Prior Authorization Guidelines

This document is a quick guide to use for precertification with Oxbridge Health plans. This process is also known as prior authorization or prior approval. You can use this document as an overview of best practices working with Oxbridge Health. It will be your reference for Current Procedural Terminology (CPT®) codes for services, programs and prescriptions that require approval for coverage.

Please submit the completed Prior Authorization Request form found on the Oxbridge website along with any additional information to Oxbridge Health at:

(469) 334-4168 for standard requests (Oxbridge Health will review standard requests within 15 days)

(469) 262-6523 for expedited requests (Oxbridge Health will review expedited requests within 72 hours)

> By submitting to the expedited fax number, you are certifying that the 72-hour expedited review time is necessary to prevent serious jeopardy to the life or health of the member or the member's ability to regain maximum function.

Please note this list changes periodically. Current versions will be posted on Oxbridge Health website.

All services performed in an inpatient hospital setting require prior authorization from Oxbridge Health before they are eligible for payment. Prior authorization is necessary to ensure the appropriate utilization of resources and to facilitate efficient and quality care.

In the case of urgent or emergent admissions, notification to the plan within 48 hours of admission is required.

This requirement applies to:

Inpatient confinements, including hospital at home (except hospice), inpatient physical rehabilitation, inpatient substance use treatment, inpatient behavioral health services, inpatient skilled nursing, treatment in a residential care facility.

For maternity care, prior authorization is required for any days of hospital confinement (including a newborn) longer than 48 hours for vaginal deliveries or 96 hours for cesarean deliveries.

In addition to the above, Oxbridge Health recognizes that there may be other categories of services that require prior authorization. Those services are listed below.

Healthcare providers must obtain prior authorization for the listed services to ensure appropriate clinical necessity and adherence to Oxbridge Health's coverage criteria. Oxbridge Health will review the request based on established criteria and communicate the authorization decision promptly. Failure to obtain prior authorization for the specified services may result in claims denial or reduced reimbursement.

Category	Additional Information	Billing Code
Acupuncture	Prior Auth Required	97810, 97811, 97813, 97814
Anti-Reflex Surgery	Prior Auth Required	43279, 43280, 43281, 43282, 43325, 43327, 43328,43332,43333, 43334, 43335, 43336, 43337
Artificial Insemination	Prior Auth Required	58321, 58322, 58323, 58970, 58974, 58976, 76948, 89250, 89251, 89253, 89254, 89255, 89257, 89258, 89264, 89268, 89272, 89280, 89281, 89290, 89291, 89337, 89342, 89346, 89352, 89353, S4011, S4013, S4014, S4015, S4016, S4017, S4018, S4020, S4021, S4022, S4023, S4025, S4035,
Bariatric Surgery and related GI procedures	Prior Auth Required	43621, 43622, 43631, 43632, 43633, 43634, 43644, 43645, 43659, 43770, 43771, 43772, 43773, 43774, 43775, 43842, 43843, 43845, 43846, 43847, 43848, 43860, 43865, 43886, 43887, 43888, 43999, 49999, C9724
Bone Growth Stimulator	Prior Auth Required	20974, 20975, 20979
Breast Procedure	Prior Auth Required	0581T
Breast Reconstruction	Prior Auth Required	19330, 19340, 19342,19357,19361,19364, 19367,19368,19369,19370,19371, 19380,19396, L8600,19300,19350,19355
C-Section	Prior Auth Required	59510, 59514, 59515, 59618, 59620, 59622
Cardiac Assist Procedures	Prior Auth Required	33927, 33928, 33929, 33975, 33976, 33977, 33978, 33979, 33980, 33981, 33982, 33983, 33990, 33991, 33992, 33993, 33995, 33997, 92970, G0166
Cardiac Procedures Congenital Heart Procedures, Pacemakers / Defibrillators, Transcatheter Valve Procedures, Arrhythmia / Electrophysiology Procedures	Prior Auth Required	33206, 33207, 33208, 33211, 33212, 33213, 33214, 33221, 33224, 33225, 33227, 33228, 33229, 33230, 33231, 33240, 33241, 33249, 33250, 33251, 33254, 33255, 33256, 33257, 33258, 33259, 33261, 33262, 33263, 33264, 33267, 33268, 33269, 33270, 33271, 33272, 33273, 33274, 33275, 33285, 33289, 33361, 33362, 33363, 33364, 33365, 33366, 33367, 33368, 33369, 33390, 33391, 33404, 33414, 33415, 33416, 33417, 33418, 33419, 33465, 33468, 33476, 33477, 33478, 33500, 33501, 33502, 33503, 33504, 33505, 33506, 33507, 33600, 33602, 33606, 33608, 33610, 33611, 33612, 33615, 33617, 33619, 33620, 33622, 33641, 33645, 33647, 33660, 33665, 33670, 33675, 33676, 33677, 33681, 33684, 33688, 33690, 33692, 33694, 33697, 33702, 33710, 33720, 33724, 33726, 33730, 33732, 33735, 33736, 33737, 33741, 33745, 33746, 33750, 33755, 33762, 33764, 33766, 33767, 33768, 33770, 33771, 33774, 33775, 33776, 33777, 33778, 33779, 33780, 33781, 33782, 33783, 33786, 33788, 33802, 33803, 33813, 33814, 33820, 33822, 33824, 33840, 33845, 33851, 33852, 33853, 33894, 33895, 33897, 33917, 33920, 33924, 33925, 33926, 93025, 93580, 93581, 93582, 93583, 93590, 93591, 93593, 93598, 93650, 0345T, 0483T, 0484T, 0515T, 0516T, 0517T, 0518T, 0519T, 0520T, 0544T, 0545T, 0569T, 0570T, 0571T, 0572T, 0573T, 0574T, 0580T, 0614T, 0646T, 0742T, G0448, K0606
Cardiac Stress Test	Prior Auth Required	93015, 93016, 93017, 93018, 93024, 93350, 93351, 93352, 0439T, G8961, G8962, G8963, G8965, G8966

