

Uniform Medical Plan coverage limits

Updates effective 10/1/2020

The benefit coverage limits listed below apply to these UMP plans:

- Uniform Medical Plan (UMP) Classic (PEBB)
- UMP Consumer-Directed Health Plan (UMP CDHP) (PEBB)
- UMP Plus–Puget Sound High Value Network (UMP Plus–PSHVN) (PEBB)
- UMP Plus–UW Medicine Accountable Care Network (UMP Plus–UW Medicine ACN) (PEBB)

- UMP Achieve 1 (SEBB)
- UMP Achieve 2 (SEBB)
- UMP High Deductible Plan (SEBB)
- UMP Plus–Puget Sound High Value Network (UMP Plus–PSHVN) (SEBB)
- UMP Plus–UW Medicine Accountable Care Network (UMP Plus–UW Medicine ACN) (SEBB)

Some services listed under these benefits have coverage limits. These limits are either determined by a [Health Technology Clinical Committee](#) (HTCC) decision or a Regence BlueShield medical policy. **The table below does not include every limit or exclusion under this benefit. For more details, refer to your plan's [Certificate of Coverage](#).**

Uniform Medical Plan Pre-authorization List

The Uniform Medical Plan (UMP) Pre-authorization List includes services and supplies that require pre-authorization or notification for UMP members.

Radiology

- We partner with AIM Specialty Health to administer our Advanced Imaging Authorization radiology program.
 - Authorizations are available from AIM by signing into their provider portal (for providers) or by calling (877) 291-0509.

Note: If HTCC criteria is used for pre-authorization, see below links to that criteria. If there are no HTCC criteria or HTCC is out of scope for request, AIM criteria will apply.

Physical Medicine

- We partner with eviCore Healthcare to administer our Physical Medicine program.
 - Authorizations are available from eviCore by signing into the portal at carecorenational.com, by calling (855) 252-1115, or faxing to (855) 774-1319.
- Physical Medicine includes:
 - Physical therapy, speech therapy, occupational therapy (PT/ST/OT)
 - Pain management
 - Joint management
 - Spine
- If HTCC criteria are used for authorization, see blow links to those criteria.
- If there are no HTCC criteria, eviCore criteria will apply.
- eviCore criteria are available at carecorenational.com.

Sleep Medicine

- We partner with AIM Specialty Health to administer our Sleep Medicine program.
 - Authorizations are available from AIM by signing into their provider portal (for providers) or by calling (877) 291-0509.
- AIM uses HTCC criteria to pre-authorize sleep medicine diagnosis and equipment. Also refer to the Surgery section for additional information about pre-authorization requirements related to surgery for Sleep Apnea Diagnosis and Treatment.

Radiology Pre-authorized by Regence

These services or supplies have coverage limits	The rules or policies that define the coverage limits	Limit applies to these codes (chosen by your provider to bill for services)
Coronary Artery Calcium Scoring	HTCC decision	<ul style="list-style-type: none"> S8092 <p>Note: CPT 75571 for Cardiac Artery Calcium Scoring is not a covered benefit; reference HTCC decision</p>

Radiology Pre-authorized by AIM Specialty Health

Note: If HTCC criteria is used for pre-authorization, see below links to that criteria. If there are no HTCC criteria or HTCC is out of scope for request, AIM criteria will apply.

Contact AIM to obtain an order number for the following codes: 70336, 70480, 70481, 70482, 70490, 70491, 70492, 70496, 70498, 70544, 70545, 70546, 70547, 70548, 70549, 70551, 70552, 70553, 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, 74712, 75557, 75559, 75561, 75563, 75572, 75573, 75635, 76391, 77078, 77084, 78429, 78430, 78431, 78432, 78433, 78472, 78473, 78481, 78483, 78494, 93303, 93304, 93306, 93307, 93308, 93312, 93313, 93314, 93315, 93316, 93317, 93350, 93351, 95782, 95783, 95800, 95801, 95805, 95806, 95807, 95808, 95810, 95811, E0470, E0471, E0561, E0562, E0601, G0297, G0398, G0399, G0400, 0501T, 0502T, 0503T, 0504T

