

**Sanford Health Plan Commercial Prior Authorization List
Effective 01/01/2026**

Procedure or Service	CPT/HCPCS Codes and/or Modifiers
Ablation Injections	61791 62280 62281 62282 64600 64605 64610 64640 64681
Abortion Effective 1/1/25, PA not required for MN Small Group and MN Large Group	59840 59841 59850 59851 59852 59855 59856 59857 59866 S0190 S0191 S0199 S2260 S2265 S2266 S2267
Admissions Inpatient Medical, Mental Health or Substance Use/Abuse, Inpatient Rehabilitation, Long Term Acute Care Facility, Skilled Nursing Facility, Swing Bed, Inpatient Surgical (Elective), Inpatient and Residential Behavioral Health Services	Varies
Alveoloplasty	41874
Ambulance- Non-emergent Land and Air Transportation	A0426 A0428 A0430 A0431 A0435 A0436 A0999 S9960 S9961
Applied Behavior Analysis (ABA) Prior Authorization required if member is OVER the age of 12	97153 97154 97155 97156 97157 97158 0373T H2014 H2019 H2020 H2040 H2041 S5108 S5111
Artificial Nutrition	B4102 B4103 B4104 B4148 B4149 B4150 B4152 B4153 B4154 B4155 B4157 B4158 B4159 B4160 B4161 B4162 B4164 B4168 B4172 B4176 B4178 B4180 B4185 B4187 B4189 B4193 B4197 B4199 B4216 B5000 B5100 B5200 Q9994 S9432 S9433 S9434 S9435
Blepharoplasty	15820 15821 15822 15823 67914 67915 67916 67917 67921 67922 67923 67924 PA is not required if billed with one of the following diagnoses: Ectropion (H02.1), Entropion (H02.0) and Exposure keratitis (H16.21). PA required for all other diagnoses and lower blepharoplasty procedures.
Breast Procedures Reconstruction, Reduction, Revision, Implantation or Removal	11920 11921 11922 11970 11971 15877 19300 19303 19305 19306 19307 19316 19318 19325 19328 19330 19340 19342 19350 19355 19357 19361 19364 19367 19368 19369 19370 19371 19380 19396 S2066 S2067 S2068 PA is NOT required when billed with a breast cancer diagnosis C50.011-C50.929, D05.00-D05.92, D48.60-D48.62, D49.3, Z15.01, Z40.01, Z85.3, or Z90.10-Z90.13
CAR-T Therapy	38225 38226 38227 38228
Clinical Trials	Q0 Q1 C9758 C9760 C9782 C9783 G0276 G0293 G0294 G2000 S9988 S9990 S9991
Deep Brain Stimulation (DBS)	61863 61864 61867 61868 61880 61885 61886 61888 61889
Dental Anesthesia *PA may not be required dependent upon Member's age. See plan documents for details	D9210 D9211 D9212 D9215 D9219 D9222 D9223 D9239 D9243 D9248

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Dental Diagnostic Services	D0210 D0220 D0230 D0240 D0250 D0251 D0270 D0272 D0273 D0274 D0277 D0310 D0320 D0321 D0322 D0330 D0340 D0350 D0364 D0365 D0366 D0367 D0368 D0369 D0370 D0371 D0380 D0381 D0382 D0383 D0384 D0385 D0386 D0391 D0393 D0394 D0395 D0604 D0605 D0606 D0701 D0702 D0703 D0705 D0706 D0707 D0708 D0709
