelsyn-3, for intra-articular injection, 0.1 mg	1/1/2016			X	X
J7329	Hyaluronan or derivative, trivisc, for intra-articular injection, 1 mg	1/1/2019			X	X
J7330	Autologous cultured chondrocytes, implant	10/1/2017		Precertification delegated to EviCore Musculoskeletal (MSK) Program if submitted with another code managed by eviCore; otherwise, Cigna will handle precertification request; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
J7331	Hyaluronan or derivative, synjoyn, for intra-articular injection, 1 mg	10/1/2019			X	X
J7332	Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg	10/1/2019			X	X
J7340	Carbidopa 5 mg/levodopa 20 mg enteral suspension, 100 ml	1/1/2016			X	X
J7351	Injection, bimatoprost, intracameral implant, 1 microgram	10/1/2020			X	X
J7352	Afamelanotide implant, 1 mg	1/1/2021			X	X
J7355	Injection, travoprost, intracameral implant, 1 microgram	7/1/2024			X	X
J7356	Injection, foscarbidopa 0.25 mg/foslevodopa 5 mg	7/1/2025			X	X
J7402	Mometasone furoate sinus implant, (sinuva), 10 micrograms	4/1/2021			X	X
J7677	Revefenacin inhalation solution, fda-approved final product, non-compounded, administered through DME, 1 microgram	7/1/2019			X	X
J7686	Treprostinil, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, 1.74 mg	8/27/2015			X	X
J7799	Noc drugs, other than inhalation drugs, administered through dme	8/27/2009			X	X
J7999	Compounded drug, not otherwise classified	1/1/2016			X	X

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J9000	Injection, doxorubicin hydrochloride, 10 mg	1/1/2018		Precertification delegated to EviCore Medical Oncology Program	X	X
J9015	Injection, aldesleukin, per single use vial	1/1/2018		Precertification delegated to EviCore Medical Oncology Program	X	X
J9017	Injection, arsenic trioxide, 1 mg	1/1/2018		Precertification delegated to EviCore Medical Oncology Program	X	X
J9019	Injection, asparaginase (erwinaze), 1,000 iu	1/1/2013		Precertification delegated to EviCore Medical Oncology Program	X	X
J9021	Injection, asparaginase, recombinant, (rylaze), 0.1 mg	1/1/2022		Precertification delegated to EviCore Medical Oncology Program	X	X
J9022	Injection, atezolizumab, 10 mg	1/1/2018		Precertification delegated to EviCore Medical Oncology Program	X	X
J9023	Injection, avelumab, 10 mg	1/1/2018		Precertification delegated to EviCore Medical Oncology Program	X	X
J9024	Injection, atezolizumab, 5 mg and hyaluronidase-tqjs	4/1/2025		Precertification delegated to EviCore Medical Oncology Program	X	X
J9025	Injection, azacitidine, 1 mg	1/1/2018		Precertification delegated to EviCore Medical Oncology Program	X	X
J9026	Injection, tarlatamab-dlle, 1 mg	1/1/2025		Precertification delegated to EviCore Medical Oncology Program	X	X
J9027	Injection, clofarabine, 1 mg	1/1/2018		Precertification delegated to EviCore Medical Oncology Program	X	X
J9028	Injection, nogapendekin alfa inbakicept-pmln, for intravesical use, 1 microgram	1/1/2025		Precertification delegated to EviCore Medical Oncology Program	X	X
J9029	Intravesical instillation, nadofaragene firadenovec-vncg, per therapeutic dose	7/1/2023		Precertification required for all Cigna medical management models	X	X
J9032	Injection, belinostat, 10 mg	1/1/2016		Precertification delegated to EviCore Medical Oncology Program	X	X
J9033	Injection, bendamustine hcl (treanda), 1 mg	8/6/2012		Precertification delegated to EviCore Medical Oncology Program	X	X
J9034	Injection, bendamustine hcl (bendeka), 1 mg	1/1/2017		Precertification delegated to EviCore Medical Oncology Program	X	X
J9035	Injection, bevacizumab, 10 mg	5/1/2011		Precertification delegated to EviCore Medical Oncology Program for oncology diagnoses. Requests for non-oncology indications should be submitted to Cigna.	X	X
J9036	Injection, bendamustine hydrochloride, (belrapzo/bendamustine), 1 mg	7/1/2019		Precertification delegated to EviCore Medical Oncology Program	X	X
J9038	Injection, axatilimab-csfr, 0.1 mg	4/1/2025			X	X

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J9039	Injection, blinatumomab, 1 microgram	1/1/2016		Precertification delegated to EviCore Medical Oncology Program	X	X
J9040	Injection, bleomycin sulfate, 15 units	1/1/2018		Precertification delegated to EviCore Medical Oncology Program	X	X
J9041	Injection, bortezomib, 0.1 mg	1/1/2018		Precertification delegated to EviCore Medical Oncology Program	X	X
J9042	Injection, brentuximab vedotin, 1 mg	1/1/2013		Precertification delegated to EviCore Medical Oncology Program	X	X
J9043	Injection, cabazitaxel, 1 mg	8/6/2012		Precertification delegated to EviCore Medical Oncology Program	X	X
J9045	Injection, carboplatin, 50 mg	1/1/2018		Precertification delegated to EviCore Medical Oncology Program	X	X
J9046	Injection, bortezomib (dr. reddy's), not therapeutically equivalent to J9041, 0.1 mg	1/1/2023		Precertification delegated to EviCore Medical Oncology Program	X	X
J9047	Injection, carfilzomib, 1 mg	1/1/2014		Precertification delegated to EviCore Medical Oncology Program	X	X
J9048	Injection, bortezomib (fresenius kabi), not therapeutically equivalent to J9041, 0.1 mg	1/1/2023		Precertification delegated to EviCore Medical Oncology Program	X	X
J9049	Injection, bortezomib (hospira), not therapeutically equivalent to J9041, 0.1 mg	1/1/2023		Precertification delegated to EviCore Medical Oncology Program	X	X
J9051	Injection, bortezomib (maia), not therapeutically equivalent to J9041, 0.1 mg	10/1/2023		Precertification delegated to EviCore Medical Oncology Program	X	X
J9054	Injection, bortezomib (boruzu), 0.1 mg	4/1/2025		Precertification delegated to EviCore Medical Oncology Program	X	X
J9055	Injection, cetuximab, 10 mg	5/1/2011		Precertification delegated to EviCore Medical Oncology Program	X	X
J9056	Injection, bendamustine hydrochloride (vivimusta), 1 mg	7/1/2023		Precertification delegated to EviCore Medical Oncology Program	X	X
J9057	Injection, copanlisib, 1 mg	1/1/2019		Precertification delegated to EviCore Medical Oncology Program	X	X
J9060	Injection, cisplatin, powder or solution, 10 mg	1/1/2018		Precertification delegated to EviCore Medical Oncology Program	X	X
J9061	Injection, amivantamab-vmjw, 2 mg	1/1/2022		Precertification delegated to EviCore Medical Oncology Program	X	X