HTCC decisions administered by AIM:

These services or supplies have coverage limits	The rules or policies that define the coverage limits	Limit applies to these codes (chosen by your provider to bill for services)
Breast MRI	HTCC decision	<ul style="list-style-type: none"> 77046, 77047, 77048, 77049 HTCC criteria applies to all member requests regardless of gender
Cardiac Nuclear Imaging	HTCC decision	<ul style="list-style-type: none"> 78451, 78452, 78453, 78454, 78459, 78466,

		78468, 78469, 78491, 78492
Coronary Computed Tomographic Angiography (CTA)	HTCC decision	<ul style="list-style-type: none"> • 75574
Functional Neuroimaging for Primary Degenerative Dementia or Mild Cognitive Impairment	HTCC decision	<ul style="list-style-type: none"> • 70554, 70555, 78608, 78609 • Please see AIM criteria for pre-authorization requirements for indications other than primary degenerative dementia or mild cognitive impairment
Imaging for Rhinosinusitis	HTCC decision	<ul style="list-style-type: none"> • 70450, 70460, 70470, 70486, 70487, 70488, 70540, 70542, 70543 • Please see AIM criteria for pre-authorization requirements for indications other than Rhinosinusitis
Positron Emission Tomography (PET) Scans for Lymphoma	HTCC decision	<ul style="list-style-type: none"> • 78811, 78812, 78813, 78814, 78815, 78816

Physical Medicine

We partner with eviCore healthcare to administer our Physical Medicine program.

Pre-authorization is not required for an initial evaluation and management visit and up to a total of six consecutive treatment visits in a new episode of care for UMP members for the following Physical Medicine program services:

- Chiropractic
- Acupuncture
- Speech therapy
- Physical therapy
- Massage therapy
- Occupational therapy

Verify member benefits and eligibility on the Availity Portal

1. Review this entire page for similar services that require pre-authorization
2. Obtain or verify an authorization with eviCore

Note: If HTCC criteria is used for pre-authorization, see below links to that criteria. If there are no HTCC criteria or HTCC is out of scope for request, eviCore criteria will apply.

These services or supplies have coverage limits	The rules or policies that define the coverage limits	Limit applies to these codes (chosen by your provider to bill for services)
Physical therapy, speech therapy, occupational therapy (PT/ST/OT)	eviCore Criteria	<ul style="list-style-type: none"> • Members aged 17 and younger: Select pediatric diagnosis codes are excluded from the program. • 92507, 92508, 92521, 92522, 92523, 92524, 92526, 92597, 92607, 92608, 92609, 92610, 92626, 92627, 92630, 92633, 95851, 95852, 96105, 97012, 97014, 97016, 97018, 97022, 97024, 97026, 97028, 97032, 97033, 97034, 97035, 97036, 97039, 97110, 97112, 97113, 97116, 97129, 97130, 97139, 97150, 97161,

		97162, 97163, 97164, 97165, 97166, 97167, 97168, 97530, 97542, 97750, 97755, 97760, 97761, 97763, 97799, G0151, G0152, G0157, G0158, G0159, G0160, G0283, S8950, S9128, S9129, S9131, S9152
Treatment of chronic migraine and chronic tension-type headache	HTCC decision	<ul style="list-style-type: none"> • 97140 • Note: Code 97140, when billed with chronic migraine and chronic tension headaches, is not a covered benefit
Pain Management	eviCore Criteria	<ul style="list-style-type: none"> • 00640, 27096, 61790, 61791, 62320, 62321, 62322, 62323, 62324, 62325, 62326, 62327, 62350, 62351, 62360, 62361, 62362, 64405, 64510, 64520, 72275, G0259, G0260 • Effective September 1, 2020: 62350, 62351, 62360, 62361, and 62362 will require pre-authorization from Regence. Codes are subject to HTCC Decision and coverage criteria.
Discography	HTCC decision	<ul style="list-style-type: none"> • 62290, 62291, 72285, 72295
Facet Neurotomy	HTCC decision	<ul style="list-style-type: none"> • 64633, 64634, 64635, 64636
Spinal Injections	HTCC decision	<ul style="list-style-type: none"> • 62320, 62321, 62322, 62323, 64479, 64480, 64483, 64484, 64490, 64491, 64492, 64493, 64494, 64495 • This coverage policy does not apply to those with systemic inflammatory