Dental Oral and Maxillofacial Surgery	D6197 D7111 D7140 D7210 D7220 D7230 D7240 D7241 D7250 D7251 D7260 D7261 D7270 D7272 D7280 D7282 D7283 D7285 D7286 D7287 D7288 D7290 D7291 D7295 D7310 D7311 D7320 D7321 D7340 D7350 D7410 D7411 D7412 D7413 D7414 D7415 D7440 D7441 D7450 D7451 D7460 D7461 D7465 D7471 D7472 D7473 D7485 D7490 D7510 D7511 D7520 D7521 D7530 D7540 D7550 D7560 D7610 D7620 D7630 D7640 D7650 D7660 D7670 D7671 D7680 D7710 D7720 D7730 D7740 D7750 D7760 D7770 D7771 D7780 D7910 D7911 D7912 D7920 D7921 D7922 D7940 D7941 D7943 D7944 D7945 D7950 D7951 D7952 D7953 D7955 D7961 D7962 D7963 D7970 D7971 D7972 D7979 D7980 D7981 D7982 D7983 D7990 D7991 D7993 D7994 D7995 D7996 D7997 D7998
Dentoalveolar Excision Procedures	41820 41821 41822 41823 41825 41826 41827 41828 41830
Drug-Induced Sleep Endoscopy	42975

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Durable Medical Equipment (DME) • Airway Clearance Device • DME Item greater than \$10,000 (billed charges) • Hospital or Specialty Beds • Infusion Pumps • Select Orthotics, including custom orthotics ("customfabricated, custom-fitted or custom- shaped) greater than \$5000 (billed charges) • Pneumatic Compression Device • Power Wheelchairs and Accessories • Prosthetics • Scooters • Speech Generating Devices	A6521 A6523 A6525 A6527 A6529 A6533 A6555 A6556 A6557 A6558 A6559 A6560 A6561 A6562 A6563 A6564 A6565 A6567 A6569 A6571 A6573 A6574 A6576 A6577 A6579 A6580 A6610 A7025 A7026 A9283 B4102 B4103 B4104 B4149 B4150 B4152 B4153 B4154 B4155 B4157 B4158 B4159 B4160 B4161 B4162 B4164 B4168 B4172 B4176 B4178 B4180 B4185 B4187 B4189 B4193 B4197 B4199 B4216 B5000 B5100 B5200 C1062 C1606 C1716 C1717 C1719 C1734 C1737 C1767 C1772 C1789 C1813 C1815 C1816 C1820 C1821 C1822 C1823 C1825 C1826 C1827 C1883 C1839 C1891 C2596 C2616 C2622 C2626 C2634 C2635 C2636 C2637 C2638 C2639 C2640 C2641 C2642 C2643 C2644 C2645 C2698 C2699 C7504 C7505 C7507 C7508 C9791 C9898 C9899 C9901 E0181 E0184 E0185 E0186 E0187 E0193 E0194 E0196 E0197 E0198 E0199 E0250 E0251 E0255 E0256 E0260 E0261 E0265 E0266 E0270 E0277 E0290 E0291 E0292 E0293 E0294 E0295 E0296 E0297 E0300 E0301 E0302 E0303 E0304 E0328 E0329 E0371 E0373 E0468 E0469 E0480 E0483 E0604* E0650 E0651 E0652 E0655 E0656 E0657 E0660 E0665 E0666 E0667 E0668 E0669 E0670 E0671 E0672 E0673 E0675 E0676 E0691 E0692 E0693 E0694 E0736 E0747 E0748 E0766 E0769 E0770 E0779 E0780 E0781 E0782 E0783 E0786 E0986 E1002 E1003 E1004 E1005 E1006 E1007 E1008 E1009 E1010 E1012 E1016 E1018 E1230 E1239 E2298 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 E2372 E2373 E2374 E2375 E2376 E2377 E2378 E2381 E2382 E2383 E2384 E2385 E2386 E2387 E2388 E2389 E2390 E2391 E2392 E2394 E2395 E2396 E2397 E2609 E2610 E2617 E2622 E2623 E2624 E2625 G0138 K0010 K0011 K0012 K0013 K0014 K0098 K0108 K0455 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 K0900 K1007 K1014 K1015 K1018 K1019 K1021 K1022 K1024 K1025 L1006 L3031 L3150 L3160 L3265 L3600 L3610 L3620 L3630 L3640 L3649 L3956 L5000 L5010 L5020 L5050 L5060 L5100 L5105 L5150 L5160 L5200 L5210 L5220 L5230 L5250 L5270 L5280 L5301 