

In-network providers are encouraged to log in¹ to the applicable Provider Portal to verify member eligibility² status and utilize the [Authorization Code Look-up](#) submit new authorization requests, view authorization status, and view prior authorization requirements Alternately, complete the [Essential Information to Initiate an Authorization](#)³ on the [FirstCare Prior Authorization Request Form](#) and submit the [Complete Authorization Request](#)⁴ via fax.

PRESS "CTRL" AND "F" KEYS AT THE SAME TIME TO BRING UP THE SEARCH BOX. ENTER A PROCEDURE CODE OR DESCRIPTION OF THE SERVICE.

Prior Authorization	Medical Policy ⁵	Effective Date
Prior Authorization is required for ALL SERVICES provided by NON-CONTRACTED providers except for use of out-of-network benefits in PPO and POS products, unless required per listing below ⁶	261	1/21/13
An authorization/notification is required for admission to these facilities/services and will be subject to admission review concurrent review: ⁷ 1. Contracted hospitals for medical, surgical, and behavioral health services 2. Contracted hospice programs (applies to inpatient and outpatient programs)	IQ, TMPPM, 250	1/21/13
Notification required for DISCHARGE from all facilities	N/A	1/21/13
Observation stays exceeding 48 hours require a notification within 24 hours or the next business day after a weekend or holiday.	Applies to RightCare only	11/01/19
Prior Authorization required for admission to facilities/programs listed below: 1. Long-term Acute Care (LTAC) hospitals, 2. Inpatient Rehabilitation hospitals 3. Behavioral health/substance abuse residential, partial hospitalization, intensive outpatient programs (IOP)	1. IQ 2. IQ 3. TMPPM, IQ	1/21/13

Category	Code	Code Description ⁸	Medical Policy ⁵	Effective Date
Anesthesia for Dental Procedures	00170	Anesthesia for intraoral procedures, including biopsy; not otherwise specified	TMPPM and 026	6/23/14
Cosmetic, Plastic, and Reconstructive Surgery	11950	Subcutaneous injection of filling material (eg, collagen); 1 cc or less	263, TMPPM	11/1/19
Cosmetic, Plastic, and Reconstructive Surgery	11951	Subcutaneous injection of filling material (eg, collagen); 1.1 to 5.0 cc	263, TMPPM	11/1/19
Cosmetic, Plastic, and Reconstructive Surgery	11952	Subcutaneous injection of filling material (eg, collagen); 5.1 to 10.0 cc	263, TMPPM	11/1/19
Cosmetic, Plastic, and Reconstructive Surgery	11954	Subcutaneous injection of filling material (eg, collagen); over 10.0 cc	263, TMPPM	11/1/19

**Prior Authorization List
Effective January 1, 2022**

Category	Code	Code Description ³	Medical Policy ⁵	Effective Date
Cosmetic, Plastic, and Reconstructive Surgery	15780	Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis)	263, TMPPM	11/1/19
Cosmetic, Plastic, and Reconstructive Surgery	15781	Dermabrasion; segmental, face	263, TMPPM	1/21/13
Cosmetic, Plastic, and Reconstructive Surgery	15782	Dermabrasion; regional, other than face	263, TMPPM	11/1/19
Cosmetic, Plastic, and Reconstructive Surgery	15783	Dermabrasion; superficial, any site (eg, tattoo removal)	263, TMPPM	11/1/19
Cosmetic, Plastic, and Reconstructive Surgery	15786	Abrasion; single lesion (eg, keratosis, scar)	263, TMPPM	11/1/19
Cosmetic, Plastic, and Reconstructive Surgery	15788	Chemical peel, facial; epidermal	263, TMPPM	1/21/13
Cosmetic, Plastic, and Reconstructive Surgery	15789	Chemical peel, facial; dermal	263, TMPPM	1/21/13
Blepharoplasty	15820	Blepharoplasty, lower eyelid;	IQ	1/21/13
Blepharoplasty	15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad	IQ	1/21/13
Blepharoplasty	15822	Blepharoplasty, upper eyelid;	IQ	1/21/13
Blepharoplasty	15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid	IQ	1/21/13
Cosmetic, Plastic, and Reconstructive Surgery	15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy	TMPPM	1/21/13
Cosmetic, Plastic, and Reconstructive Surgery	15847	Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, abdominoplasty) (includes umbilical transposition and fascial plication) (List separately in addition to code for primary procedure)	TMPPM	1/21/13
Cosmetic, Plastic, and Reconstructive Surgery	15786	Abrasion; single lesion (eg, keratosis, scar)	263, TMPPM	11/1/19
Cosmetic, Plastic, and Reconstructive Surgery	15788	Chemical peel, facial; epidermal	263, TMPPM	1/21/13
Cosmetic, Plastic, and Reconstructive Surgery	15789	Chemical peel, facial; dermal	263, TMPPM	1/21/13
Blepharoplasty	15820	Blepharoplasty, lower eyelid;	IQ	1/21/13