		disease such as ankylosing spondylitis, psoriatic arthritis or enteropathic arthritis
Joint Management	eviCore Criteria	<ul style="list-style-type: none"> 23470, 23472, 23473, 23474, 27125, 27130, 27132, 27134, 27137, 27138, 27442, 27443, 27486, 27487, 27488, 27580, 29805, 29806, 29807, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29827, 29828, 29860, 29861, 29862, 29863, 29868, 29870, 29871, 29873, 29875, 29876, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889, 29891, 29892, 29893, 29894, 29895, 29897, 29898, 29899, 29904, 29905, 29906, 29907
Hip Surgery for Femoroacetabular Impingement Syndrome (FAI)	HTCC decision	<ul style="list-style-type: none"> 29914, 29915, 29916
Knee Arthroscopy for Osteoarthritis of the Knee	HTCC decision	<ul style="list-style-type: none"> 29874, 29877
Total Knee Arthroplasty	HTCC decision	<ul style="list-style-type: none"> 27437, 27438, 27440, 27441, 27445, 27446, 27447
Spine	eviCore Criteria	<ul style="list-style-type: none"> 20931, 20937, 20938, 22100, 22101, 22102, 22103, 22110, 22112, 22114, 22116, 22206, 22207, 22208, 22210, 22212, 22214, 22216, 22220, 22222, 22224, 22226, 22325, 22326, 22327, 22328, 22532, 22534, 22548, 22556, 22585, 22590, 22595, 22600, 22610, 22614,

		<p>22632, 22634, 22800, 22802, 22804, 22808, 22810, 22812, 22818, 22819, 22830, 22840, 22842, 22843, 22844, 22845, 22846, 22847, 22848, 22849, 22850, 22852, 22855, 62380, 63001, 63003, 63005, 63011, 63012, 63015, 63016, 63017, 63020, 63040, 63043, 63045, 63046, 63050, 63051, 63055, 63064, 63066, 63075, 63076, 63077, 63078, 63081, 63082, 63085, 63086, 63087, 63088, 63101, 63102, 63103, 63170, 63172, 63173, 63180, 63182, 63185, 63190, 63191, 63194, 63195, 63196, 63197, 63198, 63199, 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, S2350, S2351</p>
Cervical Fusion for Degenerative Disc Disease	HTCC decision	<ul style="list-style-type: none"> • 22551, 22552, 22554, 22853, 22854, 22859, 22600
Lumbar Fusion for Degenerative Disc Disease	HTCC decision	<ul style="list-style-type: none"> • 22533, 22558, 22612, 22630, 22633, 22853, 22854, 22859 • Lumbar Fusion for degenerative disc disease uncomplicated by comorbidities is not a covered benefit per HTCC Decision

		<ul style="list-style-type: none"> • Note: This decision does not apply to patients with the following conditions: radiculopathy, spondylolisthesis (>grade 1), severe spinal stenosis, acute trauma or systemic disease affecting spine, e.g., malignancy • UMP is subject to HTCC decision for Bone Morphogenetic Protein • Bone morphogenetic protein-7 (rhBMP-7) is not a covered benefit • HTCC for bone morphogenetic protein does not apply to those under age 18
Surgery for Lumbar Radiculopathy	HTCC decision	<ul style="list-style-type: none"> • 62380, 63030, 63035, 63042, 63044, 63047, 63048, 63056, 63057, 63090, 63091

Sleep Medicine

Contact AIM to obtain an order number for the following codes: 95782, 95783, 95805, E0470, E0471

AIM uses HTCC to pre-authorize sleep medicine diagnosis and equipment. Also refer to the Surgery section for additional information about pre-authorization requirements related to surgery for Sleep Apnea Diagnosis and Treatment.

