

# Medical Services Prior Authorization List

Effective March 1, 2023



The following is a list of medical/surgical services which require prior authorization for contracted providers. The Plan has made every effort to ensure this list is comprehensive. The fact that a particular service is not included on the list does not mean that such service is otherwise covered. For details on Pharmacy prior authorization requirements, please contact Customer Service.

Note: While it is expected that prior authorization is obtained before services are rendered, the Plan reserves the right to conduct medical necessity reviews at the time the claim is received if no authorization was previously requested. Additionally, it is recommended that prior authorization be obtained before services are rendered by non-contracted providers, and the Plan reserves the right to conduct a medical necessity review at the time a claim is received if no authorization was previously requested. Procedures that are normally done as an inpatient but are planned as outpatient and converted to inpatient post-operatively may also be subject to a medical necessity review.

Benefits must be available for health care services. Health care services must be ordered by a provider. Health care services must be medically necessary, applicable conservative treatments must have been tried, and the most cost-effective alternative must be requested for coverage consideration. Please call the customer service number on the back of the member's ID card to verify the specific requirements of the member's plan.

Service/Procedure	Notes	CPT/HCPCS
Acupuncture		97810, 97811, 97813, 97814
Bariatric Surgery, including, but not limited to, sleeve gastrectomy, gastric bypass, gastric band	Includes revision and reversal	43644, 43645, 43770, 43771, 43772, 43773, 43774, 43775, 43842, 43843, 43845, 43846, 43847, 43848, 43850, 43855, 43860, 43865, 43886, 43887, 43888
Cardiovascular	<ul style="list-style-type: none"> <li>Left Atrial Appendage Closure (LAAC)</li> <li>Total Artificial Heart</li> <li>Varicose Vein Treatment: ablation, sclerotherapy, or stab phlebectomy</li> <li>Ventricular Assist Device Implantation (LVAD OR RVAD)</li> </ul>	33340, 33267, 33268, 33269 33927, 33928 36465, 36466, 36470, 36471, 36473, 36474, 36475, 36476, 36478, 36479, 37765, 37766 33990, 33991, 33975, 33976, 33979, 33981, 33982, 33983, 33990, 33991, 33995
Chiropractic Services		
Clinical Trials		
Cosmetic (potentially) and/or Reconstructive Procedures	<ul style="list-style-type: none"> <li>Blepharoplasty, blepharoptosis repair, brow lift</li> <li>Breast augmentation/mastopexy (w/ or w/o implant)</li> <li>Breast implant/implant material removal</li> <li>Breast periprosthetic capsulectomy</li> <li>Breast reconstruction</li> <li>Breast reduction, mammoplasty</li> <li>Breast revision of reconstructed breast</li> <li>Chest wall deformities, surgical reconstruction (eg, Pectus excavatum, Poland Syndrome)</li> <li>Excision/removal of excessive skin and subcutaneous/redundant tissue (includes lipectomy, panniculectomy)</li> <li>Fat grafting, autologous, harvested by liposuction or any other means</li> <li>Genitalia modification, vulvectomy</li> <li>Mastectomy for gynecomastia</li> <li>Rhinoplasty</li> <li>Scar revision, surgical</li> </ul>	15820, 15821, 15822, 15823, 67900, 67901, 67902, 67903, 67904, 67906, 67908 19316, 19325, 19340, 19342 19328, 19330 19370, 19371 19350, 19357, 19361, 19364, 19366, 19367, 19368, 19369 19318 19380 21740, 21742, 21743 15830, 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839, 15847, 15876, 15877, 15878, 15879 15771, 15772 56620, 56625 19300 30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462
Dental, coverage for anesthesia, hospitalization under Medical benefit		G0330