**Prior Authorization List
Effective January 1, 2022**

Category	Code	Code Description ³	Medical Policy ⁵	Effective Date
Blepharoplasty	15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad	IQ	1/21/13
Blepharoplasty	15822	Blepharoplasty, upper eyelid;	IQ	1/21/13
Blepharoplasty	15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid	IQ	1/21/13
Cosmetic, Plastic, and Reconstructive Surgery	15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy	TMPPM	1/21/13
Cosmetic, Plastic, and Reconstructive Surgery	15847	Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, abdominoplasty) (includes umbilical transposition and fascial plication) (List separately in addition to code for primary procedure)	TMPPM	1/21/13
Cosmetic, Plastic, and Reconstructive Surgery	15876	Suction assisted lipectomy; head and neck	263, IQ	11/1/19
Cosmetic, Plastic, and Reconstructive Surgery	17106	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm	099, IQ	11/1/19
Cosmetic, Plastic, and Reconstructive Surgery	17107	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm	099, IQ	11/1/19
Cosmetic, Plastic, and Reconstructive Surgery	17108	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm	099, IQ	11/1/19
Cosmetic, Plastic, and Reconstructive Surgery	19300	Mastectomy for gynecomastia	TMPPM	1/21/13
Breast Reduction/ Reconstruction	19303	Mastectomy, simple, complete	TMPPM	11/1/17
Cosmetic, Plastic, and Reconstructive Surgery	19316	Mastopexy	263, IQ, TMPPM	1/21/13
Breast Reduction/ Reconstruction	19318	Reduction mammoplasty	209, TMPPM	1/21/13
Breast Reduction/ Reconstruction	19325	Mammoplasty, augmentation; with prosthetic implant	263	1/21/13
Breast Reduction/ Reconstruction	19328	Removal of intact mammary implant	IQ, TMPPM	11/1/17

Category	Code	Code Description ⁸	Medical Policy ⁵	Effective Date
Breast Reduction/ Reconstruction	19330	Removal of mammary implant material	IQ, TMPPM	11/1/17
Breast Reduction/ Reconstruction	19340	Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction	IQ, TMPPM	1/21/13
Breast Reduction/ Reconstruction	19342	Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction	IQ, TMPPM	1/21/13
Breast Reduction/ Reconstruction	19350	Nipple/areola reconstruction	IQ, TMPPM	1/21/13
Breast Reduction/ Reconstruction	19355	Correction of inverted nipples	IQ, TMPPM	1/21/13
Breast Reduction/ Reconstruction	19357	Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion	IQ, TMPPM	1/21/13
Breast Reduction/ Reconstruction	19361	Breast reconstruction with latissimus dorsi flap, without prosthetic implant	IQ, TMPPM	1/21/13
Breast Reduction/ Reconstruction	19364	Breast reconstruction with free flap	IQ, TMPPM	11/1/17
Breast Reduction/ Reconstruction	19367	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site;	IQ, TMPPM	1/21/13
Breast Reduction/ Reconstruction	19368	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site; with microvascular anastomosis (supercharging)	IQ, TMPPM	11/1/17
Breast Reduction/ Reconstruction	19369	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), double pedicle, including closure of donor site	IQ, TMPPM	11/1/17
Breast Reduction/ Reconstruction	19370	Open periprosthetic capsulotomy, breast	IQ, TMPPM	11/1/17
Breast Reduction/ Reconstruction	19371	Periprosthetic capsulectomy, breast	IQ, TMPPM	11/1/17
Breast Reduction/ Reconstruction	19380	Revision of reconstructed breast	IQ, TMPPM	1/21/13
Breast Reduction/ Reconstruction	19396	Preparation of moulage for custom breast implant	IQ, TMPPM	11/1/17
Bone Growth Stimulators and Implantation	20974	Electrical stimulation to aid bone healing; noninvasive (nonoperative)	TMPPM	1/21/13
Bone Growth Stimulators and Implantation	20975	Electrical stimulation to aid bone healing; invasive (operative)	TMPPM	1/21/13

