

Provider Update:

Procedures codes for which providers must request prior authorization.

May 1st, 2025

AgeRight Advantage requires health care providers to obtain approval before providing certain services. This approval is known as prior authorization, and it helps to ensure that the services are appropriate for the patient's condition and are medically necessary. Some plans also have requirements about where to get certain services. While prior authorization is required to process claims for certain services, it isn't the only requirement that must be met for claims to pay; for example, the member must have active coverage, and the service must be part of the member's benefits.

This document provides a list of CPT codes and HCPCS codes for services that require prior authorization for most members as of the date specified later in this document.

Note: in general, the following categories of medical procedures require prior authorization: inpatient care, musculoskeletal procedures (joint replacement surgeries and other related arthroscopic procedures, pain management procedures, spinal surgeries), post-acute care, radiation oncology procedures, radiology procedures (high tech imaging), sleep studies, DME, prosthetics, and medical supplies.

To find a procedure code in this document

1. Hold down the *Ctrl* Key on your keyboard and press the *F* key
2. Enter the procedure code in the *Find* field.
3. Click *Search* or an arrow to search for the procedure code.

A rectangular search box with a thin black border. On the right side of the box, there are three small icons: an upward-pointing arrow, a downward-pointing arrow, and an 'x' icon, which are typically used for navigating through search results or clearing the search.

Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Clinical Criteria
A2001	Innovamatrix ac, per sq cm	5/1/2025		LCD
A2005	Microlyte matrix, per sq cm	5/1/2025		LCD
A2006	Novosorb synpath per sq cm	5/1/2025		LCD
A2007	Restrata, per sq cm	5/1/2025		LCD
A2008	Theragenesis, per sq cm	5/1/2025		LCD
A2009	Symphony, per sq cm	5/1/2025		LCD
A2011	Supra sdrm, per sq cm	5/1/2025		LCD
A2012	Suprathel, per sq cm	5/1/2025		LCD
A2013	Innovamatrix fs, per sq cm	5/1/2025		LCD
A2015	Phoenix wnd mtrx, per sq cm	5/1/2025		LCD
A2016	Permeaderm b, per sq cm	5/1/2025		LCD
A2018	Permeaderm c, per sq cm	5/1/2025		LCD
A2019	Kerecis marigen shld sq cm	5/1/2025		LCD
A2021	Neomatrix per sq cm	5/1/2025		LCD
A2022	Innovabrn/innovamatx xl sqcm	5/1/2025		LCD
A2024	Resolve or xenopatch sq cm	5/1/2025		LCD
A2025	Miro3d per cubic cm	5/1/2025		LCD
A2027	Matriderm per sq cm	5/1/2025		MCG/Evidence Based criteria
A2030	Miro3d fibers, per mg	5/1/2025		MCG/Evidence Based criteria
A2031	Mirodry wound matrix, per sq cm	5/1/2025		MCG/Evidence Based criteria
A2032	Myriad matrix, per square centimeter	5/1/2025		MCG/Evidence Based criteria
A2033	Myriad morcells 4 mg	5/1/2025		MCG/Evidence Based criteria
A2034	Foundation drs solo, per sq cm	5/1/2025		MCG/Evidence Based criteria
A2035	Corplex p per cc	5/1/2025		LCD
Q4122	Dermacell, awm, porous sq cm	5/1/2025		MCG/Evidence Based criteria
Q4128	Flexhd/allopachhd/sq cm	5/1/2025		MCG/Evidence Based criteria
Q4133	Grafix stravix prime pl sq cm	5/1/2025		MCG/Evidence Based criteria
Q4137	Amnioexcel biodexcel 1sq cm	5/1/2025		LCD