Cataract Surgery **(**New technology)	Prior Auth Required	0308T, Q1004, Q1005
Cellular and gene therapy	Prior Auth Required	0537T, 0538T, 0539T, 0540T, Q2041, Q2042, Q2053, Q2054, Q2055, Q2056, The Following Codes Require Prior Auth if they Exceed $1,500 J3393, J3394, J3490
Cerebral Seizure Monitoring	Prior Auth required for Inpatient Services Only	95700, 95711, 95712, 95713, 95714, 95715, 95716, 95718, 95720, 95722, 95724, 95726
Chemotherapy Services	Prior Auth Required	4164F
Chemotherapy Drugs	Injectable Chemotherapy Drugs Exceeding $1,500 Require Prior Authorization	J0640, J0641, J0642, J1950, J1952, J8999, J9019, J9020, J9021, J9022, J9023, J9035, J9039, J9042, J9047, J9055, J9061, J9071, J9118, J9144, J9145, J9153, J9173, J9176, J9177, J9202, J9203, J9204, J9216, J9218, J9219, J9223, J9225, J9228, J9229, J9246, J9266, J9269, J9271, J9272, J9273, J9274, J9281, J9298, J9299, J9302, J9303, J9304, J9305, J9306, J9307, J9308, J9309, J9311, J9313, J9314, J9316, J9317, J9325, J9331, J9348, J9349, J9354, J9355, J9356, J9358, J9359, J9371, J9999
Clinical trials (New treatments under Institutional Review Board approval)	Prior Auth Required	S9988, S9990, S9991
Cochlear and Other Auditory Implants	Prior Auth Required	69710 69714 69716 69930 L8614 L8619 L8690 L8691 L8692 L8693
Continuous Glucose Monitor	Prior Auth Required	A4226, A4238, A4239, A9276, A9277, A9278, E0787, E2102, E2103, G0308, G0309
Cosmetic and Reconstructive Procedures	Prior Auth Required	11920, 11921, 11922, 11960, 11970, 11971, 14020, 14021, 14061, 14302, 15570, 15572, 15574, 15730, 15733, 15740, 15756, 15769, 15773, 15774, 15777, 15819, 15829, 17106, 17107, 17108, 21137, 21138, 21139, 21172, 21175, 21179, 21180, 21181, 21182, 21183, 21184, 21230, 21235, 21256, 21260, 21261, 21263, 21267, 21268, 21275, 21280, 21282, 21295, 21740, 21742, 21743, 28344, 30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 30465, 30468, 30540, 30545, 30620, 36465, 36466, 36468, 36470, 36471, 36473, 36474, 36475, 36476, 36478, 36479, 36482, 36483, 37243, 37500, 37700, 37718, 37722, 37735, 37760, 37761, 37780, 37785, 67909, 67911, 67912, 67914, 67915, 67916, 67917, 67921, 67922, 67923, 67924, 67950, 67961, 67966, 0524T, 11950, 11951, 11952, 11954, 15771, 15772, 15775, 15776, 15780, 15781, 15782, 15783, 15786, 15787, 15788, 15789, 15792, 15793, 15820, 15821, 15822, 15823, 15824, 15825, 15826, 15828, 15830, 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839, 15847, 15876, 15877, 15878, 15879, 17380, 19316, 19318, 19325, 19328, 21270, 54400, 54401, 54405, 54406, 54408, 54410, 54411, 54415, 54416, 54417, 67900, 67901, 67902, 67903, 67904, 67906, 67908, G0429, Q2026
Durable Medical Equipment (DME)	Durable Medical Equipment that Exceeds $500 Requires Prior Authorization	A7025, A7026, A9901, A9999, C1734, E1500, E1510, E1520, E1530, E1540, E1550, E1560, E1570, E1575, E1580, E1590, E1592, E1594, E1600, E1610, E1615, E1620, E1625, E1629, E1630, E1632, E1634, E1635, E1636, E1637, E1639, E1699, E0117, E0140, E0144, E0147, E0149, E0165, E0170, E0171, E0181, E0182, E0183, E0186, E0187, E0193, E0194, E0196, E0197, E0198, E0217, E0235, E0236, E0239,

		E0250, E0251, E0255, E0256, E0260, E0261, E0265, E0266, E0277, E0290, E0291, E0292, E0293, E0294, E0295, E0296, E0297, E0300, E0301, E0302, E0303, E0304, E0305, E0316, E0328, E0329, E0371, E0372, E0373, E0462, E0465, E0466, E0467, E0470, E0471, E0472, E0480, E0482, E0483, E0487, E0550, E0565, E0572, E0574, E0575, E0585, E0600, E0601, E0603, E0604, E0606, E0630, E0635, E0636, E0639, E0640, E0650, E0651, E0652, E0655, E0656, E0657, E0660, E0665, E0666, E0667, E0668, E0669, E0670, E0671, E0672, E0673, E0675, E0676, E0691, E0692, E0693, E0694, E0700, E0740, E0744, E0745, E0746, E0755, E0761, E0764, E0766, E0769, E0770, E0779, E0781, E0783, E0784, E0785, E0786, E0791, E0830, E0849, E0855, E0856, E0872, E0910, E0911, E0912, E0920, E0930, E0935, E0936, E0940, E0941, E0946, E0947, E0948, E1016, E1018, E1399, E1700, E1800, E1801, E1802, E1805, E1806, E1810, E1811, E1812, E1815, E1816, E1818, E1825, E1830, E1831, E1840, E1841, E1902, E2000, E2100, E2402, E2500, E2502, E2504, E2506, E2508, E2510, E2511, E2512, E2599, K0900, K1007, K1014, K1015, L2006, S1040,
Emerging Technologies (investigational / experimental)	Prior Auth Required	26340, 36514, 64722, A9274, C2624, G2000, 0329T, 0330T, 0697T, 0698T, 0707T, 0710T, 0711T, 0712T, 0713T
Endoscopic Sinus Surgery	Prior Auth Required	31020, 31051, 31070, 31075, 31080, 31081, 31084, 31085, 31205, 31240, 31253, 31254, 31255, 31256, 31257, 31259, 31267, 31276, 31287, 31288, 31290, 31291, 31292, 31293, 31294, 31295, 31296, 31297, 31298, 69670
Gastroenterology Endoscopy	Prior Auth Required	91110, 91111, 91113
Gender Reassignment Services for Gender Dysphoria	Prior Auth Required	54125, 54660, 55175, 55180, 55970, 55980, 56805, 57291, 57292, 57335
Genetic and Molecular Testing	Prior Auth Required	81105, 81106, 81107, 81108, 81109, 81110, 81111, 81112, 81120, 81121, 81161, 81162, 81163, 81164, 81165, 81166, 81167, 81168, 81170, 81171, 81172, 81173, 81174, 81175, 81176, 81177, 81178, 81179, 81180, 81181, 81182, 81183, 81184, 81185, 81186, 81187, 81188, 81189, 81190, 81191, 81192, 81193, 81194, 81200, 81201, 81202, 81203, 81204, 81205, 81206, 81207, 81208, 81209, 81210, 81211, 81212, 81213, 81214, 81215, 81216, 81217, 81218, 81219, 81220, 81221, 81222, 81223, 81224, 81225, 81226, 81227, 81228, 81229, 81230, 81231, 81232, 81233, 81234, 81235, 81236, 81237, 81238, 81239, 81240, 81241, 81242, 81243 ,81244, 81245, 81246, 81247, 81248, 81249, 81250, 81251, 81252, 81253, 81254, 81255, 81256, 81257, 81258, 81259, 81260, 81261, 81262, 81263, 81264, 81265, 81266, 81267, 81268, 81269, 81270, 81271, 81272, 81273, 81274, 81275, 81276, 81277, 81278, 81279, 81283, 81284, 81285, 81286, 81287, 81288, 81289, 81290, 81291, 81292, 81293, 81294, 81295, 81296, 81297, 81298, 81299, 81300, 81301, 81303, 81305, 81306, 81307, 81308, 81309, 81310, 81311, 81312, 81313, 81314, 81315, 81316, 81317, 81318, 81319, 81320, 81321, 81322, 81323, 81324, 81325, 81326, 81327, 81328, 81332, 81333, 81334, 81335, 81338, 81339, 81340, 81341, 81342, 81343, 81344, 81345, 81346, 81347, 81348, 81349, 81350, 81351, 81352, 81353, 81355, 81357, 81360, 81361, 81362, 81363, 81364, 81370, 81371, 81372, 81373, 81374, 81375, 81376, 81377, 81378, 81379, 81380, 81381, 81382, 81383, 81400, 81401, 81402, 81403, 81404, 81405, 81406, 81407, 81408, 81410, 81411, 81412, 81413, 81414, 81415, 81416, 81417, 81418, 81419, 81420, 81422, 81425, 81426, 81427, 81430, 81431, 81432, 81433, 81434, 81435, 81436, 81437, 81438, 81439, 81440, 81441, 81442, 81443, 81445, 81448, 81449, 81450, 81451, 81455,