**Prior Authorization List
Effective January 1, 2022**

Category	Code	Code Description ⁸	Medical Policy ⁵	Effective Date
Miscellaneous Services	20999	Unlisted procedure, musculoskeletal system, general	TMPPM	1/21/13
Cosmetic, Plastic, and Reconstructive Surgery	21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)	IQ , TMPPM	11/1/19
Orthognathic Surgery	21121	Genioplasty; sliding osteotomy, single piece	TMPPM	2/1/20
Orthognathic Surgery	21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)	TMPPM	2/1/20
Orthognathic Surgery	21123	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)	TMPPM	2/1/20
Orthognathic Surgery	21125	Augmentation, mandibular body or angle; prosthetic material	TMPPM	2/1/20
Orthognathic Surgery	21127	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)	TMPPM	2/1/20
Orthognathic Surgery	21141	Reconstruction midface, LeFort I; single piece, segment movement in any direction (eg, for Long Face Syndrome), without bone graft	TMPPM	2/1/20
Orthognathic Surgery	21142	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, without bone graft	TMPPM	2/1/20
Orthognathic Surgery	21143	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, without bone graft	TMPPM	2/1/20
Orthognathic Surgery	21145	Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)	TMPPM	2/1/20
Orthognathic Surgery	21146	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted unilateral alveolar cleft)	TMPPM	2/1/20
Orthognathic Surgery	21147	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted bilateral alveolar cleft or multiple osteotomies)	TMPPM	2/1/20
Orthognathic Surgery	21175	Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (eg, plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts)	TMPPM	1/21/13
Orthognathic Surgery	21188	Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)	TMPPM	2/1/20

**Prior Authorization List
Effective January 1, 2022**

Category	Code	Code Description ⁸	Medical Policy ⁵	Effective Date
Orthognathic Surgery	21193	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft	TMPPM	2/1/20
Orthognathic Surgery	21194	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft)	TMPPM	2/1/20
Orthognathic Surgery	21195	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation	TMPPM	2/1/20
Orthognathic Surgery	21196	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation	TMPPM	1/21/13
Orthognathic Surgery	21198	Osteotomy, mandible, segmental;	TMPPM	2/1/20
Orthognathic Surgery	21199	Osteotomy, mandible, segmental; with genioglossus advancement	TMPPM	2/1/20
Orthognathic Surgery	21206	Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard)	TMPPM	2/1/20
Orthognathic Surgery	21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)	TMPPM	11/1/19
Orthognathic Surgery	21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)	TMPPM	1/21/13
Orthognathic Surgery	21215	Graft, bone; mandible (includes obtaining graft)	TMPPM	2/1/20
Orthognathic Surgery	21240	Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)	TMPPM	2/1/20
Orthognathic Surgery	21242	Arthroplasty, temporomandibular joint, with allograft	TMPPM	2/1/20
Orthognathic Surgery	21243	Arthroplasty, temporomandibular joint, with prosthetic joint replacement	TMPPM	1/21/13
Orthognathic Surgery	21244	Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate)	TMPPM	2/1/20
Orthognathic Surgery	21245	Reconstruction of mandible or maxilla, subperiosteal implant; partial	TMPPM	2/1/20
Orthognathic Surgery	21246	Reconstruction of mandible or maxilla, subperiosteal implant; complete	TMPPM	2/1/20
Orthognathic Surgery	21247	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (eg, for hemifacial microsomia)	TMPPM	2/1/20
Miscellaneous Services	21299	Unlisted craniofacial and maxillofacial procedure	TMPPM	2/1/18
Miscellaneous Services	21899	Unlisted procedure, neck or thorax	TMPPM	1/21/13
Spinal Decompression	22220	Osteotomy of spine, including discectomy, anterior approach, single vertebral	084, IQ	10/1/16
Vertebroplasty	22510	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance,	084, IQ	10/1/16
Vertebroplasty	22511	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging	084, IQ	10/1/16