Service/Procedure	Notes	CPT/HCPCS
<b>Durable Medical Equipment, Prosthetics, Orthotics, and Supplies</b>	<ul style="list-style-type: none"> <li>• Continuous glucose monitoring system</li> <li>• Insulin infusion pump</li> <li>• Pneumatic compression device</li> <li>• Power operated vehicle (scooter)</li>   <li>• Prosthesis, lower limb, microprocessor controlled ankle/foot, or knee Ottobock 4R57 Rotation Adapter</li> <li>• Prosthesis, upper limb myoelectric elbow, hand, or wrist</li>   <li>• Standing frame/table system</li> <li>• Wheelchair accessory, manual seating system</li> <li>• Wheelchair accessory, power attendant control feature</li> <li>• Wheelchair accessory, power tilt and/or recline seating systems</li> <li>• Wheelchair accessory, power seat elevation system</li>   <li>• Wheelchair, power</li> </ul>	<p>A9278, E2103, S1030, S1034, S1037 E0784, E0787, S1034 K0800, K0801, K0802, K0806, K0807, K0808, K0812 L5856, L5857, L5858, L5973, K1022</p> <p>L6920, L6925, L6930, L6935, L6940, L6945, L6950, L6955, L6960, L6965, L6970, L6975, L7170, L7180, L7181, L7185, L7186, L7190, L7191, L7259, L6026 E0638, E0641, E0642 E2230 E2331</p> <p>E1002, E1003, E1004, E1005, E1006, E1007, E1008 E2300 K0813, K0814, K0815, K0816, K0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, K0829, 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</p>
<b>Gender Reassignment, surgical procedure for reassigning biological gender</b>	When billed with diagnosis codes F64.0, F64.1, F64.2, F64.8, F64.9, Z87.890	14000, 14001, 14041, 15734, 15738, 15750, 15757, 15758, 15769, 15771, 15772, 15773, 15774, 19303, 19318, 53410, 53430, 54125, 54400, 54401, 54405, 54406, 54408, 54410, 54411, 54415, 54416, 54417, 54520, 54660, 54690, 55175, 55180, 55970, 55980, 56625, 56800, 56805, 57110, 57111, 57335, 58150, 58180, 58260, 58262, 58290, 58291, 58541, 58542, 58543, 58544, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573, 58661, 58720, 58940, 64856, 64892, 64896
<b>Home Health Care</b>		
<b>Humanitarian Use Device (HUD)/ Humanitarian Device Exemption (HDE)</b>		
<b>Hyperhidrosis Surgery</b>	<ul style="list-style-type: none"> <li>• Excision of skin and subcutaneous tissue for hidradenitis, axillary</li> <li>• Sympathectomy, cervical, cervicothoracic, thoracolumbar, lumbar, palmar</li> <li>• Thoracoscopy, with thoracic sympathectomy -when billed with diagnosis codes L74.510-L74.519, L74.5</li> </ul>	11450, 11451  64802, 64804, 64809, 64818, 64823  32664
<b>Inpatient admission</b>	Non-emergency/ elective, including but not limited to, hospital, skilled nursing facility, rehabilitation facility, or behavioral health treatment facility	