L5312 L5321 L5331 L5341 L5500 L5505 L5610 L5611 L5613 L5614 L5616 L5617 L5618 L5620 L5622 L5624 L5626 L5628 L5629 L5630 L5631 L5632 L5634 L5636 L5637 L5638 L5639 L5640 L5642 L5643 L5644 L5645 L5646 L5647 L5648 L5649 L5650 L5651 L5652 L5653 L5654 L5655 L5656 L5658 L5661 L5665 L5666 L5668 L5670 L5671 L5672 L5676 L5677 L5678 L5680 L5682 L5684 L5685 L5686 L5688 L5690 L5692 L5694 L5695 L5696 L5697 L5698 L5699 L5700 L5701 L5702 L5703 L5710 L5711 L5712 L5714 L5716 L5718 L5722 L5724 L5726 L5728 L5780 L5781 L5782 L5783 L5784 L5785 L5790 L5795 L5810 L5811 L5812 L5814 L5816 L5818 L5822 L5824 L5826 L5828 L5830 L5840 L5845 L5848 L5850 L5855 L5856 L5857 L5858 L5859 L5910 L5920 L5925 L5930 L5940 L5950 L5960 L5961 L5962 L5964 L5966 L5968 L5969 L5970 L5971 L5972 L5973 L5974 L5975 L5976 L5978 L5979 L5980 L5981 L5982 L5984 L5985 L5986 L5987 L5988 L5990 L5999 L6000 L6010 L6020 L6026 L6050 L6055 L6100 L6110 L6120 L6130 L6200 L6205 L6250 L6300 L6310 L6320 L6350 L6360 L6370 L6380 L6382 L6384 L6386 L6388 L6400 L6450 L6500 L6550 L6698 L6703 L6704 L6706 L6707 L6708 L6709 L6711 L6712 L6713 L6714 L6715 L6721 L6722 L6805 L6810 L6880 L6881 L6882 L6883 L6884 L6885 L6890 L6900 L6905 L6910 L6915 L6920 L6925 L6930 L6935 L6940 L6945 L6950 L6955 L6960 L6965 L6970 L6975 L7007 L7008 L7009 L7040 L7045 L7170 L7180 L7181 L7185 L7186 L7190 L7191 L7259 L7400 L7401 L7402 L7403 L7404 L7405 L7499 L7700 L8040 L8041 L8042 L8043 L8044 L8045 L8046 L8047 L8048 L8400 L8410 L8415 L8417 L8420** L8430** L8435** L8470** L8480** L8485** L8600 L8608 L8614 L8690 L8692 L8695 L8699** L8701 L8702 L8720 *PA required for NDPERS only. **PA is required for select self-funded plans only. **PA is NOT required for L8699 when billed with one of the following diagnosis codes: Orthopedic: M00.00-M19.049, M19.09-M19.149, M19.19-M19.249, M19.29-M20.12, M20.30-M20.42, M20.60-M99.9, S22.000A-S23.9xxS, S32.000AS33.9xxS, S42.001A-S43.92xS, S46.001AS47.9xxS, S52.001A-S53.499S, S56.001A-S57.82XS, S62.001AS63.92XS, S66.001A-S67.92XS, S72.001AS73.199S, S76.001A-S77.22XS, S82.001A-S83.92XS, S86.001AS87.82XS, S92.001A-S93.699S, S96.001AS97.82XS Otitis media: H65.00-H66.93
Electrical Bone Growth Stimulators	20974 20975 E0747 E0748 E0749
Facet Joint Injection	64490 64491 64492 64493 64494 64495
Functional Electrical Stimulation	64580 E0770
Gender Affirming Medical and Surgical Treatment	15771 15772 17999 19303 19318 21120 21121 21122 21123 21127 21208 21209 21210 31599 31899 40799 53430 54120 54125 54135 54300 54304 54336 54400 54401 54405 54406 54408 53306 54408 54410 54411 54415 54416 54417 54520 54660 54690 55175 55180 55899 55970 55980 54690 55150 55175 55180 55180 56625 56800 56805 56810 57106 57107 57110 57111 57220 57282 57291 57292 57295 57296 57335 57426 58150 58152 58180 58260 58262 58275 58280 58285 58290 58291 58541 58542 58543 58544 58550 58552 58553 58554 58570 58571 58572 58573 58661 58720 58999