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J9063	Injection, mirvetuximab soravtansine-gynx, 1 mg	7/1/2023		Precertification delegated to EviCore Medical Oncology Program	X	X
J9064	Injection, cabazitaxel (sandoz), not therapeutically equivalent to J9043, 1 mg	10/1/2023		Precertification delegated to EviCore Medical Oncology Program	X	X
J9065	Injection, cladribine, per 1 mg	1/1/2018		Precertification delegated to EviCore Medical Oncology Program	X	X
J9098	Injection, cytarabine liposome, 10 mg	1/1/2018		Precertification delegated to EviCore Medical Oncology Program	X	X
J9100	Injection, cytarabine, 100 mg	1/1/2018		Precertification delegated to EviCore Medical Oncology Program	X	X
J9118	Injection, calaspargase pegol-mknl, 10 units	10/1/2019		Precertification delegated to EviCore Medical Oncology Program	X	X
J9119	Injection, cemiplimab-rwlc, 1 mg	10/1/2019		Precertification delegated to EviCore Medical Oncology Program	X	X
J9120	Injection, dactinomycin, 0.5 mg	1/1/2018		Precertification delegated to EviCore Medical Oncology Program	X	X
J9130	Dacarbazine, 100 mg	1/1/2018		Precertification delegated to EviCore Medical Oncology Program	X	X
J9144	Injection, daratumumab, 10 mg and hyaluronidase-fihj	1/1/2021		Precertification delegated to EviCore Medical Oncology Program	X	X
J9145	Injection, daratumumab, 10 mg	1/1/2017		Precertification delegated to EviCore Medical Oncology Program	X	X
J9150	Injection, daunorubicin, 10 mg	1/1/2018		Precertification delegated to EviCore Medical Oncology Program	X	X
J9153	Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine	1/1/2019		Precertification delegated to EviCore Medical Oncology Program	X	X
J9155	Injection, degarelix, 1 mg	7/1/2021		Precertification delegated to EviCore Medical Oncology Program	X	X
J9161	Injection, denileukin diftiox-cxdl, 1 mcg	4/1/2025		Precertification delegated to EviCore Medical Oncology Program	X	X
J9171	Injection, docetaxel, 1 mg	1/1/2018		Precertification delegated to EviCore Medical Oncology Program	X	X
J9172	Injection, docetaxel (docivyx), 1 mg	1/1/2024		Precertification delegated to EviCore Medical Oncology Program	X	X
J9173	Injection, durvalumab, 10 mg	1/1/2019		Precertification delegated to EviCore Medical Oncology Program	X	X

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J9174	Injection, docetaxel (beizray), 1 mg	7/1/2025		Precertification delegated to EviCore Medical Oncology Program	X	X
J9176	Injection, elotuzumab, 1 mg	1/1/2017		Precertification delegated to EviCore Medical Oncology Program	X	X
J9177	Injection, enfortumab vedotin-ejfv, 0.25 mg	7/1/2020		Precertification delegated to EviCore Medical Oncology Program	X	X
J9178	Injection, epirubicin hcl, 2 mg	1/1/2018		Precertification delegated to EviCore Medical Oncology Program	X	X
J9179	Injection, eribulin mesylate, 0.1 mg	8/6/2012		Precertification delegated to EviCore Medical Oncology Program	X	X
J9181	Injection, etoposide, 10 mg	1/1/2018		Precertification delegated to EviCore Medical Oncology Program	X	X
J9185	Injection, fludarabine phosphate, 50 mg	1/1/2018		Precertification delegated to EviCore Medical Oncology Program	X	X
J9190	Injection, fluorouracil, 500 mg	1/1/2018		Precertification delegated to EviCore Medical Oncology Program	X	X
J9196	Injection, gemcitabine hydrochloride (accord), not therapeutically equivalent to J9201, 200 mg	4/28/2023		Precertification delegated to EviCore Medical Oncology Program	X	X
J9198	Injection, gemcitabine hydrochloride, (infugem), 100 mg	7/1/2020		Precertification delegated to EviCore Medical Oncology Program	X	X
J9200	Injection, floxuridine, 500 mg	1/1/2018		Precertification delegated to EviCore Medical Oncology Program	X	X
J9201	Injection, gemcitabine hydrochloride, not otherwise specified, 200 mg	1/1/2018		Precertification delegated to EviCore Medical Oncology Program	X	X
J9202	Goserelin acetate implant, per 3.6 mg	7/1/2021		Precertification delegated to EviCore Medical Oncology Program for oncology diagnoses. Requests for non-oncology indications should be submitted to Cigna.	X	X
J9203	Injection, gemtuzumab ozogamicin, 0.1 mg	1/1/2018		Precertification delegated to EviCore Medical Oncology Program	X	X
J9204	Injection, mogamulizumab-kpkc, 1 mg	10/1/2019		Precertification delegated to EviCore Medical Oncology Program	X	X
J9205	Injection, irinotecan liposome, 1 mg	1/1/2017		Precertification delegated to EviCore Medical Oncology Program	X	X
J9206	Injection, irinotecan, 20 mg	1/1/2018		Precertification delegated to EviCore Medical Oncology Program	X	X
J9207	Injection, ixabepilone, 1 mg	1/1/2018		Precertification delegated to EviCore Medical Oncology Program	X	X
J9208	Injection, ifosfamide, 1 gram	1/1/2018		Precertification delegated to EviCore Medical Oncology Program	X	X