**Prior Authorization List
Effective January 1, 2022**

Category	Code	Code Description ⁸	Medical Policy ⁵	Effective Date
Vertebroplasty	22513	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all <u>imaging guidance, thoracic</u>	084, IQ	10/1/16
Vertebroplasty	22514	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all <u>imaging guidance, lumbar</u>	084, IQ	10/1/16
Ablation-Mechanical Discectomy	22526	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral <u>including fluoroscopic guidance; single level</u>	TMPPM, IQ	10/1/16
Spinal Fusion	22532	Arthrodesis, lateral extracavitary technique, including minimal discectomy to <u>prepare interspace (other than for decompression); thoracic</u>	IQ	10/1/16
Spinal Fusion	22533	Arthrodesis, lateral extracavitary technique, including minimal discectomy to <u>prepare interspace (other than for decompression); lumbar</u>	IQ	10/1/16
Spinal Fusion	22548	Arthrodesis, anterior transoral or extraoral technique, clivus-C1-C2 (atlas- axis), <u>with or without excision of odontoid process</u>	IQ	6/27/16
Spinal Fusion	22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical <u>below C2</u>	IQ	6/27/16
Spinal Fusion	22554	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare <u>interspace (other than for decompression); cervical below C2</u>	IQ	6/27/16
Spinal Fusion	22556	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare <u>interspace (other than for decompression); thoracic</u>	IQ	10/1/16
Spinal Fusion	22558	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare <u>interspace (other than for decompression); lumbar</u>	IQ	6/27/16
Spinal Fusion	22585	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare <u>interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)</u>	IQ	6/27/16
Spinal Fusion	22586	Arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with posterior instrumentation, with image guidance, includes bone <u>graft when performed, L5-S1 interspace</u>	IQ	6/27/16
Spinal Fusion	22600	Arthrodesis, posterior or posterolateral technique, single level; cervical below C2 <u>segment</u>	IQ	6/27/16
Spinal Fusion	22612	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral <u>transverse technique, when performed)</u>	IQ	6/27/16

**Prior Authorization List
Effective January 1, 2022**

Category	Code	Code Description ⁸	Medical Policy ⁵	Effective Date
Spinal Fusion	22614	Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure)	IQ	6/27/16
Spinal Fusion	22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar	IQ	6/27/16
Spinal Fusion	22632	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; each additional interspace (List separately in addition to code for primary procedure)	IQ	6/27/16
Spinal Fusion	22633	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; lumbar	IQ	6/27/16
Spinal Fusion	22634	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; each additional interspace and segment (List separately in addition to code for primary procedure)	IQ	6/27/16
Spinal Fusion	22800	Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments	IQ	10/1/16
Spinal Fusion	22802	Arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12 vertebral segments	IQ	10/1/16
Spinal Fusion	22804	Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments	IQ	10/1/16
Spinal Fusion	22808	Arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3 vertebral segments	IQ	10/1/16
Spinal Fusion	22810	Arthrodesis, anterior, for spinal deformity, with or without cast; 4 to 7 vertebral segments	IQ	10/1/16
Spinal Fusion	22812	Arthrodesis, anterior, for spinal deformity, with or without cast; 8 or more vertebral segments	IQ	10/1/16
Cervical/Lumbar Disc Arthroplasty	22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophylectomy for nerve root or spinal cord decompression and microdissection); single interspace, cervical	IQ	6/27/16
Cervical/Lumbar Disc Arthroplasty	22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	IQ	6/27/16