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Genetic and Molecular Testing	<p>81162 81163 81164 81165 81166 81167 81173 81174 81175 81176 81177 81178 81179 81180 81181 81182 81183 81184 81185 81186 81191 81192 81193 81194 81195 81200 81201 81202 81203 81204 81212 81215 81216 81217 81218 81219 81221 81225 81226 81227 81228 81230 81231 81233 81234 81235 81236 81237 81238 81239 81240 81241 81242 81245 81246 81247 81248 81249 81250 81251 81252 81253 81254 81255 81256 81257 81258 81259 81260 81261 81262 81263 81264 81265 81266 81269 81270 81271 81272 81273 81275 81276 81277 81278 81279 81283 81284 81285 81286 81287 81288 81289 81290 81291 81292 81293 81294 81295 81296 81297 81298 81299 81300 81301 81302 81303 81304 81305 81306 81307 81308 81309 81310 81311 81312 81314 81315 81316 81317 81318 81319 81320 81321 81322 81323 81324 81325 81326 81328 81330 81331 81332 81333 81334 81335 81338 81339 81340 81341 81342 81343 81344 81345 81346 81347 81348 81349 81350 81355 81357 81360 81400 81401 81402 81403 81404 81405 81406 81407 81408 81410 81411 81412 81413 81414 81415 81416 81417 81418 81419 81422 81425 81426 81427 81430 81431 81432 81437 81438 81439 81440 81441 81442 81443 81445 81448 81449 81450 81451 81455 81456 81457 81458 81459 81460 81462 81463 81464 81465 81479 81493 81500 81503 81504 81506 81508 81509 81510 81511 81512 81514 81517 81518 81519 81520 81521 81522 81523 81529 81539 81540 81541 81542 81546 81551 81552 81554 81558 81560 81599 88299 0004M 0006M 0007M 0011M 0015M 0016M 0017M 0001U 0005U 0009U 0016U 0017U 0018U 0019U 0022U 0023U 0026U 0027U 0030U 0035U 0037U 0040U 0046U 0047U 0048U 0049U 0050U 0055U 0058U 0059U 0062U 0063U 0070U 0071U 0072U 0073U 0074U 0075U 0076U 0080U 0084U 0088U 0089U 0090U 0094U* 0095U 0101U 0102U 0103U 0105U 0111U 0113U 0118U 0129U 0130U 0131U 0136U 0137U 0154U 0155U 0169U 0170U 0171U 0172U 0177U 0179U 0180U 0181U 0182U 0183U 0184U 0185U 0186U 0187U 0188U 0189U 0190U 0191U 0192U 0193U 0194U 0195U 0196U 0197U 0198U 0199U 0200U 0201U 0204U 0206U 0209U 0211U 0212U 0213U 0214U 0215U 0216U 0217U 0218U 0221U 0222U 0227U 0230U 0231U 0232U 0233U 0234U 0235U 0237U 0238U 0239U 0242U 0244U 0245U 0246U 0248U 0249U 0250U 0252U 0253U 0255U 0256U 0257U 0258U 0260U 0262U 0263U 0264U 0265U 0266U 0267U 0268U 0269U 0270U 0271U 0272U 0273U 0274U 0276U 0277U 0278U 0285U 0287U 0289U 0290U 0291U 0292U 0293U 0294U 0296U 0298U 0299U 0300U 0314U 0315U 0318U 0319U 0320U 0326U 0328U 0329U 0331U 0332U 0333U 0334U 0339U 0340U 0341U 0342U 0355U 0356U 0359U 0362U 0364U 0376U 0378U 0379U 0385U 0388U 0389U 0391U 0400U 0401U 0409U 0417U 0421U 0422U 0425U 0426U 0435U 0436U 0437U 0439U 0440U 0444U 0449U 0459U 0469U 0473U 0474U 0475U 0476U 0477U 0478U 0481U 0485U 0486U 0487U 0488U 0489U 0490U 0491U 0492U 0493U 0494U 0495U 0496U 0498U 0499U 0500U 0501U 0506U 0507U 0511U 0512U 0513U 0516U 0523U 0530U 0531U 0532U 0533U 0534U 0537U 0538U 0539U 0540U 0543U 0549U 0558U 0559U 0560U 0561U 0562U 0565U 0566U 0567U 0568U 0569U 0570U 0571U 0572U 0573U 0574U 0577U 0578U 0582U 0583U 0585U 0591U 0592U S3840 S3844 S3852 S3854 S3861 S3865</p> <p>*PA is NOT required if part of newborn screening for ages 0-3 months.</p>