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J9210	Injection, emapalumab-lzsg, 1 mg	10/1/2019			X	X
J9211	Injection, idarubicin hydrochloride, 5 mg	1/1/2018		Precertification delegated to EviCore Medical Oncology Program	X	X
J9212	Injection, interferon alfacon-1, recombinant, 1 microgram	1/1/2018			X	X
J9213	Injection, interferon, alfa-2a, recombinant, 3 million units	1/1/2018			X	X
J9214	Injection, interferon, alfa-2b, recombinant, 1 million units	2/17/2017		Precertification delegated to EviCore Medical Oncology Program for oncology diagnoses. Requests for non-oncology indications should be submitted to Cigna.	X	X
J9215	Injection, interferon, alfa-n3, (human leukocyte derived), 250,000 iu	10/1/2006			X	X
J9216	Injection, interferon, gamma 1-b, 3 million units	2/6/2012		Precertification delegated to EviCore Medical Oncology Program for oncology diagnoses. Requests for non-oncology indications should be submitted to Cigna.	X	X
J9217	Leuprolide acetate (for depot suspension), 7.5 mg	7/1/2021		Precertification delegated to EviCore Medical Oncology Program for oncology diagnoses. Requests for non-oncology indications should be submitted to Cigna.	X	X
J9223	Injection, lurbinectedin, 0.1 mg	1/1/2021		Precertification delegated to EviCore Medical Oncology Program	X	X
J9225	Histrelin implant (vantas), 50 mg	2/17/2017		Precertification delegated to EviCore Medical Oncology Program	X	X
J9226	Histrelin implant (supprelin la), 50 mg	1/1/2008			X	X
J9227	Injection, isatuximab-irfc, 10 mg	10/1/2020		Precertification delegated to EviCore Medical Oncology Program	X	X
J9228	Injection, ipilimumab, 1 mg	1/1/2012		Precertification delegated to EviCore Medical Oncology Program	X	X
J9229	Injection, inotuzumab ozogamicin, 0.1 mg	1/1/2019		Precertification delegated to EviCore Medical Oncology Program	X	X
J9230	Injection, mechlorethamine hydrochloride, (nitrogen mustard), 10 mg	1/1/2018		Precertification delegated to EviCore Medical Oncology Program	X	X
J9245	Injection, melphalan hydrochloride, not otherwise specified, 50 mg	1/1/2018		Precertification delegated to EviCore Medical Oncology Program	X	X
J9246	Injection, melphalan (evomela), 1 mg	7/1/2020		Precertification delegated to EviCore Medical Oncology Program	X	X
J9248	Injection, melphalan (hepzato), 1 mg	4/1/2024		Precertification delegated to EviCore Medical Oncology Program	X	X
J9249	Injection, melphalan (apotex), 1 mg	4/1/2024		Precertification delegated to EviCore Medical Oncology Program	X	X

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J9261	Injection, nelarabine, 50 mg	1/1/2018		Precertification delegated to EviCore Medical Oncology Program	X	X
J9262	Injection, omacetaxine mepesuccinate, 0.01 mg	1/1/2014		Precertification delegated to EviCore Medical Oncology Program	X	X
J9263	Injection, oxaliplatin, 0.5 mg	1/1/2018		Precertification delegated to EviCore Medical Oncology Program	X	X
J9264	Injection, paclitaxel protein-bound particles, 1 mg	2/6/2012		Precertification delegated to EviCore Medical Oncology Program	X	X
J9266	Injection, pegaspargase, per single dose vial	1/1/2018		Precertification delegated to EviCore Medical Oncology Program	X	X
J9267	Injection, paclitaxel, 1 mg	1/1/2018		Precertification delegated to EviCore Medical Oncology Program	X	X
J9268	Injection, pentostatin, 10 mg	1/1/2018		Precertification delegated to EviCore Medical Oncology Program	X	X
J9269	Injection, tagraxofusp-erzs, 10 micrograms	10/1/2019		Precertification delegated to EviCore Medical Oncology Program	X	X
J9271	Injection, pembrolizumab, 1 mg	1/1/2016		Precertification delegated to EviCore Medical Oncology Program	X	X
J9272	Injection, dostarlimab-gxly, 10 mg	1/1/2022		Precertification delegated to EviCore Medical Oncology Program	X	X
J9273	Injection, tisotumab vedotin-tftv, 1 mg	4/1/2022		Precertification delegated to EviCore Medical Oncology Program	X	X
J9274	Injection, tebentafusp-tebn, 1 microgram	10/1/2022		Precertification delegated to EviCore Medical Oncology Program	X	X
J9275	Injection, cosibelimab-ipdl, 2 mg	7/1/2025		Precertification delegated to EviCore Medical Oncology Program	X	X
J9276	Injection, zanidatamab-hrii, 2 mg	7/1/2025		Precertification delegated to EviCore Medical Oncology Program	X	X
J9280	Injection, mitomycin, 5 mg	1/1/2018		Precertification delegated to EviCore Medical Oncology Program	X	X
J9281	Mitomycin pyelocalyceal instillation, 1 mg	1/1/2021		Precertification delegated to EviCore Medical Oncology Program	X	X
J9285	Injection, olaratumab, 10 mg	1/1/2018		Precertification delegated to EviCore Medical Oncology Program	X	X
J9286	Injection, glofitamab-gxbm, 2.5 mg	1/1/2024		Precertification delegated to EviCore Medical Oncology Program	X	X
J9289	Injection, nivolumab, 2 mg and hyaluronidase-nvhy	7/1/2025		Precertification delegated to EviCore Medical Oncology Program	X	X
J9292	Injection, pemetrexed (avyxa), not therapeutically equivalent to J9305, 10 mg	1/1/2025		Precertification delegated to EviCore Medical Oncology Program	X	X
J9293	Injection, mitoxantrone hydrochloride, per 5 mg	1/1/2018		Precertification delegated to EviCore Medical Oncology Program	X	X

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Code	Code Description	Precert Effective Date	Precert Removal Date	Comments	Complete/PHS+ /Preferred	Basic Standard
J9294	Injection, pemetrexed (hospira), not therapeutically equivalent to J9305, 10 mg	4/28/2023		Precertification delegated to EviCore Medical Oncology Program	X	X
J9295	Injection, necitumumab, 1 mg	1/1/2017		Precertification delegated to EviCore Medical Oncology Program	X	X
J9296	Injection, pemetrexed (accord), not therapeutically equivalent to J9305, 10 mg	4/28/2023		Precertification delegated to EviCore Medical Oncology Program	X	X
J9297	Injection, pemetrexed (sandoz), not therapeutically equivalent to J9305, 10 mg	4/28/2023		Precertification delegated to EviCore Medical Oncology Program	X	X
J9298	Injection, nivolumab and relatlimab-rmbw, 3 mg/1 mg	10/1/2022		Precertification delegated to EviCore Medical Oncology Program	X	X
J9299	Injection, nivolumab, 1 mg	1/1/2016		Precertification delegated to EviCore Medical Oncology Program	X	X
J9301	Injection, obinutuzumab, 10 mg	1/1/2015		Precertification delegated to EviCore Medical Oncology Program	X	X
J9302	Injection, ofatumumab, 10 mg	1/1/2018		Precertification delegated to EviCore Medical Oncology Program	X	X
J9303	Injection, panitumumab, 10 mg	5/1/2011		Precertification delegated to EviCore Medical Oncology Program	X	X
J9304	Injection, pemetrexed (pemfexy), 10 mg	10/1/2020		Precertification delegated to EviCore Medical Oncology Program	X	X
J9305	Injection, pemetrexed, not otherwise specified, 10 mg	2/6/2012		Precertification delegated to EviCore Medical Oncology Program	X	X
J9306	Injection, pertuzumab, 1 mg	1/1/2014		Precertification delegated to EviCore Medical Oncology Program	X	X
J9307	Injection, pralatrexate, 1 mg	1/1/2018		Precertification delegated to EviCore Medical Oncology Program	X	X
J9308	Injection, ramucirumab, 5 mg	1/1/2016		Precertification delegated to EviCore Medical Oncology Program	X	X
J9309	Injection, polatuzumab vedotin-piiq, 1 mg	1/1/2020		Precertification delegated to EviCore Medical Oncology Program	X	X
J9311	Injection, rituximab 10 mg and hyaluronidase	1/1/2019		Precertification delegated to EviCore Medical Oncology Program	X	X
J9312	Injection, rituximab, 10 mg	1/1/2019		Precertification delegated to EviCore Medical Oncology Program for oncology diagnoses. Requests for non-oncology indications should be submitted to Cigna.	X	X
J9313	Injection, moxetumomab pasudotox-tdfk, 0.01 mg	10/1/2019		Precertification delegated to EviCore Medical Oncology Program	X	X
J9314	Injection, pemetrexed (teva), not therapeutically equivalent to J9305, 10 mg	1/1/2023		Precertification delegated to EviCore Medical Oncology Program	X	X
J9316	Injection, pertuzumab, trastuzumab, and hyaluronidase-zzxf, per 10 mg	1/1/2021		Precertification delegated to EviCore Medical Oncology Program	X	X