**Prior Authorization List
Effective January 1, 2022**

Category	Code	Code Description ⁸	Medical Policy ⁵	Effective Date
Miscellaneous Services	22899	Unlisted procedure, spine	084	1/21/13
Miscellaneous Services	22999	Unlisted procedure, abdomen, musculoskeletal system	IQ	1/21/13
SI Injection	27096	Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed	IQ	10/1/16
Miscellaneous Services	27299	Unlisted procedure, pelvis or hip joint	IQ	1/21/13
Knee Autologous Chondrocyte Implantation	27412	Autologous chondrocyte implantation, knee	IQ	1/21/13
Mosaicplasty	27415	Osteochondral allograft, knee, open	IQ	1/21/13
Miscellaneous Services	28899	Unlisted procedure, foot or toes	IQ	1/21/13
Mosaicplasty	29866	Arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty) (includes harvesting of the autograft[s])	IQ	1/21/13
Transplants	29867	Arthroscopy, knee, surgical; osteochondral allograft (eg, mosaicplasty)	IQ	1/21/13
Transplants	29868	Arthroscopy, knee, surgical; meniscal transplantation (includes arthrotomy for meniscal insertion), medial or lateral	IQ	1/21/13
Miscellaneous Services	29879	Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture	IQ	2/1/18
Cosmetic, Plastic, and Reconstructive Surgery	30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip	IQ, TMPPM	1/21/13
Cosmetic, Plastic, and Reconstructive Surgery	30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip	IQ, TMPPM	1/21/13
Cosmetic, Plastic, and Reconstructive Surgery	30420	Rhinoplasty, primary; including major septal repair	IQ, TMPPM	1/21/13
Cosmetic, Plastic, and Reconstructive Surgery	30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)	IQ, TMPPM	1/21/13
Cosmetic, Plastic, and Reconstructive Surgery	30435	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)	IQ, TMPPM	1/21/13
Cosmetic, Plastic, and Reconstructive Surgery	30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)	IQ, TMPPM	1/21/13
Cosmetic, Plastic, and Reconstructive Surgery	30460	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only	IQ, TMPPM	1/21/13
Miscellaneous Services	31299	Unlisted procedure, accessory sinuses	IQ, TMPPM	2/1/18
Lung Volume Reduction Surgery	32491	Removal of lung, other than pneumonectomy; with resection-plication of emphysematous lung(s) (bullous or non-bullous) for lung volume reduction, sternal split or transthoracic approach, includes any pleural procedure, when performed	TMPPM	11/1/19

**Prior Authorization List
Effective January 1, 2022**

Category	Code	Code Description ⁸	Medical Policy ⁵	Effective Date
Lung Volume Reduction Surgery	32672	Thoracoscopy, surgical; with resection-plication for emphysematous lung (bullous or non-bullous) for lung volume reduction (LVRS), unilateral includes any pleural procedure, when performed	TMPPM	11/1/19
Transplants	32851	Lung transplant, single; without cardiopulmonary bypass	TMPPM	1/21/13
Transplants	32852	Lung transplant, single; with cardiopulmonary bypass	TMPPM	1/21/13
Transplants	32853	Lung transplant, double (bilateral sequential or en bloc); without cardiopulmonary bypass	TMPPM	1/21/13
Transplants	32854	Lung transplant, double (bilateral sequential or en bloc); with cardiopulmonary bypass	TMPPM	1/21/13
Left Atrial Occlusion Procedure (Watchman)	33340	Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transseptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, when performed, and radiological supervision and interpretation	IQ	11/1/19
Transaortic or Transapical Valve Insertion or Replacement (TAVR or TMVR)	33361	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach	IQ, 204	11/1/19
Transaortic or Transapical Valve Insertion or Replacement (TAVR or TMVR)	33362	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach	IQ, 204	11/1/19
Transaortic or Transapical Valve Insertion or Replacement (TAVR or TMVR)	33363	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach	IQ, 204	11/1/19
Transaortic or Transapical Valve Insertion or Replacement (TAVR or TMVR)	33364	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach	IQ, 204	11/1/19
Transaortic or Transapical Valve Insertion or Replacement (TAVR or TMVR)	33365	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transaortic approach (eg, median sternotomy, mediastinotomy)	IQ, 204	11/1/19