		81457, 81458, 81459, 81460, 81462, 81463, 81464, 81465, 81470 81471, 81490, 81493, 81500, 81503, 81504, 81506, 81507, 81508, 81509, 81510, 81511, 81512, 81518, 81519, 81520, 81521, 81522, 81523, 81525, 81528, 81529, 81535, 81536, 81538, 81539, 81540, 81541, 81542, 81546, 81551, 81552, 81554, 81595, 81596, 83006, 87505, 87506, 87593, 87913, 0018U, 0022U, 0023U, 0026U, 0029U, 0037U, 0047U, 0048U, 0050U, 0071T, 0072T, 0090U, 0094U, 0101U, 0102T, 0102U, 0103U, 0104U, 0111U, 0113U, 0126U, 0128U, 0129U, 0130U, 0131U, 0132U, 0133U, 0134U, 0135U, 0137U, 0138U, 0153U, 0154U, 0155U, 0158U, 0159U, 0160U, 0161U, 0162U, 0170U, 0173U, 0175U, 0177U, 0179U, 0209U, 0211U, 0212U, 0213U, 0214U, 0215U, 0216U, 0217U, 0218U, 0220U, 0221U, 0222U, 0229U, 0233U, 0237U, 0238U, 0239U, 0242U, 0244U, 0245U, 0250U, 0258U, 0265U, 0268U, 0269U, 0285U, 0288U, 0289U, 0291U, 0292U, 0293U, 0294U, 0306U, 0307U, 0318U, 0326U, 0327U, 0334U, 0345U, 0355U, 0364U, 0378U, 0379U, 0387U, 0388U, 0389U, 0391U, 0395U, 0398U, 0409U, 0411U, 0417U, 0419U, 0423U, 0425U, 0426U, 0437U, 0444U, 0448U, 0465U, 0471U, 0473U, 0474U, 0475U, 3394F, 3395F, S3852, S3854, S3865, S3870, 81479, 81599, 0055U, 0087U, 0088U, 0118U, 0319U, 0320U
GYN Surgery	Prior Auth Required	58920, 58940, 58943, 56800, 51925, 58200, 58210, 58240, 58275, 58280, 58285, 58548, 58951, 58953, 58954, 58956
Home Health / Hospice	Prior Auth Required	G0151, G0152, G0153, G0155, G0156, G0157, G0158, G0159, G0160, G0161, G0162, G0299, G0300, G0493, G0494, G0495, G0496, G2168, G2169, R0070, S9123, S9124, T1000, T1002, T1003, T1030, T1031
Hyperbaric Oxygen Therapy	Prior Auth Required	99183, G0277
Hysterectomy	Prior Auth required as stated	**Prior Auth required for Abdominal and laparoscopic hysterectomies** 58150, 58152, 58180, 58541, 58542, 58543, 58544, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573 **Prior Auth required for inpatient vaginal hysterectomies (Prior auth not required if done outpatient)** 58260, 58262, 58263, 58267, 58270, 58290, 58291,58292, 58294
Implants	Prior Auth Required	C1721, C1722, C1776, C1780, C1781, C1785, C1786, C1882, C1874, C1875, C1876, C1889, C1877
Infertility	Prior Auth Required	52402, 54500, 54505, 55550, 55870, 58140, 58145, 58146, 58345, 58545, 58546, 58660, 58662, 58670, 58672, 58673, 58740, 58752, 58760, 58770, 89259, 89260, 89335, 89343, 89344, 89354, 89356, S4026, S4028, S4030, S4031, S4037
Injectable Medications	The following Medications Require Prior Auth if they Exceed $1,500	Q5131, Q5132, J0129, J0130, J0135, J0172, J0174, J0178, J0179, J0180, J0185, J0202, J0205, J0219, J0220, J0221, J0222, J0223, J0224, J0225, J0256, J0257, J0270, J0275, J0364, J0480, J0490, J0491, J0517, J0565, J0567, J0584, J0585, J0587, J0591, J0593, J0596, J0597, J0598, J0599, J0600, J0630, J0638, J0717, J0725, J0739, J0741, J0775, J0791, J0800, J0801, J0802, J0879, J0885, J0888, J0896, J0897, J1203, J1290 ,J1300, J1301, J1302, J1303, J1304, J1305, J1306, J1322, J1324, J1325, J1411, J1412, J1413, J1426, J1427, J1428, J1429, J1437, J1438, J1439, J1442, J1445, J1447, J1448, J1449, J1453, J1454, J1456, J1458, J1459, J1551,