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J9317	Injection, sacituzumab govitecan-hziy, 2.5 mg	1/1/2021		Precertification delegated to EviCore Medical Oncology Program	X	X
J9318	Injection, romidepsin, non-lyophilized, 0.1 mg	10/1/2021		Precertification delegated to EviCore Medical Oncology Program	X	X
J9319	Injection, romidepsin, lyophilized, 0.1 mg	10/1/2021		Precertification delegated to EviCore Medical Oncology Program	X	X
J9320	Injection, streptozocin, 1 gram	1/1/2018		Precertification delegated to EviCore Medical Oncology Program	X	X
J9321	Injection, epcoritamab-bysp, 0.16 mg	1/1/2024		Precertification delegated to EviCore Medical Oncology Program	X	X
J9322	Injection, pemetrexed (bluepoint), not therapeutically equivalent to J9305, 10 mg	7/1/2023		Precertification delegated to EviCore Medical Oncology Program	X	X
J9323	Injection, pemetrexed ditromethamine, 10 mg	7/1/2023		Precertification delegated to EviCore Medical Oncology Program	X	X
J9324	Injection, pemetrexed (pemrydi rtu), 10 mg	1/1/2024		Precertification delegated to EviCore Medical Oncology Program	X	X
J9325	Injection, talimogene laherparepvec, per 1 million plaque forming units - Brand name: Imlygic	1/1/2017		Precertification delegated to EviCore Medical Oncology Program	X	X
J9328	Injection, temozolomide, 1 mg	1/1/2018		Precertification delegated to EviCore Medical Oncology Program	X	X
J9329	Injection, tislelizumab-jsgr, 1mg	10/1/2024		Precertification delegated to EviCore Medical Oncology Program	X	X
J9330	Injection, temsirolimus, 1 mg	1/1/2018		Precertification delegated to EviCore Medical Oncology Program	X	X
J9331	Injection, sirolimus protein-bound particles, 1 mg	7/1/2022		Precertification delegated to EviCore Medical Oncology Program	X	X
J9332	Injection, efgartigimod alfa-fcab, 2mg	7/1/2022			X	X
J9333	Injection, rozanolixizumab-noli, 1 mg	1/1/2024			X	X
J9334	Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc	1/1/2024			X	X
J9340	Injection, thiotepa, 15 mg - Brand name: THIOTEPA	1/1/2018		Precertification delegated to EviCore Medical Oncology Program	X	X
J9341	Injection, thiotepa (tepylute), 1 mg	7/1/2025		Precertification delegated to EviCore Medical Oncology Program	X	X
J9342	Injection, thiotepa, not otherwise specified, 1 mg	7/1/2025		Precertification delegated to EviCore Medical Oncology Program	X	X
J9345	Injection, retifanlimab-dlwr, 1 mg	10/1/2023		Precertification delegated to EviCore Medical Oncology Program	X	X
J9347	Injection, tremelimumab-actl, 1 mg	7/1/2023		Precertification delegated to EviCore Medical Oncology Program	X	X
J9348	Injection, naxitamab-gqgk, 1 mg	7/1/2021		Precertification delegated to EviCore Medical Oncology Program	X	X
J9349	Injection, tafasitamab-cxix, 2 mg	4/1/2021		Precertification delegated to EviCore Medical Oncology Program	X	X

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J9350	Injection, mosunetuzumab-axgb, 1 mg	7/1/2023		Precertification delegated to EviCore Medical Oncology Program	X	X
J9351	Injection, topotecan, 0.1 mg	1/1/2018		Precertification delegated to EviCore Medical Oncology Program	X	X
J9352	Injection, trabectedin, 0.1 mg	1/1/2017		Precertification delegated to EviCore Medical Oncology Program	X	X
J9353	Injection, margetuximab-cmkb, 5 mg	7/1/2021		Precertification delegated to EviCore Medical Oncology Program	X	X
J9354	Injection, ado-trastuzumab emtansine, 1 mg	1/1/2014		Precertification delegated to EviCore Medical Oncology Program	X	X
J9355	Injection, trastuzumab, excludes biosimilar, 10 mg	5/1/2011		Precertification delegated to EviCore Medical Oncology Program	X	X
J9356	Injection, trastuzumab, 10 mg and Hyaluronidase-oysk	7/1/2019		Precertification delegated to EviCore Medical Oncology Program	X	X
J9358	Injection, fam-trastuzumab deruxtecan-nxki, 1 mg	7/1/2020		Precertification delegated to EviCore Medical Oncology Program	X	X
J9359	Injection, loncastuximab tesirine-lpyl, 0.075 mg	4/1/2022		Precertification delegated to EviCore Medical Oncology Program	X	X
J9360	Injection, vinblastine sulfate, 1 mg	1/1/2018		Precertification delegated to EviCore Medical Oncology Program	X	X
J9361	Injection, efbemalenograstim alfa-vuxw, 0.5 mg	7/1/2024		Precertification delegated to EviCore Medical Oncology Program	X	X
J9370	Vincristine sulfate, 1 mg	1/1/2018		Precertification delegated to EviCore Medical Oncology Program	X	X
J9376	Injection, pozelimab-bbfg, 1 mg	4/1/2024			X	X
J9380	Injection, teclistamab-cqyv, 0.5 mg	7/1/2023		Precertification delegated to EviCore Medical Oncology Program	X	X
J9381	Injection, teplizumab-mzwv, 5 mcg	7/1/2023			X	X
J9382	Injection, zenocutuzumab-zbco, 1 mg	7/1/2025		Precertification delegated to EviCore Medical Oncology Program	X	X
J9390	Injection, vinorelbine tartrate, 10 mg	1/1/2018		Precertification delegated to EviCore Medical Oncology Program	X	X
J9393	Injection, fulvestrant (teva), not therapeutically equivalent to j9395, 25 mg	1/1/2023		Precertification delegated to EviCore Medical Oncology Program	X	X
J9394	Injection, fulvestrant (fresenius kabi) not therapeutically equivalent to j9395, 25 mg	1/1/2023		Precertification delegated to EviCore Medical Oncology Program	X	X
J9395	Injection, fulvestrant, 25 mg	1/1/2018		Precertification delegated to EviCore Medical Oncology Program	X	X
J9400	Injection, ziv-aflibercept, 1 mg	1/1/2014		Precertification delegated to EviCore Medical Oncology Program	X	X