Q4138	Biodfence dryflex, 1cm	5/1/2025		LCD
Q4140	Biodfence 1cm	5/1/2025		LCD
Q4141	Alloskin ac, 1 cm	5/1/2025		LCD
Q4142	Xcm biologic tiss matrix 1cm	5/1/2025		LCD
Q4143	Repriza, 1cm	5/1/2025		LCD
Q4146	Tensix, 1cm	5/1/2025		LCD
Q4147	Architect ecm px fx 1 sq cm	5/1/2025		LCD
Q4150	Allowrap ds or dry 1 sq cm	5/1/2025		LCD
Q4151	Amnioband, guardian 1 sq cm	5/1/2025		MCG/Evidence Based criteria
Q4152	Dermapure 1 square cm	5/1/2025		LCD
Q4153	Dermavest, plurivest sq cm	5/1/2025		LCD
Q4154	Biovance 1 square cm	5/1/2025		LCD
Q4157	Revitalon 1 square cm	5/1/2025		LCD
Q4158	Kerecis omega3, per sq cm	5/1/2025		MCG/Evidence Based criteria
Q4159	Affinity1 square cm	5/1/2025		MCG/Evidence Based criteria
Q4160	Nushield 1 square cm	5/1/2025		MCG/Evidence Based criteria
Q4161	Bio-connekt per square cm	5/1/2025		LCD
Q4163	Woundex, bioskin, per sq cm	5/1/2025		LCD
Q4164	Helicoll, per square cm	5/1/2025		LCD
Q4165	Keramatrix, kerasorb sq cm	5/1/2025		LCD
Q4169	Artacent wound, per sq cm	5/1/2025		LCD
Q4170	Cygnus, per sq cm	5/1/2025		LCD
Q4176	Neopatch or therion, 1 sq cm	5/1/2025		LCD
Q4178	Floweramniopatch, per sq cm	5/1/2025		LCD
Q4179	Flowerderm, per sq cm	5/1/2025		LCD
Q4180	Revita, per sq cm	5/1/2025		LCD
Q4181	Amnio wound, per square cm	5/1/2025		LCD
Q4183	Surgigraft, 1 sq cm	5/1/2025		LCD
Q4184	Cellesta or duo per sq cm	5/1/2025		LCD
Q4186	Epifix 1 sq cm	5/1/2025		MCG/Evidence Based criteria
Q4187	Epicord 1 sq cm	5/1/2025		MCG/Evidence Based criteria

Q4188	Amnioarmor 1 sq cm	5/1/2025		LCD
Q4190	Artacent ac 1 sq cm	5/1/2025		LCD
Q4191	Restorigin 1 sq cm	5/1/2025		LCD
Q4193	Coll-e-derm 1 sq cm	5/1/2025		LCD
Q4194	Novachor 1 sq cm	5/1/2025		LCD
Q4195	Puraply 1 sq cm	5/1/2025		LCD
Q4196	Puraply am 1 sq cm	5/1/2025		LCD
Q4197	Puraply xt 1 sq cm	5/1/2025		LCD
Q4198	Genesis amnio membrane 1sqcm	5/1/2025		LCD
Q4199	Cygnus matrix, per sq cm	5/1/2025		LCD
Q4200	Skin te 1 sq cm	5/1/2025		LCD
Q4201	Matrion 1 sq cm	5/1/2025		LCD
Q4203	Derma-gide, 1 sq cm	5/1/2025		MCG/Evidence Based criteria
Q4204	Xwrap 1 sq cm	5/1/2025		LCD
Q4205	Membrane graft or wrap sq cm	5/1/2025		LCD
Q4208	Novafix per sq cm	5/1/2025		LCD
Q4209	Surgraft per sq cm	5/1/2025		LCD
Q4211	Amnion bio or axobio sq cm	5/1/2025		LCD
Q4214	Cellesta cord per sq cm	5/1/2025		LCD
Q4216	Artacent cord per sq cm	5/1/2025		LCD
Q4218	Surgicord per sq cm	5/1/2025		LCD
Q4219	Surgigraft dual per sq cm	5/1/2025		LCD
Q4220	Bellacell hd, surederm sq cm	5/1/2025		LCD
Q4221	Amniowrap2 per sq cm	5/1/2025		LCD
Q4222	Progenamatrix, per sq cm	5/1/2025		LCD
Q4224	Hhf10-p per sq cm	5/1/2025		MCG/Evidence Based criteria
Q4225	Amnio or derma tl, per sq cm	5/1/2025		LCD
Q4226	Myown harv prep proc sq cm	5/1/2025		LCD
Q4227	Amniocore per sq cm	5/1/2025		LCD
Q4229	Cogenex amnio memb per sq cm	5/1/2025		LCD
Q4232	Corplex, per sq cm	5/1/2025		LCD