		J1554, J1555, J1556, J1557, J1558, J1559, J1561, J1562, J1566, J1568, J1569, J1572, J1575, J1576, J1595, J1602, J1627, J1628, J1632, J1640, J1675, J1743, J1744, J1745, J1746, J1747, J1786, J1817, J1823, J1826, J1830, J1931, J2170, J2182, J2212, J2267, J2323, J2326, J2327, J2329, J2350, J2354, J2356, J2357, J2502, J2503, J2504, J2505, J2506, J2507, J2508, J2562, J2724, J2760, J2777, J2779, J2781, J2782, J2783, J2786, J2787, J2793, J2797, J2820, J2840, J2860, J2941, J2998, J3031, J3032, J3060, J3110, J3241, J3245, J3247, J3262, J3285, J3299, J3315, J3355, J3358, J3380, J3385, J3397, J3398, J3399, J3401, J7170, J7171, J7175, J7177, J7178, J7179, J7180, J7181, J7182, J7183, J7185, J7186, J7187, J7188, J7189, J7190, J7191, J7192, J7193, J7194, J7195, J7198, J7199, J7200, J7201, J7202, J7203, J7204, J7205, J7207, J7208, J7209, J7210, J7211, J7212, J7213, J7214, J7311, J7313, J7314, J7352, J7504, J7511, J7513, J7599, J7677, J7686, J7699, J7799, J7999, J8498, J8565, J8597, J9210, J9312, J9332, J9333, J9334, J9376, J9381, 90283, 90284, 90378, C9047, C9058, C9089, C9090, C9091, C9092, C9093, C9094, C9095, C9096, C9098, C9101, C9142, C9248, C9254, C9257, C9285, Q0138, Q0139, Q3027, Q4074, Q4082, Q5101, Q5102, Q5103, Q5104, Q5108, Q5109, Q5110, Q5111, Q5115, Q5119, Q5120, Q5121, Q5122, Q5123, Q5124, Q5125, Q5127, Q5130, J3590, J3591, J7318, J7320, J7321, J7322, J7323, J7324, J7325, J7326, J7327, J7328, J7329, J7331, J7332, C9399
Intrauterine Procedures for fetus	Prior Auth Required	59070, 59072, 59074, 59076
Lung and Airways Procedures	Prior Auth Required	32994
Musculoskeletal Procedures	Prior Auth Required	**Elbow Arthroplasty** 24360, 24361, 24362, 24363, 24365, **Shoulder Arthroplasty** 23470, 23472, 23473, 23474 **Hip Arthroplasty** 27125, 27130, 27132, 27134, 27137, 27138 **Knee Surgery** 27429, 27437, 27438, 27440, 27441, 27442, 27443, 27445, 27446, 27447, 27486, 27487 **Foot Surgery** 28285, 28289, 28291, 28292, 28296, 28297, 28298, 28299, **Cartilage Implants** 27416, 29866, 29867, 29868, 27412, 27415, J7330, S2112, **Arm Surgery** 24940, 25390, 25391, 25392, 25393, 25394
Nonemergency Air Transportation	Prior Auth Required	A0140, A0380, A0382, A0384, A0390, A0392, A0394, A0396, A0398, A0420, A0422, A0424, A0425, A0426, A0428, A0430, A0431, A0432, A0433, A0434, A0435, A0436, A0998, A0999, S0207, S0208, S9960, S9961, T2004, T2007
Nuclear Imaging	Prior Auth Required	70554, 78429, 78430, 78431, 78432, 78433, 78434, 78451, 78452, 78453, 78454, 78459, 78460, 78461, 78464, 78465, 78466, 78468, 78469, 78472, 78473, 78478, 78480, 78481, 78483, 78491, 78492,