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J9999	Not otherwise classified, antineoplastic drugs	2/17/2017		Precertification delegated to EviCore Medical Oncology Program for oncology diagnoses. Requests for non-oncology indications should be submitted to Cigna.	X	X
K0899	Power mobility device, not coded by dme pdac or does not meet criteria	10/1/2006			X	
K1007	Bilateral hip, knee, ankle, foot device, powered, includes pelvic component, single or double upright(s), knee joints any type, with or without ankle joints any type, includes all components and accessories, motors, microprocessors, sensors	5/30/2025		Affordable Care Act (ACA) Individual and Family Plan (IFP) customers effective 01/01/2026.	X	
L1844	Knee orthosis, single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated	8/6/2012			X	
L1846	Knee orthosis, double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated	8/6/2012			X	
L2006	Knee ankle foot device, any material, single or double upright, swing and stance phase microprocessor control with adjustability, includes all components (e.g., sensors, batteries, charger), any type activation, with or without ankle joint(s), custom fabricated	1/1/2020			X	X
L5781	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system	1/1/2003			X	
L5828	Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control	2/16/2015			X	
L5856	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing and stance phase, includes electronic sensor(s), any type	1/1/2005			X	
L5859	Addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, includes any type motor(s)	1/1/2013			X	
L5973	Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control, includes power source	1/1/2010			X	
L5999	Lower extremity prosthesis, not otherwise specified	1/1/2009			X	X
L6880	Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s)	1/1/2012			X	
L6881	Automatic grasp feature, addition to upper limb electric prosthetic terminal device	1/1/2020			X	
L6882	Microprocessor control feature, addition to upper limb prosthetic terminal device	7/1/2011			X	

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L6935	Below elbow, external power, self-suspended inner socket, removable forearm shell, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	1/1/2009			X	
L6955	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	7/1/2011			X	
L7007	Electric hand, switch or myoelectric controlled, adult	7/1/2011			X	
L7259	Electronic wrist rotator, any type	1/1/2015			X	
L8499	Unlisted procedure for miscellaneous prosthetic services	1/1/2009			X	X
L8614	Cochlear device, includes all internal and external components	10/1/2006			X	
L8641	Metatarsal joint implant	10/27/2006			X	
L8642	Hallux implant	10/27/2006			X	
L8679	Implantable neurostimulator, pulse generator, any type	1/1/2014		Precertification delegated to EviCore Musculoskeletal (MSK) Program if submitted with another code managed by eviCore; otherwise, Cigna will handle precertification request; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
L8680	Implantable neurostimulator electrode, each	2/18/2013		Precertification delegated to EviCore Musculoskeletal (MSK) Program if submitted with another code managed by eviCore; otherwise, Cigna will handle precertification request; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
L8681	Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program if submitted with another code managed by eviCore; otherwise, Cigna will handle precertification request; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
L8682	Implantable neurostimulator radiofrequency receiver	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program if submitted with another code managed by eviCore; otherwise, Cigna will handle precertification request; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
L8683	Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program if submitted with another code managed by eviCore; otherwise, Cigna will handle precertification request; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
L8685	Implantable neurostimulator pulse generator, single array, rechargeable, includes extension	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program if submitted with another code managed by eviCore; otherwise, Cigna will handle precertification request; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	

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L8686	Implantable neurostimulator pulse generator, single array, non-rechargeable, includes extension	2/18/2013		Precertification delegated to EviCore Musculoskeletal (MSK) Program if submitted with another code managed by eviCore; otherwise, Cigna will handle precertification request; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
L8687	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension	2/18/2013		Precertification delegated to EviCore Musculoskeletal (MSK) Program if submitted with another code managed by eviCore; otherwise, Cigna will handle precertification request; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
L8688	Implantable neurostimulator pulse generator, dual array, non-rechargeable, includes extension	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program if submitted with another code managed by eviCore; otherwise, Cigna will handle precertification request; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
L8689	External recharging system for battery (internal) for use with implantable neurostimulator, replacement only	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program if submitted with another code managed by eviCore; otherwise, Cigna will handle precertification request; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
L8695	External recharging system for battery (external) for use with implantable neurostimulator, replacement only	1/1/2016		Precertification delegated to EviCore Musculoskeletal (MSK) Program if submitted with another code managed by eviCore; otherwise, Cigna will handle precertification request; All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
L8702	Powered upper extremity range of motion assist device, elbow, wrist, hand, finger, single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated	1/1/2019			X	
M0224	Intravenous infusion, pemivibart, for the pre-exposure prophylaxis only, for certain adults and adolescents (12 years of age and older weighing at least 40 kg) with no known sars-cov-2 exposure, who either have moderate-to-severe immune compromise due to a medical condition or receipt of immunosuppressive medications or treatments, includes infusion and post administration monitoring	9/27/2024			X	X
Q0138	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (non-esrd use)	1/1/2022			X	X
Q0224	Injection, pemivibart, for the pre-exposure prophylaxis only, for certain adults and adolescents (12 years of age and older weighing at least 40 kg) with no known sars-cov-2 exposure, and who either have moderate-to-severe immune compromise due to a medical condition or receipt of immunosuppressive medications or treatments, and are unlikely to mount an adequate immune response to COVID-19 vaccination, 4500 mg	9/27/2024			X	X
Q2017	Injection, teniposide, 50 mg	1/1/2018		Precertification delegated to EviCore Medical Oncology Program	X	X
Q2026	Injection, radiesse, 0.1 ml	7/1/2010			X	X
Q2028	Injection, sculptra, 0.5 mg	1/1/2014			X	X
Q2041	Axicabtagene ciloleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	4/1/2014		Precertification required for all Cigna medical management models	X	X