Home Health Care PA only required for SD Off and On Exchange Individual Plans, Small Group Plans and NDPERS plans.	<p>99500 99501 99502 99503 99504 99505 99506 99507 99509 99511 G0155 G0156 G0162 G0299 G0300 G0490 G0493 G0494 G0495 G0496 H1004 Q5001 Q5002 Q5009 S5108 S5109 S5110 S5111 S5115 S5116 S5180 S5181 S9061 S9097 S9098 S9122 S9123 S9124 S9127 S9208 S9209 S9211 S9212 S9213 S9214 S9529 S9538 S9590 T1021 T1022 T1028 T1502 T1503</p>
Hyoid Suspension	<p>21685 PA is not required if billed with one of the following diagnosis: Sleep apnea: G47.33, G47.30, macroglossia: Q38.2, or other diseases of the tongue: K14.8</p> <p>PA is not required if billed with one of following services: Palatopharyngoplasty (uvulopalatopharyngoplasty or uvulopharyngoplasty): 42145, Laser assisted uvulopalatoplasty: S2080 or LeFort I osteotomy procedures: 21141, 21142, 21143, 21145, 21146, 21147.</p> <p>PA required for all other diagnoses</p>
Hyperbaric Oxygen Therapy	<p>99183 G0277</p>
Infertility Treatment - Assisted Reproductive Technology (ART) *PA only applicable for BNI Coal (BNI) and MHA Nation (MHA)	<p>58970 58974 58976 76948 89250 89251 89253 89254 89255 89257 89260 89261 89264 89268 89272 89280 89281 89352 89353 89354 89356 S4011 S4013 S4014 S4015 S4016 S4017 S4018 S4020 S4021 S4022 S4028 S4035 S4037 S4042</p>
Intraoperative Hyperthermic Intraperitoneal Chemotherapy	<p>96547 96548</p>

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Laser Treatment of Port Wine Stains	17106 17107 17108 *Diagnosis of port wine stain (Q82.5) IS REQUIRED. Covered for both cosmetic and non-cosmetic indications for MN Commercial Plans, per Minn. Stat. § 62A.304. Covered ONLY if NON- cosmetic for all other plans.**
Maxillary Impression for Palatal Prosthesis	42280
Medications (Reviewed by Utilization Management)	J0600 J2802 J7351 G0532 G0533
Meniscal Allograft Transplantation	29868
Migraine Surgical Treatment	30520 31200 31201 31205 64732 64734 64744
Non-Invasive Fractional Flow Reserve (FFR)	75580
Obesity Management, Surgical Approaches (Bariatric Surgery)	00797 43644 43645 43659 43770 43771 43772 43773 43774 43775 43842 43843 43845 43846 43847 43848 43860 43865 43886 43887 43888
Occipital Nerve Stimulation	64555 64575 64585 64590 64595 C1767 C1816 C1820 C1822 C1823 C1883* L8679 L8680* L8682 L8683 L8685 L8686 L8687 L8688 L8695 *PA is NOT required when billed with one of the following prior-authorized procedure codes: 61863, 61864, 61867, 61868, 61885, 61886, 63655, 63663, 63664, 63685, 64553, 64555, 64561, 64568, 64569, 64575, 64581, or 64590.