		78494, 78496, 78608, 78609, 78802, 78803, 78804, 78811, 78812, 78813, 78814, 78815, 78816, G0219, G0235, G0252
Orthognathic Surgery (realignment of jaws and teeth)	Prior Auth Required	21010, 21050, 21060, 21070, 21073, 21110, 21120, 21121, 21122, 21123, 21125, 21127, 21141, 21142, 21143, 21145, 21146, 21147, 21150, 21151, 21154, 21155, 21159, 21160, 21188, 21193, 21194, 21195, 21196, 21198, 21199, 21206, 21208, 21209, 21210, 21215, 21240, 21242, 21243, 21244, 21245, 21246, 21247, 21248, 21249, 21255, 21296, 21480, 21485, 21490, 21497, 29800, 29804, D6050, D7296, D7297, D7810, D7820, D7830, D7840, D7850, D7852, D7854, D7856, D7858, D7860, D7865, D7870, D7871, D7872, D7873, D7874, D7875, D7876, D7877, D7899, D7940, D7941, D7943, D7944, D7945, D7946, D7947, D7948, D7949, D7950, D7951, D7952, D7955, D7991, D7995, D7996
Orthotics	Prior Auth required as stated	**The Following Codes Require Prior Auth if they Exceed $500** L3000, L3001, L3002, L3003, L3010, L3020, L3030, L3031, L3340, L3350, L3360, L3370, L3040, L3050, L3060, L3070, L3080, L3090, L3100, L3140, L3150, L3160, L3170, L3203, L3207, L3230, L3250, L3251, L3252, L3253, L3254, L3255, L3257, L3265, L3300, L3310, L3320, L3330, L3332, L3334, L3380, L3390, L3400, L3410, L3420, L3430, L3440, L3450, L3455, L3460, L3465, L3470, L3480, L3485, L3500, L3510, L3520, L3530, L3540, L3550, L3560, L3570, L3580, L3590, L3595, L3600, L3610, L3620, L3630, L3640, L3649 **The Following Codes Require Prior Auth if they Exceed $1,000** L0220, L0456, L0457, L0458, L0460, L0462, L0464, L0468, L0470, L0480, L0482, L0484, L0486, L0488, L0491, L0492, L0627, L0631, L0635, L0636, L0637, L0638, L0639, L0640, L0648, L0650, L0651, L0700, L0710, L0810, L0820, L0830, L0859, L0999, L1000, L1005, L1200, L1230, L1300, L1310, L1499, L1640, L1680, L1685, L1686, L1690, L1700, L1710, L1720, L1730, L1755, L1832, L1833, L1834, L1840, L1843, L1844, L1845, L1846, L1847, L1848, L1851, L1852, L1860, L1904, L1907, L1932, L1940, L1945, L1950, L1951, L1960, L1970, L1971, L1990, L2000, L2005, L2010, L2020, L2030, L2034, L2036, L2037, L2038, L2050, L2060, L2090, L2106, L2108, L2112, L2114, L2116, L2126, L2128, L2132, L2134, L2136, L2250, L2330, L2340, L2350, L2510, L2525, L2526, L2570, L2580, L2627, L2628, L2999, L3671, L3674, L3677, L3678, L3720, L3730, L3740, L3763, L3764, L3765, L3766, L3900, L3901, L3904, L3905, L3960, L3961, L3962, L3967, L3971, L3973, L3975, L3976, L3977, L3978, L3981, L3999, L4000, L4205, L4210, L4631, L5020, L5220, L5312, L5976, L5982, L5984, L5986, L5990, L6500, L6550, L6694, L6695, L6698, L6895, L7404, L7405, L9900
Pain Management and Injection	Prior Auth Required	62320, 62322, 62324, 62325, 62326, 62327, 62350, 62351, 62360, 62361, 62362, 62367, 62368, 62369, 62370, 64451, 64484, 64520, 64615, 64620, 64640, G0260
Parenteral Nutrition	Prior Auth Required	B4149, B4150, B4152, B4153, B4154, B4155, B4189, B4193, B4197, B4199, B9998, B9999
Pelvic Floor Repair	Prior Auth Required	56810, 45560, 57200, 57210, 57230, 57265, 57270, 57280, 57284, 57285, 57289, 57423, 57426, 57267, 57296
Power Mobility Devices	The Following Codes Require Prior Auth if they Exceed $500	E0955, E0958, E0968, E0983, E0984, E0985, E0986, E0988, E1002, E1003, E1004, E1005, E1006, E1007, E1008, E1010, E1012, E1014, E1020, E1028, E1029, E1030, E1031, E1035, E1036, E1037, E1038, E1039, E1050, E1060, E1070, E1083, E1084, E1087, E1088, E1092,

		E1093, E1100, E1110, E1150, E1160, E1161, E1170, E1171, E1172, E1180, E1190, E1195, E1200, E1220, E1221, E1222, E1223, E1224, E1225, E1228, E1230, E1232, E1233, E1234, E1235, E1236, E1237, E1238, E1240, E1270, E1280, E1295, E1296, E1298, E2201, E2202, E2203, E2204, E2227, E2228, E2230, E2300, E2301, E2310, E2311, E2312, E2313, E2321, E2322, E2323, E2324, E2325, E2326, E2327, E2328, E2329, E2330, E2331, E2340, E2341, E2342, E2343, E2351, E2358, E2359, E2360, E2361, E2362, E2363, E2364, E2365, E2366, E2367, E2368, E2369, E2370, E2371, E2373, E2374, E2375, E2376, E2377, E2378, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, E2397, E2398, E2609, E2610, E2613, E2614, E2615, E2616, E2617, E2620, E2621, E2626, E2627, E2628, E2629, E2630, K0002, K0003, K0004, K0005, K0006, K0007, K0008, K0009, K0010, K0011, K0012, K0013, K0014, K0015, K0070, K0108, K0669, K0733, K0800, K0801, K0802, K0806, K0807, K0808, K0812, K0813, K0814, K0815, K0816, K0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, K0829, K0830, K0831, K0835, K0836, K0837, K0838, K0839, K0840, K0841, K0842, K0843, K0848, K0849, K0850, K0851, K0852, K0853, K0854, K0855, K0856, K0857, K0858, K0859, K0860, K0861, K0862, K0863, K0864, K0868, K0869, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886, K0890, K0891, K0898, K0899, 97542
Prostate Cancer Screening	Prior Auth Required	0010M, 0228U
Prostate Procedures	Prior Auth Required	55860, 55862, 55865, 55874, 52441, 53850, 0582T, 55801, 55810, 55812, 55815, 55821, 55831, 55840, 55842, 55845, C9739, C9740, C9769, 55866
Prosthetics	The Following Codes Require Prior Auth if they Exceed $1,000	K1022, L4010, L4020, L5010, L5050, L5060, L5100, L5105, L5150, L5160, L5200, L5210, L5230, L5250, L5270, L5280, L5301, L5321, L5331, L5400, L5420, L5530, L5535, L5540, L5585, L5590, L5616, L5639, L5643, L5649, L5651, L5681, L5683, L5703, L5707, L5724, L5726, L5728, L5780, L5781, L5782, L5795, L5814, L5818, L5822, L5824, L5826, L5828, L5830, L5840, L5845, L5848, L5856, L5857, L5858, L5859, L5930, L5960, L5966, L5968, L5969, L5973, L5979, L5980, L5981, L5987, L5988, L5999, L6000, L6010, L6020, L6026, L6050, L6055, L6120, L6130, L6200, L6205, L6310, L6320, L6350, L6360, L6370, L6400, L6450, L6570, L6580, L6582, L6584, L6586, L6588, L6590, L6621, L6624, L6638, L6648, L6693, L6696, L6697, L6707, L6881, L6882, L6884, L6885, L6900, L6905, L6910, L6920, L6925, L6930, L6935, L6940, L6945, L6950, L6955, L6960, L6965, L6970, L6975, L7007, L7008, L7009, L7040, L7045, L7170, L7180, L7181, L7185, L7186, L7190, L7191, L7499, L8033, L8035, L8039, L8040, L8041, L8042, L8043, L8044, L8045, L8046, L8047, L8048, L8049, L8500, L8505, L8608, L8609, L8610, L8627, L8628, L8631, L8659, L8699, V2623, V2629, 0725T, 0726T, 0727T, 0728T, 0729T, C1789, C1813, C1841, C1842
Radiation Therapy	Prior Auth Required	19294, 19296, 19297, 19298, 31643, 32553, 32701, 41019, 49411, 49412, 55875, 55876, 55920, 57155, 57156, 58346, 61796, 61797, 61798, 61799, 61800, 76873, 76965, 77014, 77261, 77262, 77263, 77280, 77285, 77290, 77293, 77295, 77300, 77301, 77306, 77307, 77316, 77317, 77318, 77321, 77331, 77332, 77333, 77334, 77336, 77338, 77370, 77371, 77372, 77385, 77386, 77387, 77399, 77401, 77402, 77407, 77412, 77417, 77422, 77423, 77424, 77425, 77427, 77431, 77432, 77435, 77469, 77470, 77499, 77520, 77522, 77523, 77525, 77600, 77605, 77610, 77615, 77620, 77750, 77761, 77762,

