

MEDICAL PRIOR AUTHORIZATION LIST

Effective 03/26/2021



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		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"> • Left Atrial Appendage Closure (LAAC) • Total Artificial Heart • Varicose Vein Treatment: ablation, sclerotherapy, or stab phlebectomy • Ventricular Assist Device Implantation (LVAD OR RVAD) 	33340 36465, 36466, 36470, 36471, 36475, 36476, 36478, 36479, 37765, 37766 33990, 33991, 33975, 33976, 33979, 33981, 33982, 33983, 33990, 33991, 33995
Chiropractic Services		
Clinical Trials		
Cosmetic and/or Reconstructive Procedures	<ul style="list-style-type: none"> • Blepharoplasty, blepharoptosis repair, browlift • Breast augmentation/mastopexy/mammoplasty (w/ or w/o implant) • Breast implant/implant material removal • Breast periprosthetic capsulectomy • Breast reconstruction • Breast reduction, mammoplasty • Breast revision of reconstructed breast • Excision/ removal of excessive/redundant tissue • Fat grafting, autologous, harvested by liposuction or any other means - effective 04/01/21 • Genitalia modification, vulvectomy • Gynecomastia surgery • Lipoma removal, if requesting general anesthesia • Panniculectomy • Pectus excavatum or carinatum repair • Rhinoplasty/excision dermoid cyst - nose • Scar revision, surgical 	15820, 15821, 15822, 15823, 67900, 67901, 67902, 67903, 67904, 67906, 67908 19316, 19325, 19340, 19342 19328, 19330 19370, 19371 19350, 19357, 19361, 19364, 19367, 19368, 19369 19318 19380 15832, 15833, 15834, 15835, 15836, 15838, 15839, 15847, 15876, 15877, 15878, 15879 15771, +15772 - effective 4/01/21 56620, 56625 19300 15830 21740, 21742, 21743 30124, 30125, 30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462
Dental, coverage for anesthesia, hospitalization, or orthodontia under Medical benefit		