Oncology Medications / Chemotherapy Go to connect.eviti.com to request authorization.	A9513 A9543 A9590 A9604 A9606 A9607 C2644 C9065 C9076 C9080 C9081 C9082 C9083 C9084 C9087 C9091 C9095 C9098 C9142 C9146 C9147 C9148 C9155 C9169 C9170 C9174 C9175 C9301 C9302 C9303 C9306 C9308 C9399 J0594 J0614 J0870 J0893 J0894 J1246 J1323 J1326 J1950 J1952 J1954 J3055 J3263 J3315 J3590 J8510 J8520 J8521 J8522 J8530 J8560 J8565 J8600 J8700 J8705 J8999 J9000 J9011 J9015 J9017 J9019 J9020 J9021 J9022 J9023 J9024 J9025 J9026 J9027 J9028 J9029 J9030 J9032 J9033 J9034 J9035 J9036 J9037 J9039 J9040 J9041 J9042 J9043 J9044 J9045 J9046 J9047 J9048 J9049 J9050 J9051 J9054 J9055 J9056 J9057 J9058 J9059 J9060 J9061 J9063 J9064 J9065 J9070 J9071 J9072 J9073 J9074 J9075 J9098 J9100 J9118 J9119 J9120 J9130 J9144 J9145 J9150 J9153 J9155 J9171 J9173 J9174 J9176 J9177 J9178 J9179 J9181 J9184 J9185 J9190 J9196 J9198 J9200 J9201 J9202 J9203 J9204 J9205 J9206 J9207 J9208 J9211 J9214 J9215 J9217 J9218 J9223 J9227 J9228 J9229 J9230 J9245 J9246 J9247 J9248 J9258 J9259 J9261 J9262 J9263 J9264 J9266 J9267 J9268 J9269 J9271 J9272 J9273 J9274 J9275 J9276 J9280 J9281 J9285 J9286 J9289 J9292 J9293 J9294 J9295 J9296 J9297 J9298 J9299 J9301 J9302 J9303 J9304 J9305 J9306 J9307 J9308 J9309 J9311 J9312 J9313 J9314 J9315 J9316 J9317 J9318 J9319 J9320 J9321 J9322 J9323 J9324 J9325 J9326 J9328 J9329 J9330 J9331 J9340 J9341 J9342 J9345 J9347 J9348 J9349 J9350 J9351 J9352 J9353 J9354 J9355 J9356 J9357 J9358 J9359 J9360 J9370 J9371 J9380 J9382 J9390 J9400 J9600 J9999 Q2017 Q2041 Q2042 Q2043 Q2050 Q2053 Q2054 Q2055 Q2056 Q2057 Q2058 Q5107 Q5112 Q5113 Q5114 Q5115 Q5116 Q5117 Q5118 Q5119 Q5120 Q5121 Q5122 Q5123 Q5124 Q5125 Q5126 Q5129 Q5146 Q5160 S0088 S0172 S0175 S0178 S0182
Orthodontics (Medically Necessary)	D7292 D7293 D7294 D7298 D7299 D7300 D8010 D8020 D8030 D8040 D8070 D8080 D8090 D8210 D8220 D8660 D8670 D8680 D8681 D8691 D8692 D8693 D8694 D8695 D8696 D8697 D8698 D8699 D8701 D8702 D8703 D8704 *For covered pediatric dental plans or diagnosis of cleft lip/palate (Q35.1-Q37.9) ONLY*

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Orthognathic Surgery	21085* 21110 21141 21142 21143 21145 21146 21147 21150 21151 21154 21155 21159 21160 21172 21175 21179 21180 21181 21182 21183 21184 21188 21193 21194 21195 21196 21198 21199 21206 21208 21209 21210 21215 21240 21242 21243 21244 21245 21246 21247 21248 21249 21255 21256 21260 21261 21263 21267 21268 21275 no PA is required when billed with TMJ diagnosis (M26.601-M26.69).
Percutaneous Tibial Nerve Stimulation (PTNS)	64566
Percutaneous Ventricular Assist Device (VAD) Insertion and Removal, Right Heart	33995 33997
Private Duty Nursing *PA required if a covered benefit	T1000 T1001 T1002 T1003 T1030 T1031
Prosthetics for Cleft Lip and Cleft Palate	D5951 D5952 D5953 D5954 D5955 D5958 D5959 D5960 *PA not required if billed with diagnosis of Q35.1- Q37.9. PA is required for any other DX.