		77763, 77767, 77768, 77770, 77771, 77772, 77778, 77789, 77790, 79005, 79101, 79200, 79403, 0394T, 0395T, 0745T, 0746T, 0747T, 4165F, 4200F, A4650, A9513, A9539, A9541, A9542, A9543, A9548, A9551, A9572, A9590, A9606, A9607, A9699, C2616, C2698, C2699, C9726, C9728, G0458, G6001, G6002, G6003, G6004, G6005, G6006, G6007, G6008, G6009, G6010, G6011, G6012, G6013, G6014, G6015, G6016, G6017, 77373, G0339, G0340, Q3001, S2095, S8030,
Radiology Imaging	Prior Auth Required	70336, 70540, 70542, 70543, 70544, 70545, 70546, 70547, 70548, 70549, 70551, 70552, 70553, 70555, 70557, 70558, 70559, 71275, 71550, 71551, 71552, 71555, 72141, 72142, 72146, 72147, 72148, 72149, 72156, 72157, 72158, 72159, 72195, 72196, 72197, 72198, 72295, 73206, 73218, 73219, 73220, 73221, 73222, 73223, 73225, 73706, 73718, 73719, 73720, 73721, 73722, 73723, 73725, 74174, 74175, 74181, 74182, 74183, 74185, 74261, 74262, 74263, 74400, 74415, 74425, 74712, 74713, 75554, 75555, 75556, 75557, 75558, 75559, 75560, 75561, 75562, 75563, 75564, 75565, 75571, 75572, 75573, 75574, 75580, 75635, 76376, 76377, 76390, 76391, 77021, 77022, 77046, 77047, 77048, 77049, 77058, 77059, 77084, 78102, 78103, 78104, 78300, 78305, 78306, 78315, 78600, 78601, 78605, 78606, 78610, 0042T, 0146T, 0147T, 0148T, 0149T, 0501T, 0502T, 0503T, 0504T, 0609T, 0610T, 0611T, 0612T, 0623T, 0624T, 0625T, 0626T, 0633T, 0634T, 0635T, 0636T, 0637T, 0638T, 0648T, 0649T, C8900, C8901, C8902, C8903, C8904, C8905, C8906, C8907, C8908, C8909, C8910, C8911, C8912, C8913, C8914, C8918, C8919, C8920, C8931, C8932, C8933, C8934, C8935, C8936, C9762, C9763, S8035, S8037, S8042, S8080, S8092, 76496, 76497, 76498, 78320, 78607, C9734
Respiratory Treatments	Prior Auth Required	K0730
Robotic Surgery	Prior Auth Required	S2900
Site of service (SOS) - Outpatient Hospital	Prior Auth Required (Prior authorization only required when requesting service in an outpatient hospital setting. Prior authorization not required if performed at a participating ASC).	**Dermatologic (skin) procedures** 10121, 10180, 11010, 11012, 11440, 11441, 11443, 11444, 11446, 11450, 11451, 11462, 11463, 11470, 11471, 11601, 11602, 11603, 11604, 11620, 11621, 11622, 11623, 11624, 11640, 11641, 11642, 11643, 11644, 11750, 11755, 11760, 11770, 11772, 12031, 12032, 12034, 12035, 12041, 12042, 12051, 12052, 13100, 13101, 13120, 13121, 13131, 13132, 13151, 14040, 14060, 14301, 15100, 15120, 15220, 15240, 15576, 15760, 15770, 17000, 17004, 17110, 17111, 17311, 17313, 19101, 19110, 19112, 19120, 19125, **Ear, Nose, Throat procedures** 20912, 21315, 21320, 21325, 21330, 21335, 21336, 21337, 21356, 30000, 30020, 30100, 30110, 30115, 30118, 30130, 30140, 30220, 30310, 30520, 30580, 30630, 30801, 30802, 30930, 31030, 31032, 31200, 31525, 31526, 31528, 31529, 31530, 31535, 31536, 31540, 31541, 31545, 31570, 31571, 31574, 31575, 31576, 31578, 31591, 42821, 42826, 42831 **Respiratory System procedures** 31611, 31622, 31623, 31624, 31625, 31628, 31652, 32408, 32555, 32557 **Musculoskeletal procedures** 20200, 20205, 20220, 20225, 20240, 20245, 20520, 20525, 20526, 20551, 20600, 20604, 20605, 20606, 20610, 20611, 20612, 20693,