Service/Procedure	Notes	CPT/HCPCS
Laboratory Testing	Genetic, molecular, and pharmacogenetic/ pharmacogenomic testing	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, 81210,81212,81215,81216,81217, 81218,81219,81221,81222,81223, 81224,81225,81226,81228,81229, 81233,81234,81235,81236,81237, 81239,81242,81243,81244,81245, 81246,81247,81248,81249,81250, 81251,81252,81253,81254,81255, 81256,81260,81261,81262,81263, 81264,81270,81271,81272,81273, 81274,81275,81276,81277,81278, 81279,81283,81284,81285,81286, 81288,81289,81290,81292,81293, 81294,81295,81296,81297,81298, 81299,81300,81301,81302,81303, 81304,81305,81307,81308,81309, 81310,81311,81312,81314,81315, 81316,81317,81318,81319,81320, 81321,81322,81323,81324,81325, 81326,81327,81328,81330,81331, 81332,81333,81334,81338,81339, 81340,81341,81342,81343,81344, 81345,81346,81347,81348,81349, 81350,81351,81352,81353,81357, 81360,81400,81401,81402,81403, 81404,81405,81406,81407,81408, 81410,81411,81412,81413,81414, 81415,81416,81417,81418,81419, 81425,81426,81427,81430,81431, 81432,81433,81434,81435,81436, 81437,81438,81439,81440,81441, 81442,81443,81445,81448,81449, 81450,81451,81455,81456,81460, 81465,81470,81471,81479,81518, 81519,81520,81521,81522,81523, 81538,81541,81542,81546,81551, 81552,81595,81599,0016U,0017U, 0018U,0022U,0023U,0026U,0027U, 0029U,0037U,0040U,0046U,0047U, 0049U,0057U,0058U,0059U,0070U, 0071U,0072U,0073U,0074U,0075U, 0076U,0090U,0094U,0111U,0129U, 0154U,0155U,0156U,0171U,0172U, 0173U,0175U,0177U,0209U,0212U, 0213U,0214U,0215U,0216U,0217U, 0218U,0229U,0230U,0231U,0232U, 0233U,0234U,0235U,0237U,0238U, 0239U,0242U,0245U,0265U,0267U, 0287U,0288U,0332U,0334U,0337U, 0340U,0342U,0345U,0347U,0348U, 0349U,0350U,0355U,S3800,S3840, S3841,S3842,S3844,S3849,S3852, S3853,S3854,S3861,S3865,S3866, S3870,0013M
Neurology	<ul style="list-style-type: none"> <li>• Deep Brain and Cortical Brain stimulation</li> <li>• Hypoglossal nerve stimulation</li> <li>• Radiofrequency ablation, cervical, thoracic, lumbosacral, sacroiliac or knee</li> <li>• Sacral nerve stimulation</li> <li>• Spinal Cord/Dorsal Column and Dorsal Root Ganglion stimulation</li> <li>• Transcranial Magnetic Stimulation</li> </ul>	61850, 61860, 61863, 61864, 61867, 61868, 61880, 61885, 61886, 61888 64582, 64583 64624, 64625, 64628, 64629, 64633, 64634, 64635, 64636, 64640 64561, 64581 63650, 63655, 63663, 63664, 63685, 63688 90867, 90868, 90869
New/Emerging Technology		

Service/Procedure	Notes	CPT/HCPCS
<b>Obstructive Sleep Apnea Surgery, Adult</b> For adults (age 18 and older) when billed with obstructive sleep apnea diagnosis codes: G47.30, G47.33 & G47.39	<ul style="list-style-type: none"> <li>• Adenoidectomy</li> <li>• Hyoid Myotomy and Suspension</li> <li>• Osteoplasty, facial bones - reduction or augmentation</li> <li>• Osteotomy, mandible segmental or subapical (with or without genioglossus advancement)</li> <li>• Palatopharyngoplasty</li> <li>• Septoplasty</li> <li>• Tonsillectomy</li> <li>• Tracheostomy</li> </ul>	42821, 42831, 42836 21685 21208, 21209 21198, 21199, D7944  42145 30520 42821, 42826 31600
<b>Oncology</b>	<ul style="list-style-type: none"> <li>• Cryoablation/cryosurgery, bone, hepatic, prostate, pulmonary, renal tumor, soft tissue sarcoma/desmoid tumors</li> </ul>	20983, 31641, 47371, 47381, 47383, 50250, 50593, 55873
<b>Orthopedic Surgery</b>	<ul style="list-style-type: none"> <li>• Intervertebral Disc Prosthesis, cervical and lumbar</li> </ul>	22856, 22857, 22858
<b>Other Procedures/Treatments</b>	<ul style="list-style-type: none"> <li>• Fetal surgery in utero</li> <li>• Hyperbaric Oxygen Therapy</li> </ul>	59072, 59076, 59897, S2400, S2401, S2402, S2403, S2404, S2405, S2049, S2411 99183, G0277
<b>Outpatient Therapy Services</b>	<ul style="list-style-type: none"> <li>• Occupational</li> <li>• Physical</li> <li>• Speech</li> </ul>	
<b>Radiology/Radiation Therapy</b>	<ul style="list-style-type: none"> <li>• Intensity Modulated Radiation Therapy (IMRT)</li> <li>• Neutron Beam Radiation Therapy</li> <li>• Nuclear Imaging, Cardiac PET/CT</li> <li>• Proton Beam Radiation Therapy</li> <li>• Selective Internal Radiation Therapy with microspheres (SIRT)</li> <li>• Stereotactic radiosurgery (SRS) and stereotactic body radiation therapy (SBRT)</li> </ul>	77385, 77386, G6015, G6016 77423 78429, 78430, 78431, 78432, 78433, 78459, 78491, 78492 77520, 77522, 77523, 77525 S2095, C2616  61796, 61797, 61798, 61799, 63620, 63621, 77371, 77372, 77373, G0339, G0340
<b>Transplantation</b>	<ul style="list-style-type: none"> <li>• Blood/bone marrow/ hematopoietic/stem cell</li> <li>• Donor lymphocyte infusions (DLI) / allogeneic lymphocyte infusion</li> <li>• Solid organ</li> </ul>	38240, 38241, 38243 38242  32851, 32852, 32853, 32854, 33945, 47135, 48554, 50360, 50365, G0341, G0342, G0343
<b>Transportation, non-emergency</b>		