Radiation Oncology/Therapy Go to connect.eviti.com to request authorization.	0395T 77371 77372 77373 77387 77402 77407 77412 77417 77422 77423 77424 77425 77436 77437 77438 77439 77520 77522 77523 77525 77750 77761 77762 77763 77767 77768 77770 77771 77772 77778 77789 C9795
Radiology Services - High-End Imaging Go to EviCore.com to request authorization. PA is required except for MHN For ND ACA Plans ONLY: effective 1/1/25, PA is not required when a member has prostate cancer diagnosis (C61, R97.21, or Z85.46). Upon initial prostate cancer diagnosis, at minimum, coverage shall be provided for two PET Scans and additional PET scans may be completed every six months for the life of the consumer, if requested by a physician.	70336 70450 70460 70470 70480 70481 70482 70486 70487 70488 70490 70491 70492 70496 70498 70540 70542 70543 70544 70545 70546 70547 70548 70549 70551 70552 70553 70554 70555 71250 71260 71270 71275 71550 71551 71552 71555 72125 72126 72127 72128 72129 72130 72131 72132 72133 72141 72142 72146 72147 72148 72149 72156 72157 72158 72159 72191 72192 72193 72194 72195 72196 72197 72198 73200 73201 73202 73206 73218 73219 73220 73221 73222 73223 73225 73700 73701 73702 73706 73718 73719 73720 73721 73722 73723 73725 74150 74160 74170 74174 74175 74176 74177 74178 74181 74182 74183 74185 74261 74262 74263 74712 74713 75635 76376 76377 76380 76390 76391 76497 76498 77021 77022 77046 77047 77048 77049 77078 77084 78608 78609 78803 78811 78812 78813 78814 78815 78816 78830 0042T 0609T 0610T 0611T 0612T 0633T 0634T 0635T 0636T 0637T 0638T 0648T 0649T 0697T 0698T 0865T 0866T C8900 C8901 C8902 C8903 C8905 C8906 C8908 C8909 C8910 C8911 C8912 C8913 C8914 C8918 C8919 C8920 C8931 C8932 C8933 C8934 C8935 C8936 C9791 G0235 G0252 S8037 S8042 S8085 S8092

**Sanford Health Plan Commercial Prior Authorization List
Effective 01/01/2026**

Procedure or Service	CPT/HCPCS Codes and/or Modifiers
Reconstructive Surgery (Non-Cosmetic)	11950 11951 11952 11954 11960 15769 15771 15772 15773 15774 15777 15820 15821 15822 15823 15830 15832 15833 15834 15835 15836 15837 15847 21230 21235* 21280 21282 30400 30410 30420 30430 30435 30450 30460 30462 30520 30620** 67900 67901 67902 67903 67904 67906 67908 67909 67911 67912 67950 67961 67966 67971 67973 67974 67975 69300 69310 69320 *PA is NOT required when billed with a tympanoplasty procedure (69631 - 69646), a primary diagnosis of cholesteatoma (H60.40 - H60.43, H71.00 - H71.93, or H95.00 - H95.03), or a primary diagnosis of epistaxis (R04.0 or I78.0).