	20694, 21011, 21012, 21013, 21014, 21030, 21031, 21040, 21046, 21048, 21550, 21552, 21555, 21556, 21557, 21920, 21930, 21931, 21932, 21933, 22900, 22901, 22902, 22903, 23071, 23075, 23076, 23120, 23140, 23150, 23405, 23415, 23430, 23440, 23480, 23615, 23630, 23700, 24000, 24006, 24065, 24066, 24071, 24073, 24075, 24076, 24101, 24102, 24105, 24110, 24120, 24130, 24147, 24200, 24201, 24300, 24310, 24340, 24341, 24342, 24343, 24357, 24358, 24366, 24515, 24516, 24586, 24615, 24665, 24666, 25000, 25071, 25073, 25075, 25076, 25085, 25105, 25107, 25109, 25110, 25111, 25112, 25115, 25118, 25120, 25130, 25151, 25210, 25215, 25230, 25240, 25260, 25270, 25275, 25280, 25290, 25295, 25350, 25445, 25545, 25605, 25606, 25607, 25608, 25609, 25624, 25628, 25645, 25652, 25810, 25825, 26011, 26020, 26045, 26055, 26070, 26075, 26080, 26105, 26110, 26111, 26113, 26115, 26116, 26121, 26123, 26160, 26180, 26200, 26210, 26215, 26236, 26320, 26350, 26356, 26357, 26392, 26410, 26418, 26420, 26426, 26432, 26433, 26437, 26440, 26442, 26445, 26455, 26480, 26500, 26502, 26516, 26520, 26525, 26530, 26535, 26540, 26541, 26542, 26567, 26608, 26615, 26650, 26665, 26676, 26715, 26727, 26735, 26742, 26746, 26756, 26765, 26841, 26842, 26850, 26860, 26862, 26910, 26951, 26952, 27043, 27045, 27047, 27048, 27062, 27093, 27095, 27310, 27323, 27324, 27327, 27328, 27329, 27331, 27332, 27334, 27335, 27337, 27339, 27340, 27345, 27347, 27372, 27403, 27407, 27418, 27570, 27606, 27613, 27614, 27618, 27619, 27620, 27626, 27632, 27634, 27638, 27640, 27658, 27659, 27665, 27680, 27685, 27690, 27696, 27705, 27720, 27756, 27788, 28005, 28010, 28011, 28020, 28022, 28035, 28039, 28041, 28043, 28045, 28047, 28055, 28060, 28080, 28086, 28088 28090, 28092, 28100, 28103, 28104, 28108, 28110, 28111, 28112, 28113, 28118, 28119, 28120, 28122, 28124, 28126, 28153, 28160, 28190, 28192, 28193, 28200, 28208, 28225, 28232, 28234, 28238, 28250, 28272, 28280, 28286, 28288, 28295, 28306, 28310, 28312, 28313, 28315, 28322, 28475, 28476, 28496, 28515, 28525, 28645, 28666, 28675, 28755, 28760, 28810, 28825, 29900, 29901, 29902, 29906 **Cardiovascular Procedures** 33215, 33216, 36000, 36010, 36012, 36215, 36246, 36556, 36569, 36571, 36581, 36582, 36589, 36590, 36821, 36901, 36902, 37242, 37248, 37607, 37609, 37765, 37766 **Hematologic and Lymphatic System procedures** 38221, 38222, 38500, 38505, 38510, 38520, 38525, 38740, 38760 **Mouth and oral cavity procedures** 40810, 40812, 41110, 41112, 41113, 41520, 42104, 42106, 42408, 42420, 42425, 42440, 42800, 42810 **Digestive System procedures** 45172, 45990, 46080, 46200, 46220, 46221, 46250, 46255, 46257, 46261, 46270, 46505, 46612, 46910, 46946, 47000, 49505, 49550, 49650, 49651 **Urologic procedures** 50430, 50435, 50575, 50590, 50688, 51102, 51702, 51710, 51715, 51720, 51726, 51728, 51729, 52000, 52001, 52005, 52007, 52204, 52214, 52224, 52234, 52235, 52260, 52265, 52275, 52276, 52281, 52282, 52283, 52285, 52287, 52300, 52310, 52315, 52317, 52320, 52325, 52327, 52330, 52332, 52341, 52344, 52351, 52352, 52353,

		52354, 52356, 52450, 52500, 52640, 53020, 53230, 53260, 53265, 53270, 53440, 53445, 53450, 53605, 53665 **Male genital system procedures** 54001, 54055, 54057, 54060, 54065, 54100, 54110, 54150, 54161, 54162, 54163, 54164, 54300, 54360, 54450, 54512, 54530, 54600, 54620, 54640, 54700, 54830, 54840, 54860, 55040, 55041, 55060, 55100, 55110, 55120, 55500, 55520, 55540, 55700 **Female genital system procedures** 56405, 56420, 56440, 56441, 56442, 56501, 56515, 56605, 56620, 56700, 56740, 56821, 57000, 57061, 57065, 57100, 57105, 57130, 57135, 57240, 57250, 57260, 57268, 57282, 57283, 57287, 57295, 57300, 57410, 57415, 57420, 57421, 57425, 57452, 57454, 57456, 57461, 57500, 57505, 57510, 57511, 57513, 57520, 57522, 57530, 57700, 57720, 57800, 58100, 58120, 58353, 58558, 58560, 58561, 58562, 58563, 58565, **Nervous System procedures** 62281, 64425, 64493, 64530, 64585, 64600, 64610, 64642, 64644, 64646, 64647, 64702, 64718, 64719, 64721, 64774, 64776, 64782, 64784, 64788, 64795, 64831, 64835 **Eye and adnexa procedures** 65400, 65420, 65426, 65435, 65436, 65710, 65730, 65750, 65755, 65756, 65778, 65779, 65780, 65800, 65815, 65820, 65850, 65855, 65865, 65875, 65920, 66170, 66172, 66185, 66250, 66682, 66710, 66711, 66761, 66821, 66825, 66840, 66850, 66852, 66982, 66983, 66984, 66985, 66986, 66987, 66988, 67005, 67010, 67025, 67028, 67036, 67039, 67040, 67041, 67042, 67043, 67101, 67105, 67107, 67108, 67110, 67113, 67120, 67121, 67145, 67210, 67218, 67220, 67221, 67228, 67311, 67312, 67314, 67316, 67318, 67345, 67400, 67412, 67414, 67420, 67445, 67550, 67560, 67700, 67800, 67801, 67805, 67808, 67840, 67875, 67880, 67935, 67938, 67971, 67973, 67975, 68100, 68110, 68115, 68135, 68320, 68440, 68700, 68720, 68750, 68811, 68815, 0730T **Auditory System** 69100, 69110, 69140, 69145, 69205, 69222, 69310, 69320, 69421, 69424, 69433, 69436, 69440, 69450, 69505, 69550, 69602, 69610, 69620, 69631, 69632, 69633, 69635, 69636, 69641, 69642, 69643, 69644, 69645, 69646, 69650, 69660, 69661, 69662, 69801, 69805, 69806
Site of service (SOS) – Office Based Program	Prior Auth Required (Prior authorization required if performed in an outpatient hospital setting or ASC).	**Dermatologic** 11402, 11403, 11404, 11406, 11420, 11421, 11422, 11423, 11424, 11426, 11442 **General Surgery** 19000 **Musculoskeletal** 20552, 20553, 27096, 64479, 64490 **Neurologic** 62270, 62321,64633,64635 **Ob/Gyn** 57460