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Q2042	Tisagenlecleucel, up to 600 million car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	1/1/2019			X	X
Q2043	Sipuleucel-t, minimum of 50 million autologous cd54+ cells activated with pap-gm-csf, including leukapheresis and all other preparatory procedures, per infusion	7/1/2011		Precertification delegated to EviCore Medical Oncology Program	X	X
Q2050	Injection, doxorubicin hydrochloride, liposomal, not otherwise specified, 10 mg	1/1/2018		Precertification delegated to EviCore Medical Oncology Program	X	X
Q2053	Brexucabtagene autoleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	4/1/2021		Precertification required for all Cigna medical management models	X	X
Q2054	Lisocabtagene maraleucel, up to 110 million autologous anti-cd19 car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	10/1/2021		Precertification required for all Cigna medical management models	X	X
Q2055	Idecabtagene vicleucel, up to 510 million autologous b-cell maturation antigen (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	1/1/2022		Precertification required for all Cigna medical management models	X	X
Q2056	Ciltacabtagene autoleucel, up to 100 million autologous b-cell maturation antigen (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	10/1/2022		Precertification required for all Cigna medical management models	X	X
Q2057	Afamitresgene autoleucel, including leukapheresis and dose preparation procedures, per therapeutic dose	4/1/2025			X	X
Q2058	Obecabtagene autoleucel, up to 400 million cd19 car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	7/1/2025			X	X
Q3027	Injection, interferon beta-1a, 1 mcg for intramuscular use	1/1/2014			X	X
Q3028	Injection, interferon beta-1a, 1 mcg for subcutaneous use	1/1/2014			X	X
Q4074	Iloprost, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, up to 20 micrograms	8/27/2015			X	X
Q4081	Injection, epoetin alfa, 100 units (for esrd on dialysis)	2/16/2015			X	X
Q4100	Skin substitute, not otherwise specified	1/1/2009			X	X
Q4102	Oasis wound matrix, per square centimeter	1/1/2009			X	
Q4103	Oasis burn matrix, per square centimeter	1/1/2009			X	X
Q4106	Dermagraft, per square centimeter	2/18/2013			X	
Q4113	Graftjacket xpress, injectable, 1 cc	1/1/2009			X	X
Q4114	Integra flowable wound matrix, injectable, 1 cc	1/1/2009			X	X
Q4118	Matristem micromatrix, 1 mg	2/6/2012			X	X
Q4122	Dermacell, dermacell awm or dermacell awm porous, per square centimeter	1/1/2012			X	
Q4124	Oasis ultra tri-layer wound matrix, per square centimeter	1/1/2012			X	
Q4125	Arthroflex, per square centimeter	1/1/2012			X	X

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Q4126	Memoderm, dermaspan, tranzgraft or integuply, per square centimeter	1/1/2012			X	X
Q4128	Flex hd, or allopatch hd, per square centimeter	1/1/2012			X	X
Q4130	Strattice tm, per square centimeter	1/1/2012			X	X
Q4132	Grafix core and grafixpl core, per square centimeter	1/1/2013			X	
Q4133	Grafix prime, grafixpl prime, stravix and stravixpl, per square centimeter	1/1/2013			X	
Q4137	Amnioexcel, amnioexcel plus or biodexcel, per square centimeter	1/1/2014			X	X
Q4138	Biodfence dryflex, per square centimeter	1/1/2014			X	X
Q4139	Amniomatrix or biodmatrix, injectable, 1 cc	1/1/2014			X	X
Q4140	Biodfence, per square centimeter	1/1/2014			X	X
Q4148	Neox cord 1k, neox cord rt, or clarix cord 1k, per square centimeter	1/1/2014			X	X
Q4150	Allowrap ds or dry, per square centimeter	1/1/2015			X	X
Q4151	Amnioband or guardian, per square centimeter	1/1/2015			X	
Q4152	Dermapure, per square centimeter	1/1/2015			X	X
Q4155	Neoxflo or clarixflo, 1 mg	1/1/2015			X	X
Q4156	Neox 100 or clarix 100, per square centimeter	1/1/2015			X	X
Q4158	Kerecis omega3, per square centimeter	1/1/2015			X	X
Q4159	Affinity, per square centimeter	1/1/2015			X	X
Q4160	Nushield, per square centimeter	1/1/2015			X	X
Q4162	Woundex flow, bioskin flow, 0.5 cc	1/1/2016			X	X
Q4163	Woundex, bioskin, per square centimeter	1/1/2016			X	X
Q4164	Helicoll, per square centimeter	1/1/2016			X	X
Q4166	Cytal, per square centimeter	1/1/2017			X	
Q4168	Amnioband, 1 mg	1/1/2017			X	
Q4170	Cygnus, per square centimeter	1/1/2017			X	
Q4173	Palingen or palingen xplus, per square centimeter	1/1/2017			X	
Q4174	Palingen or promatrix, 0.36 mg per 0.25 cc	1/1/2017			X	
Q4180	Revita, per square centimeter	1/1/2018			X	X

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Q4186	Epifix, per square centimeter	1/1/2019			X	
Q4187	Epicord, per square centimeter	1/1/2019			X	X
Q4189	Artacent ac, 1 mg	1/1/2019			X	X
Q4192	Restorigin, 1 cc	1/1/2019			X	X
Q4193	Coll-e-derm, per square centimeter	1/1/2019			X	X
Q4195	Puraply, per square centimeter	1/1/2019			X	X
Q4196	Puraply am, per square centimeter	1/1/2019			X	X
Q4215	Axolotl ambient or axolotl cryo, 0.1 mg	10/1/2019			X	X
Q4222	Progenamatrix, per square centimeter	10/1/2019			X	X
Q4227	Amniocore, per square centimeter	7/1/2020			X	X
Q4229	Cogenex amniotic membrane, per square centimeter	7/1/2020			X	X
Q4234	Xcellerate, per square centimeter	7/1/2020			X	X
Q4235	Amniorepair or altiply, per square centimeter	7/1/2020			X	X
Q4236	Carepatch, per square centimeter	1/1/2023			X	
Q4239	Amnio-maxx or amnio-maxx lite, per square centimeter	7/1/2020			X	X
Q4246	Coretext or protext, per cc	7/1/2020			X	X
Q4250	Amnioamp-mp, per square centimeter	10/1/2020			X	
Q4253	Zenith amniotic membrane, per square centimeter	10/1/2021			X	X
Q4254	Novafix dl, per square centimeter	10/1/2020			X	
Q4262	Dual layer impax membrane, per square centimeter	1/1/2023			X	
Q4263	Surgraft tl, per square centimeter	1/1/2023			X	
Q4264	Cocoon membrane, per square centimeter	1/1/2023			X	
Q4265	Neostim tl, per square centimeter	4/28/2023			X	X
Q4266	Neostim membrane, per square centimeter	4/28/2023			X	X
Q4267	Neostim dl, per square centimeter	4/28/2023			X	X
Q4268	Surgraft ft, per square centimeter	4/28/2023			X	X
Q4269	Surgraft xt, per square centimeter	4/28/2023			X	X