Rhinoplasty	30400 30410 30420 30430 30435 30450 30460 30462 30465 30469
Sacral Nerve Stimulation	64561 64581 64590 64595 A4290* C1767 C1816 C1820 C1822 C1883* L8679 L8680* L8682 L8683 L8695 *PA is NOT required when billed with one of the following prior-authorized procedure codes: 61863, 61864, 61867, 61868, 61885, 61886, 63655, 63663, 63664, 63685, 64553, 64555, 64561, 64568, 64569, 64575, 64581, or 64590
Sacroiliac Joint Fusion	27279 27280
Scar Revision	15002 15003 15004 15005 23921 24925 25907 25922 25929 27594 27884 31830 67343
Septoplasty	30520
Skin Substitutes and Biologicals	15011 15012 15013 15014 15015 15016 15017 15018 15271 15272 15273 15274 15275 15276 15277 15278 A2001 A2002 A2003 A2004 A2005 A2006 A2007 A2008 A2009 A2010 A2011 A2012 A2013 A4100 C1849 C5271 C5272 C5273 C5274 C5275 C5276 C5277 C5278 C9352 C9353 C9354 C9355 C9356 C9358 C9359 C9360 C9361 C9362 C9363 C9364 Q4100 Q4101 Q4102 Q4103 Q4104 Q4105 Q4106 Q4107 Q4108 Q4110 Q4111 Q4112 Q4113 Q4114 Q4115 Q4116 Q4117 Q4118 Q4121 Q4122 Q4123 Q4124 Q4125 Q4126 Q4127 Q4128 Q4130 Q4132 Q4133 Q4134 Q4135 Q4136 Q4137 Q4138 Q4139 Q4140 Q4141 Q4142 Q4143 Q4145 Q4146 Q4147 Q4148 Q4149 Q4150 Q4151 Q4152 Q4153 Q4154 Q4155 Q4156 Q4157 Q4158 Q4159 Q4160 Q4161 Q4162 Q4163 Q4164 Q4165 Q4166 Q4167 Q4168 Q4169 Q4170 Q4171 Q4173 Q4174 Q4175 Q4176 Q4177 Q4178 Q4179 Q4180 Q4181 Q4182 Q4183 Q4184 Q4185 Q4186 Q4187 Q4188 Q4189 Q4190 Q4191 Q4192 Q4193 Q4194 Q4195 Q4196 Q4197 Q4198 Q4199 Q4200 Q4201 Q4202 Q4203 Q4204 Q4205 Q4206 Q4208 Q4209 Q4210 Q4211 Q4212 Q4213 Q4214 Q4215 Q4216 Q4217 Q4218 Q4219 Q4220 Q4221 Q4222 Q4224 Q4225 Q4226 Q4227 Q4229 Q4230 Q4231 Q4232 Q4233 Q4234 Q4235 Q4237 Q4238 Q4239 Q4240 Q4241 Q4242 Q4244 Q4245 Q4246 Q4247 Q4248 Q4249 Q4250 Q4251 Q4252 Q4253 Q4254 Q4255 Q4256 Q4257 Q4258 Q4259 Q4260 Q4261
Spinal Cord Stimulation	63650 63655 63663 63664 63685 63688 C1767 C1816 C1820 C1822 C1883* L8679 L8680* L8682 L8683 L8685 L8686 L8687 L8688 L8695 *PA is NOT required when billed with one of the following prior-authorized procedure codes: 61863, 61864, 61867, 61868, 61885, 61886, 63655, 63663, 63664, 63685, 64553, 64555, 64561, 64568, 64569, 64575, 64581, or 64590

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Effective 01/01/2026**

Procedure or Service	CPT/HCPCS Codes and/or Modifiers
Spine (Back) Surgery All Levels and All Settings	22220 22222 22224 22226 22510 22511 22512 22513 22514 22515 22532 22533 22534 22548 22551 22552 22554 22556 22558 22585 22586 22590 22595 22600 22610 22612 22614 22630 22632 22633 22634 22800 22802 22804 22808 22810 22812 22830 22836 22837 22838 22840 22841 22842 22843 22844 22845 22846 22847 22848 22849 22850 22852 22853 22854 22855 22856 22857 22858 22859 22860 22861 22862 22864 22865 23005 27278 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 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 63303 63307 C9757
Transplant Evaluation and Surgery	32850 32851 32852 32853 32854 32855 32856 33930 33933 33935 33940 33944 33945 38204 38205 38206 38207 38208 38209 38210 38211 38212 38213 38214 38215 38230 38232 38240 38241 38242 38243 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 50380 50547 86813 86817 86821 S2060 S2061 S2065 S2140 S2142 S2150 S9975
Transurethral Water Vapor Therapy for BPH (Rezum)	53854