Q4234	Xcellerate, per sq cm	5/1/2025		LCD
Q4235	Amniorepair or altiply sq cm	5/1/2025		LCD
Q4236	Carepatch per sq cm	5/1/2025		LCD
Q4237	Cryo-cord, per sq cm	5/1/2025		LCD
Q4238	Derm-maxx, per sq cm	5/1/2025		LCD
Q4239	Amnio-maxx or lite per sq cm	5/1/2025		LCD
Q4247	Amniotext patch, per sq cm	5/1/2025		LCD
Q4248	Dermacyte amn mem allo sq cm	5/1/2025		LCD
Q4249	Amniply, per sq cm	5/1/2025		LCD
Q4250	Amnioamp-mp per sq cm	5/1/2025		LCD
Q4254	Novafix dl per sq cm	5/1/2025		LCD
Q4256	Mlg complet, per sq cm	5/1/2025		LCD
Q4257	Relese, per sq cm	5/1/2025		LCD
Q4258	Enverse, per sq cm	5/1/2025		LCD
Q4259	Celera per sq cm	5/1/2025		LCD
Q4260	Signature apatch, per sq cm	5/1/2025		LCD
Q4262	Dual layer impax, per sq cm	5/1/2025		LCD
Q4263	Surgraft tl, per sq cm	5/1/2025		LCD
Q4264	Cocoon membrane, per sq cm	5/1/2025		LCD
Q4265	Neostim tl per sq cm	5/1/2025		LCD
Q4266	Neostim per sq cm	5/1/2025		LCD
Q4267	Neostim dl per sq cm	5/1/2025		LCD
Q4268	Surgraft ft per sq cm	5/1/2025		LCD
Q4269	Surgraft xt per sq cm	5/1/2025		LCD
Q4270	Complete sl per sq cm	5/1/2025		LCD
Q4271	Complete ft per sq cm	5/1/2025		LCD
Q4272	Esano a, per sq cm	5/1/2025		LCD
Q4273	Esano aaa, per sq cm	5/1/2025		LCD
Q4274	Esano ac, per sq cm	5/1/2025		LCD
Q4275	Esano aca, per sq cm	5/1/2025		LCD
Q4276	Orion, per sq cm	5/1/2025		LCD

Q4278	Epieffect, per sq cm	5/1/2025		LCD
Q4279	Vendaje ac, per sq cm	5/1/2025		LCD
Q4280	Xcell amnio matrix per sq cm	5/1/2025		LCD
Q4281	Barrera slor dl per sq cm	5/1/2025		LCD
Q4282	Cygnus dual per sq cm	5/1/2025		LCD
Q4283	Biovance tri or 3l, sq cm	5/1/2025		LCD
Q4284	Dermabind sl, per sq cm	5/1/2025		LCD
Q4285	Nudyn dl or dl mesh pr sq cm	5/1/2025		LCD
Q4286	Nudyn sl or slw, per sq cm	5/1/2025		LCD
Q4287	Dermabind dl, per sq cm	5/1/2025		LCD
Q4288	Dermabind ch, per sq cm	5/1/2025		LCD
Q4289	Revoshield+ amnio, per sq cm	5/1/2025		LCD
Q4290	Membrane wrap hydr per sq cm	5/1/2025		LCD
Q4291	Lamellas xt, per sq cm	5/1/2025		LCD
Q4292	Lamellas, per sq cm	5/1/2025		LCD
Q4293	Acesso dl, per sq cm	5/1/2025		LCD
Q4294	Amnio quad-core, per sq cm	5/1/2025		LCD
Q4295	Amnio tri-core, per sq cm	5/1/2025		LCD
Q4296	Rebound matrix, per sq cm	5/1/2025		LCD
Q4297	Emerge matrix, per sq cm	5/1/2025		LCD
Q4298	Amnicore pro, per sq cm	5/1/2025		LCD
Q4299	Amnicore pro+, per sq cm	5/1/2025		LCD
Q4300	Acesso tl, per sq cm	5/1/2025		LCD
Q4301	Activate matrix, per sq cm	5/1/2025		LCD
Q4302	Complete aca, per sq cm	5/1/2025		LCD
Q4303	Complete aa, per sq cm	5/1/2025		LCD
Q4304	Grafix plus, per sq cm	5/1/2025		LCD
Q4305	Amer am ac tri-lay per sq cm	5/1/2025		LCD
Q4306	Americ amnion ac per sq cm	5/1/2025		LCD
Q4307	American amnion, per sq cm	5/1/2025		LCD
Q4308	Sanopellis, per sq cm	5/1/2025		LCD