These services or supplies have coverage limits	The rules or policies that define the coverage limits	Limit applies to these codes (chosen by your provider to bill for services)
Sleep Apnea – Diagnosis and Equipment	HTCC decision	<ul style="list-style-type: none"> • 95782, 95783, 95800, 95801, 95805, 95806, 95807, 95808, 95810, 95811, E0470, E0471, E0561, E0562, E0601, G0398, G0399, G0400 • Please see AIM criteria for indications other than Sleep Apnea

Excluded pediatric codes

The following pediatric diagnosis codes are excluded from the physical medicine and therapies component of our Physical Medicine program for members aged 17 and younger. Services are subject to benefit limitations.

Code	Description
E75.24	Niemann-Pick disease
E75.240	Niemann-Pick disease type A
E75.241	Niemann-Pick disease type B
E75.242	Niemann-Pick disease type C
E75.243	Niemann-Pick disease type D
E75.248	Other Niemann-Pick disease
E75.249	Niemann-Pick disease, unspecified
E75.3	Sphingolipidosis, unspecified
E75.5	Other lipid storage disorders
E75.6	Lipid storage disorder, unspecified
E76	Disorders of glycosaminoglycan metabolism
E76.0	Mucopolysaccharidosis, Type I
E76.01	Hurler's syndrome
E76.02	Hurler-Scheie syndrome
E76.03	Scheie's syndrome
P07.30	Preterm newborn, unspecified weeks of gestation
P07.31	Preterm newborn, gestational age 28 completed weeks
P07.32	Preterm newborn, gestational age 29 completed weeks
P07.33	Preterm newborn, gestational age 30 completed weeks
P07.34	Preterm newborn, gestational age 31 completed weeks
P07.35	Preterm newborn, gestational age 32 completed weeks
P07.36	Preterm newborn, gestational age 33 completed weeks
P07.37	Preterm newborn, gestational age 34 completed weeks
P07.38	Preterm newborn, gestational age 35 completed weeks

Code	Description
P07.39	Preterm newborn, gestational age 36 completed weeks
Q06	Other congenital malformations of spinal cord
Q06.0	Amyelia
Q06.1	Hypoplasia and dysplasia of spinal cord
Q06.2	Diastematomyelia
Q06.3	Other congenital cauda equina malformations
Q06.4	Hydromyelia
Q06.8	Other specified congenital malformations of spinal cord
Q92.6	Marker chromosomes
Q93	Monosomies and deletions from the autosomes, not elsewhere classified
Q93.51	Angelman syndrome
Q93.59	Other deletions of part of a chromosome
Q93.8	Other deletions from the autosomes
Q93.82	Williams syndrome
D82.1	Di George's syndrome
E75.0	GM2 gangliosidosis
E75.00	GM2 gangliosidosis, unspecified
E75.01	Sandhoff disease
E75.02	Tay-Sachs disease
E75.09	Other GM2 gangliosidosis
E75.1	Other and unspecified gangliosidosis
E75.10	Unspecified gangliosidosis
E75.11	Mucopolysaccharidosis IV
E75.19	Other gangliosidosis