## Revisions:

- 03/01/23 Dental, Coverage for Anesthesia: addition of HCPCS G0330; Durable Medical Equipment – Continuous glucose monitoring system: added HCPCS E2103, S1034; deleted HCPCS K0554; Laboratory Testing: addition of CPTs 81418,81441,81449,81451,81456,0355U: deleted CPTs 81306,0236U,0333U,0338U; Neurology – Sacral nerve stimulation: deleted CPTs 64590, 64595; Radiology/Radiation Therapy - Selective Internal Radiation Therapy with microspheres (SIRT): deleted CPT 37243; Transplantation – Solid organ: deleted CPT code 48160.
- 01/01/23 Laboratory Testing: deleted CPT codes 0236U, 0333U, 0338U
- 10/28/22 Laboratory Testing: added CPT codes 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, 81212, 81215, 81216, 81217, 81218, 81219, 81221, 81222, 81223, 81224, 81225, 81226, 81228, 81229, 81233, 81234, 81235, 81236, 81237, 81239, 81242, 81243, 81244, 81245, 81246, 81247, 81248, 81249, 81250, 81251, 81252, 81404, 81479, 81599, 0070U, 0173U, S3842; deleted CPT code 0012U
- 10/01/22 Cardiovascular: Total Artificial Heart - CPT code 33929 replaced with 33928; Cosmetic (potentially) and/or Reconstructive Procedures: Excision/removal of excessive/redundant tissue - revised to reflect “(includes lipectomy, panniculectomy)” - CPT codes 15830 and 15837 added, “Mastectomy for” added to Gynecomastia entry, deleted separate Lipoma and Panniculectomy removal entries; Laboratory Testing: replaced separate entries with “Genetic, molecular, and pharmacogenetic/ pharmacogenomic testing” – all CPT codes requiring prior authorization added.
- 07/13/22 Gender Reassignment: CPT 19803 replaced with 19303; Neurology: Radiofrequency ablation - CPT 64659 replaced with 64629.
- 07/01/22 Laboratory: under Pharmacogenetic/Pharmacogenomic Testing added CPT Codes 81225,81226
- 06/15/22 Cosmetic and/or Reconstructive Procedures: added (potentially); Laboratory Testing: Molecular Testing, Gene Expression – added 0013M; Neurology: Hypoglossal Nerve Stimulation – deleted CPT 64568; Oncology: Cryoablation – added soft tissue sarcoma/desmoid tumors; Other Procedures/Treatments: deleted Risk Reducing Mastectomy; Removed all “+” signs for add-on code designation due to it interfering with search function.
- 03/08/22 Cardiovascular: Left Atrial Appendage - added CPT codes 33267, 33268, 33269; Gender Reassignment - added CPTs 14000, 14001, 14041, 15734, 15738, 15750, 15757, 15758, 15769, 15771, 15772, 15773,15774, 53410, 58180, 58554, 58720, 58940, 64856, 64892, 64896 and deleted CPTs 56810, 57106, 57107, 57291, 57292, 58263, 58275; Laboratory Testing: Comparative Genomic Hybridization - added CPTs 81349, 0209U, S3870; Molecular Testing, Gene Expression – added CPTs 81523, 0287U, 0288U – deleted 0208U; Pharmacogenetic/ Pharmacogenomic testing added CPTs 0029U, +0071U, +0072U, +0073U, +0074U, +0075U, +0076U, 0175U; Neurology: Hypoglossal nerve stimulation – added CPTs 64582, 64586 and deleted CPTs 0466T, 0467T; Radiofrequency ablation – added CPTs 64627, 64659 – deleted HCPCS C9752, C9753.