SERVICE/PROCEDURE	NOTES	CPT/HCPCS
Durable Medical Equipment, Prosthetics, Orthotics, and Supplies	<ul style="list-style-type: none"> • Continuous glucose monitoring system • Insulin infusion pump • Pneumatic compression device • Power operated vehicle (scooter) • Prosthesis, lower limb, microprocessor controlled ankle/foot, or knee • Prosthesis, upper limb myoelectric elbow, hand, or wrist • Standing frame/table system • Wheelchair accessory, manual seating system • Wheelchair accessory, power attendant control feature • Wheelchair accessory, power tilt and/or recline seating systems • Wheelchair accessory, power seat elevation system • Wheelchair, power 	A9278, K0554, S1030, S1037 E0784, E0787, S1034 E0652, E0675 K0800, K0801, K0802, K0806, K0807, K0808, K0812 L5973, L5856, L5857, L5858, 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 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
Gender Reassignment, surgical procedure for reassigning biological gender	When billed with the following ICD-10 diagnosis codes: F64.0, F64.1, F64.2, F64.8, F64.9, Z87.890	19803, 19318, 53430, 54125, 54400, 54401, 54405, 54408, 54410, 54411, 54416, 54417, 54520, 54660, 54690, 55175, 55180, 55970, 55980, 56625, 56800, 56805, 56810, 57106, 57107, 57110, 57111, 57291, 57292, 57335, 58150, 58260, 58262, 58263, 58275, 58290, 58291, 58541, 58542, 58543, 58544, 58550, 58552, 58553, 58570, 58571, 58572, 58573, 58661
Home Health Care		
Humanitarian Use Device (HUD)/ Humanitarian Device Exemption (HDE)		
Hyperhidrosis Surgery	<ul style="list-style-type: none"> • Excision of skin and subcutaneous tissue for hidradenitis, axillary • Sympathectomy, cervical, cervicothoracic, thoracolumbar, lumbar, palmar • Thoracoscopy, with thoracic sympathectomy 	11450, 11451 64802, 64804, 64809, 64818, 64823 32664
Inpatient admission	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	<ul style="list-style-type: none"> • Comparative Genomic Hybridization (CGH) • Genetic Testing • Heart Transplant Rejection Testing • Molecular Testing, Gene Expression Assay • Molecular Testing (tumor marker/biomarker), blood, marrow, or tissue • Pharmacogenetic/Pharmacogenomic Testing • Whole Exome Sequencing (WES) 	Such as but not limited to: 81228, 81229 81595 81518, 81519, 81520, 81521, 81541, 81522, 81542, 81552, 0018U, 0047U, 0108U, 0114U, 0120U, S3854 0016U, 0022U, 0023U, 0037U, 0040U, 0046U, 0111U, 0172U, 0177U, 81120, 81121, 81170, 81206, 81207, 81208, 81210, 81235, 81245, 81246, 81272, 81275, 81287, 81301, 82491, 82657, 86152 81415, 81416
Neurology	<ul style="list-style-type: none"> • Deep Brain and Cortical Brain stimulation • Hypoglossal nerve stimulation • Radiofrequency ablation, cervical, thoracic, lumbosacral, sacroiliac or knee • Sacral nerve stimulation • Spinal Cord/Dorsal Column and Dorsal Root Ganglion stimulation • Transcranial Magnetic Stimulation 	61850, 61860, 61863, 61864, 61867, 61868, 61880, 61885, 61886, 61888 64568, 0466T, 0467T 64624, 64625, 64633, 64634, 64635, 64636, 64640 64561, 64581, 64590, 64595 63650, 63655, 63663, 63664, 63685, 63688 90867, 90868, 90869
New/Emerging Technology		
Obstructive Sleep Apnea Surgery, Adult	<ul style="list-style-type: none"> • Adenoidectomy • Hyoid Myotomy and Suspension • Osteoplasty, facial bones - reduction or augmentation • Osteotomy, mandible segmental or subapical (with or without genioglossus advancement) • Septoplasty • Tonsillectomy • Tracheostomy • Uvulopalatopharyngoplasty 	42821, 42826, 42831, 42836 21685 21208, 21209 21198, 21199 30520 42821, 42826, 42831, 42836 31600 42145
Oncology	<ul style="list-style-type: none"> • Cryoablation/cryosurgery, bone, hepatic, prostate, pulmonary, or renal tumor 	20983, 31641, 47371, 47381, 47383, 50250, 50593, 55873
Orthopedic Surgery	<ul style="list-style-type: none"> • Total disc arthroplasty (artificial intervertebral disc), cervical or lumbar 	22856, 22857, 22858, 0098T
Other Procedures/Treatments	<ul style="list-style-type: none"> • Fetal surgery in utero • Hyperbaric Oxygen Therapy • Prophylactic Mastectomy - effective 06/08/21 	S2400, S2401, S2402, S2403, S2404, S2405, S2049, S2411 99183, G0277 Z40.01 Encounter for prophylactic removal of breast when submitted with a CPT code for mastectomy - effective 06/08/21
Outpatient Therapy Services	<ul style="list-style-type: none"> • Occupational • Physical • Speech 	

SERVICE/PROCEDURE	NOTES	CPT/HCPCS
Radiology/Radiation Therapy	<ul style="list-style-type: none"> • Intensity Modulated Radiation Therapy (IMRT) • Neutron Beam Radiation Therapy • Nuclear Imaging, Cardiac PET/CT • Proton Beam Radiation Therapy • Selective Internal Radiation Therapy with microspheres (SIRT) • Stereotactic radiosurgery (SRS) and stereotactic body radiation therapy (SBRT) 	77385, 77386, G6015, G6016 77423 78429, 78430, 78431, 78432, 78433, 78459, 78491, 78492 77520, 77522, 77523, 77525 37243, S2095, C2616 61796, 61797, 61798, 61799, 63620, 63621, 77371, 77372, 77373, G0339, G0340
Transplantation	<ul style="list-style-type: none"> • Blood/bone marrow/ hematopoietic/stem cell • Donor lymphocyte infusions (DLI)/ allogeneic lymphocyte infusion • Solid organ 	38240, 38241, 38243 38242
Transportation, non-emergency		

Revisions:

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).