		Respiratory 31579
Sleep Apnea Procedures and Surgeries	Prior Auth Required	21685,42140, 42145, C9727, S2080
Sleep Study	Prior Auth Required	95782, 95783, 95800, 95801, 95803, 95805, 95806, 95807, 95808, 95810, 95811, K1001
Spinal Procedures	Prior Auth Required	22015, 22100, 22101, 22102, 22103, 22112, 22114, 22116, 22206, 22207, 22208, 22212, 22216, 22226, 22325, 22526, 22527, 22586, 22850, 22852, 22855, 22860, 22864, 22867, 22868, 22869, 22870, 27279, 27280, , 22210, 22214, 22220, 22222, 22224, 22510, 22511, 22512, 22513, 22514, 22515, 22532, 22533, 22534, 22548, 22551, 22552, 22554, 22556, 22558, 22585, 22590, 22595, 22600, 22610, 22612, 22614, 22630, 22632, 22633, 22634, 22800, 22802, 22804, 22808, 22810, 22812, 22818, 22819, 22830, 22840, 22841, 22842, 22843, 22844, 22845, 22846, 22847, 22848, 22849, 22853, 22854, 22856, 22857, 22858, 22859, 22861, 22862, 22865, 61343, 62280, 62287, 62380, 63001, 63003, 63005, 63011, 63012, 63015, 63016, 63017, 63020, 63030, 63035, 63040, 63042, 63043, 63044, 63045, 63046, 63047, 63048, 63050, 63051, 63052, 63053, 63055, 63056, 63057, 63064, 63066, 63075, 63076, 63077, 63078, 63081, 63082, 63085, 63086, 63087, 63088, 63090, 63091, 63101, 63102, 63103, 63170, 63172, 63173, 63185, 63190, 63191, 63197, 63200, 63250, 63251, 63252, 63265, 63266, 63267, 63268, 63270, 63271, 63272, 63273, 63275, 63276, 63277, 63278, 63280, 63281, 63282, 63283, 63285, 63286, 63287, 63290, 63295, 63300, 63301, 63302, 63303, 63304, 63305, 63306, 63307, 63308, 63194, 63195, 63196, 63198, 63199, 63600, 63740, 63741, 63746, 0202T, 0216T, 0219T, 0220T, 0221T, 0222T, 0274T, 0275T, S2348, S2350, S2351, S2360, S2361, 0163T, 0164T, 0165T, C1821, C9757, G0276, 20930, 20931, 20939, 0095T, 0098T
Stimulators for Spinal Cord for chronic pain	Prior Auth Required	63661, 63662, 63650, 63655, 63663, 63664, 63685, 63688, C1767, C1816, C1820, C1822, L8679, L8680, L8682, L8683, L8685, L8686, L8687, L8688, 64553, 64570
Stimulators - Not Related to Spine	Prior Auth Required	0587T, 0588T, 43647, 43648, 43881, 43882, 61863, 61864, 61867, 61868, 61885, 61886, 64555, 64568, 64590, 64595, E0747, E0748, E0749, E0760
Transplant	Prior Auth Required	32850, 32851, 32852, 32853, 32854, 32855, 32856, 33930, 33933, 33935, 33940, 33944, 33945, 38206, 38208, 38209, 38210, 38212, 38213, 38214, 38215, 38232, 38240, 38241, 38242, 44132, 44133, 44135, 44136, 44137, 44715, 44720, 44721, 47133, 47135, 47140, 47141, 47142, 47143, 47144, 47145, 47146, 47147, 48160, 48550, 48551, 48552, 48554, 48556, 50300, 50320, 50323, 50325, 50327, 50328, 50329, 50340, 50360, 50365, 50370, 50547, 99205, 0494T, 0584T, 0585T, 0586T, 0668T, 0669T, 0670T, G0341, G0342, G0343, S2053, S2054, S2060, S2061, S2065, S2140, S2142, S2150, S2152, V2785
Transurethral Resection of Prostate (TURP)	Prior Auth Required	52601, 52630, 52647, 52648, 52649, 53852
Unlisted Procedures (procedures not clearly defined)	Prior Auth Required	15999, 17999, 19499, 20999, 21089, 21299, 21499, 21899, 22899, 22999, 23929, 24999, 25999, 26989, 27299, 27599, 27899, 28899, 29999, 30999, 31299, 31599, 31899, 32999, 33999, 36299, 37501,

		37799, 38129, 38589, 38999, 39499, 39599, 40799, 40899, 41599, 41899, 42299, 42699, 42999, 43289, 43499, 44238, 44799, 44899, 44979, 45399, 45499, 45999, 46999, 47379, 47399, 47579, 47999, 48999, 49329, 49659, 50549, 50949, 51999, 53899, 54699, 55559, 55899, 58578, 58579, 58679, 58999, 59897, 59898, 59899, 60659, 60699, 64999, 66999, 67299, 67399, 67599, 67999, 68399, 68899, 69399, 69799, 69949, 69979, 77299, 77799, 78099, 78199, 78299, 78399, 78499, 78599, 78699, 78799, 78999, 79999, 89398, 93799, 93998, 94799, 95199, 95999, 96379, 96549, 96999, 97039, 97139, 97799, 99199, 99499, 90999, L8499, 0236T, 0237T, 0238T
Whirlpools	The Following Codes Require Prior Auth if they Exceed $500	E1300, E1310, K1003
Wound Care	Prior Auth Required	A2001, A2002, A2004, A2005, A2006, A2007, A2008, A2009, A2010, A2011, A2012, A2013, A2014, A2015, A2016, A2017, A2018, A4100, C9352, C9353, C9354, C9355, C9356, C9358, C9359, C9360, C9361, C9362, C9363, C9364, G0329, Q4100, Q4161, Q4162 ,Q4163, Q4164, Q4165, Q4183, Q4184, Q4185, Q4186, Q4187, Q4188, Q4189, Q4190, Q4191, Q4192, Q4193, Q4194, Q4195, Q4196, Q4197, Q4198, Q4200, Q4201, Q4202, Q4203, Q4204, Q4212, Q4213, Q4215, Q4224, Q4225, Q4226, Q4249, Q4250, Q4251, Q4252, Q4253, Q4254, Q4255, Q4256, Q4257, Q4258, Q4259, Q4260, Q4261, V2790