Code	Description
E75.2	Other sphingolipidosis
E75.21	Fabry (-Anderson) disease
E75.22	Gaucher disease
E75.23	Krabbe disease
E75.25	Metachromatic leukodystrophy
E75.26	Sulfatase deficiency
E75.29	Other sphingolipidosis
E75.4	Neuronal ceroid lipofuscinosis
E78.71	Barth syndrome
E78.72	Smith-Lemli-Opitz syndrome
F70	Mild intellectual disabilities
F71	Moderate intellectual disabilities
F72	Severe intellectual disabilities
F73	Profound intellectual disabilities
F78	Other intellectual disabilities
F79	Unspecified intellectual disabilities
F82	Specific developmental disorder of motor function
F84	Pervasive development disorders
F84.0	Autistic disorder
F84.2	Rett's syndrome
F84.3	Other childhood disintegrative disorder
F84.5	Asperger's syndrome
F84.8	Other pervasive developmental disorders
F84.9	Pervasive developmental disorder, unspecified
F88	Other disorders of psychological development
F89	Unspecified disorder of psychological development
F90.0	Attn-defct hyperactivity disorder, predom inattentive type
F90.1	Attn-defct hyperactivity disorder, predom hyperactive type
F90.2	Attention-deficit hyperactivity disorder, combined type
F90.8	Attention-deficit hyperactivity disorder, other type

Code	Description
F90.9	Attention-deficit hyperactivity disorder, unspecified type
F98.2	Other feeding disorders of infancy and childhood
F98.9	Unspecified behavioral and emotional disorders with onset usually occurring in childhood and adolescence
G11.1	Early-onset cerebellar ataxia
G12.0	Infantile spinal muscular atrophy, type I [Werdnig-Hoffman]
G12.1	Other inherited spinal muscular atrophy
G31.84	Mild cognitive impairment, so stated
G71.0	Muscular Dystrophy
G71.00	Muscular dystrophy, unspecified
G71.01	Duchenne or Becker muscular dystrophy
G71.02	Facioscapulohumeral muscular dystrophy
G71.09	Other specified muscular dystrophies
G71.11	Myotonic muscular dystrophy
G71.12	Myotonia congenita
G71.13	Myotonic chondrodystrophy
G71.14	Drug induced myotonia
G71.19	Other specified myotonic disorders
G71.2	Congenital myopathies
G80.0	Spastic quadriplegic cerebral palsy
G80.1	Spastic diplegic cerebral palsy
G80.2	Spastic hemiplegic cerebral palsy
G80.3	Athetoid cerebral palsy
G80.4	Ataxic cerebral palsy
G80.8	Other cerebral palsy
G80.9	Cerebral palsy, unspecified
G82.51	Quadriplegia, C1-C4 complete
G91.0	Communicating hydrocephalus
G91.1	Obstructive hydrocephalus
G91.3	Post-traumatic hydrocephalus, unspecified
G91.4	Hydrocephalus in diseases classified elsewhere

Revised: November 5, 2019

Page 2 of 4

Code	Description
G91.8	Other hydrocephalus
G91.9	Hydrocephalus, unspecified
G93.1	Anoxic brain damage, not elsewhere classified
G93.40	Encephalopathy, unspecified
G93.5	Compression of brain
G93.6	Cerebral edema
G93.7	Reye's syndrome
G93.89	Other specified disorders of brain
G93.9	Disorder of brain, unspecified
G96.9	Disorder of central nervous system, unspecified
G98.8	Other disorders of nervous system
P07.3	Preterm [premature] newborn [other]
P83.2	Hydrops fetalis not due to hemolytic disease
Q01.0	Feeding problems of newborn
Q01.1	Frontal encephalocele
Q01.2	Nasofrontal encephalocele
Q01.8	Occipital encephalocele
Q01.9	Encephalocele of other sites
Q02	Encephalocele, unspecified
Q03.0	Microcephaly
Q03.1	Malformations of aqueduct of Sylvius
Q03.8	Atresia of foramina of Magendie and Luschka
Q03.9	Other congenital hydrocephalus
Q04.0	Congenital hydrocephalus, unspecified
Q04.1	Arhinencephaly
Q04.2	Holoprosencephaly
Q04.3	Other reduction deformities of brain
Q04.4	Septo-optic dysplasia of brain
Q04.5	Megalencephaly
Q04.6	Congenital cerebral cysts
Q04.8	Other specified congenital malformations of brain