Prior Authorization List Effective January 1, 2022

Category	Code	Code Description ⁸	Medical Policy ⁵	Effective Date
Transaortic or Transapical Valve Insertion or Replacement (TAVR or TMVR)	33366	Transcatheter aortic valve replacement or implantation (TAVR/TAVI) is performed on patients with symptomatic aortic stenosis that are high risk or not eligible for traditional open chest surgery. A small incision is made between ribs (usually the fifth or sixth intercostal space) on the lower left side of the patient's chest to achieve direct access to the heart. The pericardium is incised and opened near the left ventricular apex. A guidewire is advanced through the opening into the left ventricle, through the septum, and into the right ventricle. A catheter is inserted following the guidewire to the aortic valve. A balloon is inflated to compress the native valve. A porcine valve attached to an expandable stent is deployed over the compressed native valve. The catheter and guidewire are removed, and the	IQ, 204	11/1/19
Transplants	33935	Heart-lung transplant with recipient cardiectomy-pneumonectomy	TMPPM	1/21/13
Transplants	33945	Heart transplant, with or without recipient cardiectomy	TMPPM	1/21/13
Ventricular Assist Devices	33975	Insertion of ventricular assist device; extracorporeal, single ventricle	IQ, 201	6/27/16
Ventricular Assist Devices	33976	Insertion of ventricular assist device; extracorporeal, biventricular	IQ, 201	6/27/16
Ventricular Assist Devices	33979	Insertion of ventricular assist device, implantable intracorporeal, single ventricle	IQ, 201	6/27/16
Ventricular Assist Devices	33981	Replacement of extracorporeal ventricular assist device, single or biventricular, pump(s), single or each pump	IQ, 201	6/27/16
Ventricular Assist Devices	33982	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, without cardiopulmonary bypass	IQ, 201	6/27/16
Ventricular Assist Devices	33983	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, with cardiopulmonary bypass	IQ, 201	6/27/16
Ventricular Assist Devices	33990	Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; arterial access only	IQ, 201	6/27/16
Ventricular Assist Devices	33991	Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; both arterial and venous access, with transseptal puncture	IQ, 201	6/27/16
Varicose Vein Procedures	36465	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein, accessory saphenous vein)	IQ	12/1/19
Varicose Vein Procedures	36466	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (eg, great saphenous vein, accessory	IQ	12/1/19
Varicose Vein Procedures	36470	Injection of sclerosant; single incompetent vein (other than telangiectasia)	IQ	12/1/18

**Prior Authorization List
Effective January 1, 2022**

Category	Code	Code Description ⁸	Medical Policy ⁵	Effective Date
Varicose Vein Procedures	36471	Injection of sclerosant; multiple incompetent veins (other than telangiectasia), same leg	IQ	12/1/18
Varicose Vein Procedures	36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	IQ	1/21/13
Varicose Vein Procedures	36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	IQ	1/21/13
Varicose Vein Procedures	37500	Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (SEPS)	IQ	1/21/13
Varicose Vein Procedures	37700	Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions	IQ	1/21/13
Varicose Vein Procedures	37718	Ligation, division, and stripping, short saphenous vein	IQ	1/21/13
Varicose Vein Procedures	37722	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below	IQ	1/21/13
Varicose Vein Procedures	37735	Ligation and division and complete stripping of long or short saphenous veins with radical excision of ulcer and skin graft and/or interruption of communicating veins of lower leg, with excision of deep fascia	IQ	1/21/13
Varicose Vein Procedures	37760	Ligation of perforator veins, subfascial, radical (Linton type), including skin graft, when performed, open, 1 leg	IQ	1/21/13
Varicose Vein Procedures	37761	Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg	IQ	1/21/13
Varicose Vein Procedures	37765	Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions	IQ	1/21/13
Varicose Vein Procedures	37766	Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions	IQ	1/21/13
Varicose Vein Procedures	37780	Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)	IQ	1/21/13
Varicose Vein Procedures	37785	Ligation, division, and/or excision of varicose vein cluster(s), 1 leg	IQ	1/21/13
Varicose Vein Procedures	37799	Unlisted procedure, vascular surgery	IQ	12/1/19
Transplants	38206	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; autologous	129, TMPPM	1/21/13
Transplants	38240	Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor	129, TMPPM	1/21/13
Transplants	38241	Hematopoietic progenitor cell (HPC); autologous transplantation	129, TMPPM	1/21/13
Miscellaneous Services	42145	Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty)	IQ	1/21/13