- 01/01/22 Cosmetic - Breast Reduction, Mammoplasty – added CPT 19366.
- 11/04/21 Durable Medical Equipment, Prosthetics, Orthotics, and Supplies - under Prosthesis, lower limb, microprocessor controlled ankle/foot, or knee, added Ottobock 4R57 Rotation Adapter and HCPCS K1022; Obstructive Sleep Apnea Surgery, Adult – added note, “For adults (age 18 and older) when billed with obstructive sleep apnea diagnosis codes: G47.30, G47.33 & G47.39”; Other Procedures/Treatments: Fetal Surgery In utero - deleted CPT 59074 - this no longer requires prior authorization.
- 09/30/21 Effective 01/2021, prior authorization for excision dermoid cyst – nose (CPTs 30124, 30125) is no longer required 08/20/21 Solid organ transplantation – CPTs added to this entry.
- 06/18/21 Cardiovascular: Varicose vein treatments – added CPTs 36473 and 36474; Orthopedic: Total Disc Arthroplasty – changed title to Intervertebral Disc Prosthesis (to match clinical policy) and removed CPT 0098T
- 06/09/21 Dental: Removed Orthodontia from this entry; Hyperhidrosis Surgery: under Service/Procedure column – added note, “When billed with diagnosis codes L74.510-L74.519, L74.52” ; Laboratory Testing : Molecular Testing, Gene Expression - added 81210 and 0208U and deleted 0108U, 0114U, 0120U – these are on the Investigative List; Obstructive Sleep Apnea Surgery – added Dental HCPCS D9744; Pharmacogenetic/Pharmacogenomic Testing: added 0155U, 0239U, 0242U, 81236, 81273, 81311, 81314 - deleted 81287 and 86152 - PA no longer required; Other Procedures: Fetal Surgery in utero – added CPTs 59072, 59074, 59076, 59897; Prophylactic Mastectomy entry relabeled to Risk Reducing Mastectomy.
- 05/11/21 Cardiovascular: Total Artificial Heart - addition of CPT codes 33927, 33929; Cosmetic and/or Reconstructive: Pectus excavatum or carinatum repair replaced with Chest wall deformities, surgical reconstruction; Laboratory Testing: Molecular Testing - addition of CPT codes 81546, 0026U, 0245U; Pharmacogenetic testing - deletion of CPT codes 82491 (no-longer valid), 82657 (non-specific and no longer flagged for PA); Whole Exome Sequencing - addition of CPT codes 0214U, 0215U; Neurology: RFA - addition of HCPCS C9752, C9753
- 03/26/21 Other Procedures: added Prophylactic Mastectomy for 6/8 effective date
- 03/09/21 Laboratory testing: deleted Non-invasive Pregnancy Testing (NIPT) using cell-free DNA (cfDNA)
- 02/09/21 Cardiovascular: added CPT 33995; Cosmetic: deleted 19324, 19366 (no longer valid), added Fat grafting, autologous, harvested by liposuction or any other means and CPTs 15771/15772 for 4/1 effective date; Neurology: deleted 61870 (no longer valid).