Code	Description
Q04.9	Congenital malformation of brain, unspecified
Q05.0	Cervical spina bifida with hydrocephalus
Q05.1	Thoracic spina bifida with hydrocephalus
Q05.2	Lumbar spina bifida with hydrocephalus
Q05.3	Sacral spina bifida with hydrocephalus
Q05.4	Unspecified spina bifida with hydrocephalus
Q05.5	Cervical spina bifida without hydrocephalus
Q05.6	Thoracic spina bifida without hydrocephalus
Q05.7	Lumbar spina bifida without hydrocephalus
Q05.8	Sacral spina bifida without hydrocephalus
Q05.9	Spina bifida, unspecified
Q06.9	Congenital malformation of spinal cord, unspecified
Q07.00	Arnold-Chiari syndrome without spina bifida or hydrocephalus
Q07.01	Arnold-Chiari syndrome with spina bifida
Q07.02	Arnold-Chiari syndrome with hydrocephalus
Q07.03	Arnold-Chiari syndrome with spina bifida and hydrocephalus
Q07.8	Other specified congenital malformation of nervous system
Q07.9	Congenital malformation of nervous system, unspecified
Q90.0	Trisomy 21, nonmosaicism (meiotic nondisjunction)
Q90.1	Trisomy 21, mosaicism (mitotic nondisjunction)
Q90.2	Trisomy 21, translocation
Q90.9	Down syndrome, unspecified
Q91.0	Trisomy 18, nonmosaicism (meiotic nondisjunction)
Q91.1	Trisomy 18, mosaicism (mitotic nondisjunction)
Q91.2	Trisomy 18, translocation
Q91.3	Trisomy 18, unspecified
Q91.4	Trisomy 13, nonmosaicism (meiotic nondisjunction)
Q91.5	Trisomy 13, mosaicism (mitotic nondisjunction)
Q91.6	Trisomy 13, translocation

Revised: November 5, 2019

Page 3 of 4

Code	Description
Q91.7	Trisomy 13, unspecified
Q92.0	Whole chromosome trisomy, nonmosaicism (meiotic nondisjunction)
Q92.1	Whole chromosome trisomy, mosaicism (mitotic nondisjunction)
Q92.2	Partial trisomy
Q92.5	Duplications with other complex rearrangements
Q92.61	Marker chromosomes in normal individual
Q92.62	Marker chromosomes in abnormal individual
Q92.7	Triploidy and polyploidy
Q92.8	Other specified trisomies and partial trisomies of autosomes
Q92.9	Trisomy and partial trisomy of autosomes, unspecified
Q93.0	Whole chromosome monosomy, nonmosaicism (meiotic nondisjunction)
Q93.1	Whole chromosome monosomy, mosaicism (mitotic nondisjunction)
Q93.2	Chromosome replaced with ring, dicentric or isochromosome
Q93.3	Deletion of short arm of chromosome 4
Q93.4	Deletion of short arm of chromosome 5
Q93.5	Other deletions of part of a chromosome
Q93.7	Deletions with other complex rearrangements

Code	Description
Q93.81	Velo-cardio-facial syndrome
Q93.88	Other microdeletions
Q93.89	Other deletions from the autosomes
Q93.9	Deletion from autosomes, unspecified
Q95.2	Balanced autosomal rearrangement in abnormal individual
Q95.3	Balanced sex/autosomal rearrangement in abnormal individual
Q99.2	Fragile X chromosome
Q99.8	Other specified chromosome abnormalities
Q99.9	Chromosomal abnormality, unspecified
R27.9	Unspecified lack of coordination
R62.0	Delayed milestone in childhood
R62.50	Unspecified lack of expected normal physiological development in childhood
R62.51	Failure to thrive (child)
R62.59	Other lack of expected normal physiological development in childhood
R63.3	Feeding difficulties
T74.4XXA	Shaken infant syndrome, initial encounter
T74.4XXD	Shaken infant syndrome, subsequent encounter
T74.4XXS	Shaken infant syndrome, sequela

Revised: November 5, 2019

Page 4 of 4