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Q4270	Complete sl, per square centimeter	4/28/2023			X	X
Q4271	Complete ft, per square centimeter	4/28/2023			X	X
Q4272	Esano a, per square centimeter	7/1/2023			X	X
Q4273	Esano aaa, per square centimeter	7/1/2023			X	X
Q4274	Esano ac, per square centimeter	7/1/2023			X	X
Q4275	Esano aca, per square centimeter	7/1/2023			X	X
Q4276	Orion, per square centimeter	7/1/2023			X	X
Q4331	Axolotl graft, per square centimeter	7/1/2024			X	X
Q4332	Axolotl dualgraft, per square centimeter	7/1/2024			X	X
Q4345	Matrix hd allograft dermis, per square centimeter	10/1/2024			X	
Q4361	Epiexpress, per square centimeter	4/1/2025			X	X
Q5001	Hospice or home health care provided in patient's home/residence	2/16/2015			X	
Q5002	Hospice or home health care provided in assisted living facility	2/16/2015			X	
Q5003	Hospice care provided in nursing long term care facility (ltc) or non-skilled nursing facility (nf)	2/16/2015			X	
Q5009	Hospice or home health care provided in place not otherwise specified (nos)	2/16/2015			X	
Q5010	Hospice home care provided in a hospice facility	10/1/2010			X	
Q5098	Injection, ustekinumab-srlf (imuldosa), biosimilar, 1 mg	7/1/2025			X	X
Q5099	Injection, ustekinumab-stba (steqeyma), biosimilar, 1 mg	7/1/2025			X	X
Q5100	Injection, ustekinumab-kfce (yesintek), biosimilar, 1 mg	7/1/2025			X	X
Q5103	Injection, infliximab-dyyb, biosimilar, (inflectra), 10 mg	4/1/2014			X	X
Q5104	Injection, infliximab-abda, biosimilar, (renflexis), 10 mg	4/1/2014			X	X
Q5105	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for esrd on dialysis), 100 units	7/1/2018			X	X

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Q5106	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for non-esrd use), 1000 units	7/1/2018		Precertification delegated to EviCore Medical Oncology Program for oncology diagnoses. Requests for non-oncology indications should be submitted to Cigna.	X	X
Q5107	Injection, bevacizumab-awwb, biosimilar, (mvasi), 10 mg	1/1/2019		Precertification delegated to EviCore Medical Oncology Program	X	X
Q5108	Injection, pegfilgrastim-jmdb (fulphila), biosimilar, 0.5 mg	7/12/2018		Precertification delegated to EviCore Medical Oncology Program	X	X
Q5109	Injection, infliximab-qbtx, biosimilar, (ixifi), 10 mg	1/1/2019			X	X
Q5111	Injection, pegfilgrastim-cbqv (udenyc), biosimilar, 0.5 mg	1/1/2019		Precertification delegated to EviCore Medical Oncology Program	X	X
Q5112	Injection, trastuzumab-dttb, biosimilar, (Ontruzant), 10 mg	7/1/2019		Precertification delegated to EviCore Medical Oncology Program	X	X
Q5113	Injection, trastuzumab-pkrb, biosimilar, (Herzuma), 10 mg	7/1/2019		Precertification delegated to EviCore Medical Oncology Program	X	X
Q5114	Injection, Trastuzumab-dkst, biosimilar, (Ogivri), 10 mg	7/1/2019		Precertification delegated to EviCore Medical Oncology Program	X	X
Q5115	Injection, rituximab-abbs, biosimilar, (truxima), 10 mg	7/1/2019		Precertification delegated to EviCore Medical Oncology Program for oncology diagnoses. Requests for non-oncology indications should be submitted to Cigna.	X	X
Q5116	Injection, trastuzumab-qyyp, biosimilar, (trazimera), 10 mg	10/1/2019		Precertification delegated to EviCore Medical Oncology Program	X	X
Q5117	Injection, trastuzumab-anns, biosimilar, (kanjinti), 10 mg	10/1/2019		Precertification delegated to EviCore Medical Oncology Program	X	X
Q5118	Injection, bevacizumab-bvzr, biosimilar, (Zirabev), 10 mg	10/1/2019		Precertification delegated to EviCore Medical Oncology Program	X	X
Q5119	Injection, rituximab-pvvr, biosimilar, (ruxience), 10 mg	7/1/2020		Precertification delegated to EviCore Medical Oncology Program for oncology diagnoses. Requests for non-oncology indications should be submitted to Cigna.	X	X
Q5120	Injection, pegfilgrastim-bmez (ziextenzo), biosimilar, 0.5 mg	7/1/2020		Precertification delegated to EviCore Medical Oncology Program	X	X
Q5121	Injection, infliximab-axxq, biosimilar, (avsola), 10 mg	7/1/2020			X	X
Q5122	Injection, pegfilgrastim-apgf (nyvepria), biosimilar, 0.5 mg	1/1/2021		Precertification delegated to EviCore Medical Oncology Program	X	X
Q5123	Injection, rituximab-arrr, biosimilar, (riabni), 10 mg	7/1/2021		Precertification delegated to EviCore Medical Oncology Program for oncology diagnoses. Requests for non-oncology indications should be submitted to Cigna.	X	X
Q5124	Injection, ranibizumab-nuna, biosimilar, (byooviz), 0.1 mg	4/1/2022			X	X
Q5125	Injection, filgrastim-ayow, biosimilar, (releuko), 1 microgram	10/1/2022		Precertification delegated to EviCore Medical Oncology Program for oncology diagnoses. Requests for non-oncology indications should be submitted to Cigna.	X	X