**Prior Authorization List
Effective January 1, 2022**

Category	Code	Code Description ⁸	Medical Policy ⁵	Effective Date
Miscellaneous Services	42299	Unlisted procedure, palate, uvula	IQ	1/21/13
Procedures Related to Treatment of Morbid Obesity- Including but not limited to Gastric Bypass	43644	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)	TMPPM	1/21/13
Procedures Related to Treatment of Morbid Obesity- Including but not limited to Gastric Bypass	43645	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption	TMPPM	1/21/13
Gastric Pacing/Stimulation	43647	Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum	TMPPM	11/1/19
Procedures Related to Treatment of Morbid Obesity- Including but not limited to Gastric Bypass	43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components)	TMPPM	1/21/13
Procedures Related to Treatment of Morbid Obesity- Including but not limited to Gastric Bypass	43771	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only	TMPPM	1/21/13
Procedures Related to Treatment of Morbid Obesity- Including but not limited to Gastric Bypass	43772	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only	TMPPM	1/21/13
Procedures Related to Treatment of Morbid Obesity- Including but not limited to Gastric Bypass	43773	Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only	TMPPM	1/21/13
Procedures Related to Treatment of Morbid Obesity- Including but not limited to Gastric Bypass	43774	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components	TMPPM	1/21/13
Procedures Related to Treatment of Morbid Obesity- Including but not limited to Gastric Bypass	43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (i.e., sleeve gastrectomy)	TMPPM	1/21/13

Prior Authorization List Effective January 1, 2022

Category	Code	Code Description ⁸	Medical Policy ⁵	Effective Date
Procedures Related to Treatment of Morbid Obesity- Including but not limited to Gastric Bypass	43845	Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (50 to 100 cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch)	TMPPM	1/21/13
Procedures Related to Treatment of Morbid Obesity- Including but not limited to Gastric Bypass	43846	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy	TMPPM	1/21/13
Procedures Related to Treatment of Morbid Obesity- Including but not limited to Gastric Bypass	43847	Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption	TMPPM	1/21/13
Cosmetic, Plastic, and Reconstructive Surgery	43848	Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure)	TMPPM	11/1/19
Gastric Pacing/Stimulation	43881	Implantation or replacement of gastric neurostimulator electrodes, antrum, open	TMPPM	11/1/19
Procedures Related to Treatment of Morbid Obesity- Including but not limited to Gastric Bypass	43886	Gastric restrictive procedure, open; revision of subcutaneous port component only	TMPPM	1/21/13
Procedures Related to Treatment of Morbid Obesity- Including but not limited to Gastric Bypass	43887	Gastric restrictive procedure, open; removal of subcutaneous port component only	TMPPM	1/21/13
Procedures Related to Treatment of Morbid Obesity- Including but not limited to Gastric Bypass	43888	Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only	TMPPM	1/21/13
Procedures Related to Treatment of Morbid Obesity- Including but not limited to Gastric Bypass	43999	Unlisted procedure, stomach	TMPPM	1/21/13
Transplants	44135	Intestinal allotransplantation; from cadaver donor	129, TMPPM	1/21/13
Transplants	44136	Intestinal allotransplantation; from living donor	129, TMPPM	1/21/13
Miscellaneous Services	45999	Unlisted procedure, rectum	TMPPM	1/21/13
Transplants	47135	Liver allotransplantation; orthotopic, partial or whole, from cadaver or living donor,	129, TMPPM	1/21/13