Q4309	Via matrix, per sq cm	5/1/2025		LCD
Q4311	Acesso, per sq cm	5/1/2025		MCG/Evidence Based criteria
Q4312	Acesso ac, per sq cm	5/1/2025		MCG/Evidence Based criteria
Q4313	Dermabind fm, per sq cm	5/1/2025		MCG/Evidence Based criteria
Q4314	Reeva, per sq cm	5/1/2025		MCG/Evidence Based criteria
Q4316	Amchoplast, per sq cm	5/1/2025		MCG/Evidence Based criteria
Q4317	Vitograft, per sq cm	5/1/2025		MCG/Evidence Based criteria
Q4318	E-graft, per sq cm	5/1/2025		MCG/Evidence Based criteria
Q4319	Sanograft, per sq cm	5/1/2025		MCG/Evidence Based criteria
Q4320	Pellograft, per sq cm	5/1/2025		MCG/Evidence Based criteria
Q4321	Renograft, per sq cm	5/1/2025		MCG/Evidence Based criteria
Q4322	Caregraft, per sq cm	5/1/2025		MCG/Evidence Based criteria
Q4323	Alloply, per sq cm	5/1/2025		MCG/Evidence Based criteria
Q4324	Amniotx, per sq cm	5/1/2025		MCG/Evidence Based criteria
Q4325	Acapatch, per sq cm	5/1/2025		MCG/Evidence Based criteria
Q4326	Woundplus, per sq cm	5/1/2025		MCG/Evidence Based criteria
Q4327	Duoamnion, per sq cm	5/1/2025		MCG/Evidence Based criteria
Q4328	Most, per sq cm	5/1/2025		MCG/Evidence Based criteria
Q4329	Singlay, per sq cm	5/1/2025		MCG/Evidence Based criteria
Q4330	Total, per sq cm	5/1/2025		MCG/Evidence Based criteria
Q4331	Axolotl graft, per sq cm	5/1/2025		MCG/Evidence Based criteria
Q4332	Axolotl dualgraft, per sq cm	5/1/2025		MCG/Evidence Based criteria
Q4333	Ardeograft, per sq cm	5/1/2025		MCG/Evidence Based criteria
Q4334	Amnioplast 1, per sq cm	5/1/2025		MCG/Evidence Based criteria
Q4335	Amnioplast 2, per sq cm	5/1/2025		MCG/Evidence Based criteria
Q4336	Artecent c, per sq cm	5/1/2025		MCG/Evidence Based criteria
Q4337	Artecent trident, per sq cm	5/1/2025		MCG/Evidence Based criteria
Q4338	Artacent velos, per sq cm	5/1/2025		MCG/Evidence Based criteria
Q4339	Artacent vericlen, per sq cm	5/1/2025		MCG/Evidence Based criteria
Q4340	Simpligraft, per sq cm	5/1/2025		MCG/Evidence Based criteria
Q4341	Simplimax, per sq cm	5/1/2025		MCG/Evidence Based criteria

Q4342	Theramend, per sq cm	5/1/2025		MCG/Evidence Based criteria
Q4343	Dermacyte ac matrix per sq cm	5/1/2025		MCG/Evidence Based criteria
Q4344	Tri membrane wrap, per sq cm	5/1/2025		MCG/Evidence Based criteria
Q4345	Matrix hd allograft per sq cm	5/1/2025		MCG/Evidence Based criteria
Q4346	Shelter dm matrix per sq cm	5/1/2025		MCG/Evidence Based criteria
Q4347	Rampart dl matrix per sq cm	5/1/2025		MCG/Evidence Based criteria
Q4348	Sentry sl matrix per sq cm	5/1/2025		MCG/Evidence Based criteria
Q4349	Mantle dl matrix per sq cm	5/1/2025		MCG/Evidence Based criteria
Q4350	Palisade dm matrix per sq cm	5/1/2025		MCG/Evidence Based criteria
Q4351	Enclose tl matrix, per sq cm	5/1/2025		MCG/Evidence Based criteria
Q4352	Overlay sl matrix, per sq cm	5/1/2025		MCG/Evidence Based criteria
Q4353	Xceed tl matrix per sq cm	5/1/2025		MCG/Evidence Based criteria