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Q5126	Injection, bevacizumab-maly, biosimilar, (alymsys), 10 mg	1/1/2023		Precertification delegated to EviCore Medical Oncology Program	X	X
Q5127	Injection, pegfilgrastim-fpgk (stimufend), biosimilar, 0.5 mg	4/28/2023		Precertification delegated to EviCore Medical Oncology Program	X	X
Q5128	Injection, ranibizumab-eqrn (cimerli), biosimilar, 0.1 mg	4/28/2023			X	X
Q5129	Injection, bevacizumab-adcd (vegzelma), biosimilar, 10 mg	4/28/2023		Precertification delegated to EviCore Medical Oncology Program	X	X
Q5130	Injection, pegfilgrastim-pbbk (fynetra), biosimilar, 0.5 mg	4/28/2023		Precertification delegated to EviCore Medical Oncology Program	X	X
Q5133	Injection, tocilizumab-bavi (tofidence), biosimilar, 1 mg	4/1/2024			X	X
Q5134	Injection, natalizumab-sztn (tyruko), biosimilar, 1 mg	4/1/2024			X	X
Q5135	Injection, tocilizumab-aazg (tyenne), biosimilar, 1 mg	10/1/2024			X	X
Q5136	Injection, denosumab-bbdz (jubbonti/wyost), biosimilar, 1 mg	10/1/2024			X	X
Q5137	Injection, ustekinumab-auub (wezana), biosimilar, subcutaneous, 1 mg	7/1/2024			X	X
Q5138	Injection, ustekinumab-auub (wezana), biosimilar, intravenous, 1 mg	7/1/2024			X	X
Q5140	Injection, adalimumab-fkjp, biosimilar, 1 mg	1/1/2025			X	X
Q5141	Injection, adalimumab-aaty, biosimilar, 1 mg	1/1/2025			X	X
Q5142	Injection, adalimumab-ryvk biosimilar, 1 mg	1/1/2025			X	X
Q5143	Injection, adalimumab-adbm, biosimilar, 1 mg	1/1/2025			X	X
Q5144	Injection, adalimumab-aacf (idacio), biosimilar, 1 mg	1/1/2025			X	X
Q5145	Injection, adalimumab-afzb (abrilada), biosimilar, 1 mg	1/1/2025			X	X
Q5146	Injection, trastuzumab-strf (hercessi), biosimilar, 10 mg	1/1/2025		Precertification delegated to EviCore Medical Oncology Program	X	X
Q5147	Injection, aflibercept-ayyh (pavblu), biosimilar, 1 mg	4/1/2025			X	X
Q5148	Injection, filgrastim-txid (nypozi), biosimilar, 1 microgram	4/1/2025		Precertification delegated to EviCore Medical Oncology Program for oncology diagnoses. Requests for non-oncology indications should be submitted to Cigna.	X	X
Q5149	Injection, aflibercept-abzv (enzeevu), biosimilar, 1 mg	4/1/2025			X	X
Q5150	Injection, aflibercept-mrbp (ahzantive), biosimilar, 1 mg	4/1/2025			X	X
Q5151	Injection, eculizumab-aagh (epysqli), biosimilar, 2 mg	4/1/2025			X	X
Q5152	Injection, eculizumab-aeeb (bkemv), biosimilar, 2 mg	4/1/2025			X	X

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Q5153	Injection, aflibercept-yszy (opuviz), biosimilar, 1 mg	7/1/2025			X	X
Q9996	Injection, ustekinumab-ttwe (pyzchiva), subcutaneous, 1 mg	1/1/2025			X	X
Q9997	Injection, ustekinumab-ttwe (pyzchiva), intravenous, 1 mg	1/1/2025			X	X
Q9998	Injection, ustekinumab-aekn (selarsdi), 1 mg	1/1/2025			X	X
Q9999	Injection, ustekinumab-aauz (otulfi), biosimilar, 1 mg	4/1/2025			X	X
S0013	Esketamine, nasal spray, 1 mg	1/1/2021			X	X
S0090	Sildenafil citrate, 25 mg	8/27/2015			X	X
S0122	Injection, menotropins, 75 iu	4/1/2002			X	X
S0126	Injection, follitropin alfa, 75 iu	4/1/2002			X	X
S0128	Injection, follitropin beta, 75 iu	4/1/2002			X	X
S0132	Injection, ganirelix acetate, 250 mcg	4/1/2002			X	X
S0145	Injection, pegylated interferon alfa-2a, 180 mcg per ml	7/1/2005		Precertification delegated to EviCore Medical Oncology Program for oncology diagnoses. Requests for non-oncology indications should be submitted to Cigna.	X	X
S0148	Injection, pegylated interferon alfa-2b, 10 mcg	10/1/2010	6/27/2025	Precertification delegated to EviCore Medical Oncology Program for oncology diagnoses. Requests for non-oncology indications should be submitted to Cigna.	X	X
S0189	Testosterone pellet, 75 mg	8/25/2017			X	
S0255	Hospice referral visit (advising patient and family of care options) performed by nurse, social worker, or other designated staff	1/1/2002			X	
S1040	Cranial remolding orthosis, pediatric, rigid, with soft interface material, custom fabricated, includes fitting and adjustment(s)	10/1/2002			X	
S2053	Transplantation of small intestine and liver allografts	10/1/2006			X	X
S2054	Transplantation of multivisceral organs	10/1/2006			X	X
S2060	Lobar lung transplantation	1/1/2001			X	X
S2061	Donor lobectomy (lung) for transplantation, living donor	1/1/2001			X	X
S2065	Simultaneous pancreas kidney transplantation	7/1/2001			X	X
S2095	Transcatheter occlusion or embolization for tumor destruction, percutaneous, any method, using yttrium-90 microspheres	2/17/2014		Precertification delegated to EviCore National Radiation Therapy Program	X	X
S2102	Islet cell tissue transplant from pancreas; allogeneic	1/1/2001			X	X

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S2117	Arthroereisis, subtalar	8/17/2009			X	X
S2140	Cord blood harvesting for transplantation, allogeneic	1/1/2001			X	X
S2142	Cord blood-derived stem-cell transplantation, allogeneic	1/1/2001			X	X
S2150	Bone marrow or blood-derived stem cells (peripheral or umbilical), allogeneic or autologous, harvesting, transplantation, and related complications; including: pheresis and cell preparation/storage; marrow ablative therapy; drugs, supplies, hospitalization with outpatient follow-up; medical/surgical, diagnostic, emergency, and rehabilitative services; and the number of days of pre-and post-transplant care in the global definition	1/1/2002			X	X
S2152	Solid organ(s), complete or segmental, single organ or combination of organs; deceased or living donor(s), procurement, transplantation, and related complications; including: drugs; supplies; hospitalization with outpatient follow-up; medical/surgical, diagnostic, emergency, and rehabilitative services, and the number of days of pre- and post-transplant care in the global definition	4/1/2004			X	X
S5150	Unskilled respite care, not hospice; per 15 minutes	1/1/2003			X	
S5151	Unskilled respite care, not hospice; per diem	1/1/2003			X	
S8030	Scleral application of tantalum ring(s) for localization of lesions for proton beam therapy	8/1/2012		Precertification delegated to EviCore National Radiation Therapy Program	X	X
S8037	Magnetic resonance cholangiopancreatography (mrCP)	7/1/2001		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
S8092	Electron beam computed tomography (also known as ultrafast ct, cine ct)	10/27/2006		Precertification delegated to EviCore High Tech Radiology (Diagnostic Radiology) Program; All markets effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam.	X	
S9122	Home health aide or certified nurse assistant, providing care in the home; per hour	8/17/2009			X	
S9123	Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when cpt codes 99500-99602 can be used)	8/17/2009			X	X
S9124	Nursing care, in the home; by licensed practical nurse, per hour	8/17/2009			X	X
S9125	Respite care, in the home, per diem	2/16/2015			X	
S9126	Hospice care, in the home, per diem	2/16/2015			X	
S9975	Transplant related lodging, meals and transportation, per diem	4/1/2002			X	X
T1000	Private duty / independent nursing service(s) - licensed, up to 15 minutes	7/1/2001			X	X
T1005	Respite care services, up to 15 minutes	7/1/2001			X	

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T2044	Hospice inpatient respite care; per diem	10/1/2003			X	