**Prior Authorization List
Effective January 1, 2022**

Category	Code	Code Description ⁸	Medical Policy ⁵	Effective Date
Transplants	47399	Unlisted procedure, liver	TMPPM	1/21/13
Transplants	48160	Pancreatectomy, total or subtotal, with autologous transplantation of pancreas or pancreatic islet cells	129, TMPPM	1/21/13
Transplants	48554	Transplantation of pancreatic allograft	129, TMPPM	1/21/13
Transplants	48999	Unlisted procedure, pancreas	TMPPM	1/21/13
Transplants	50360	Renal allotransplantation, implantation of graft; without recipient nephrectomy	129, TMPPM	1/21/13
Transplants	50365	Renal allotransplantation, implantation of graft; with recipient nephrectomy	129, TMPPM	1/21/13
Transplants	50380	Renal autotransplantation, reimplantation of kidney	129, TMPPM	1/21/13
Miscellaneous Services	53899	Unlisted procedure, urinary system	TMPPM	2/1/18
Miscellaneous Services	55899	Unlisted procedure, male genital system	TMPPM	2/1/18
Miscellaneous Services	58578	Unlisted laparoscopy procedure, uterus	TMPPM	2/1/18
Fetal Surgery	59897	Unlisted fetal invasive procedure, including ultrasound guidance, when performed	258	12/1/19
Neurostimulator-Temporary or Permanent	61863	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperative microelectrode recording; first array	IQ, TMPPM	11/1/19
Neurostimulator-Temporary or Permanent	61867	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; first array	IQ, TMPPM	11/1/19
Vagal Nerve Stimulators	61885	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array	IQ, TMPPM	11/1/19
Vagal Nerve Stimulators	61886	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to 2 or more electrode arrays	IQ, TMPPM	11/1/19
Ablation-Mechanical Discectomy	62287	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle-based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with discography	IQ	10/1/16

**Prior Authorization List
Effective January 1, 2022**

Category	Code	Code Description ⁸	Medical Policy ⁵	Effective Date
Epidural/ Diagnostic Nerve Block	62320	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance	IQ	1/27/17
Epidural/ Diagnostic Nerve Block	62321	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (i.e., fluoroscopy or CT)	IQ	1/27/17
Epidural/ Diagnostic Nerve Block	62322	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance	IQ	1/27/17
Epidural/ Diagnostic Nerve Block	62323	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (i.e., fluoroscopy or CT)	IQ	1/27/17
Epidural/ Diagnostic Nerve Block	62324	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance	IQ	1/27/17
Epidural/ Diagnostic Nerve Block	62325	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (i.e., fluoroscopy or CT)	IQ	1/27/17
Epidural/ Diagnostic Nerve Block	62326	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance	IQ	1/27/17

**Prior Authorization List
Effective January 1, 2022**

Category	Code	Code Description ⁸	Medical Policy ⁵	Effective Date
Epidural/ Diagnostic Nerve Block	62327	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (i.e., fluoroscopy or CT)	IQ	1/27/17
Implantation of Pumps for Pain Control	62350	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy	IQ , TMPPM	1/21/13
Implantation of Pumps for Pain Control	62351	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; with laminectomy	IQ , TMPPM	1/21/13
Implantation of Pumps for Pain Control	62360	Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir	IQ , TMPPM	1/21/13
Implantation of Pumps for Pain Control	62361	Implantation or replacement of device for intrathecal or epidural drug infusion; nonprogrammable pump	IQ , TMPPM	1/21/13
Implantation of Pumps for Pain Control	62362	Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming	IQ , TMPPM	1/21/13
Spinal Decompression	62380	Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc, 1 interspace, lumbar	IQ	3/1/17
Spinal Decompression	63001	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; cervical	IQ	6/27/16
Spinal Decompression	63003	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; thoracic	IQ	10/1/16
Spinal Decompression	63005	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; lumbar, except for spondylolisthesis	IQ	6/27/16
Spinal Decompression	63012	Laminectomy with removal of abnormal facets and/or pars inter-articular is with decompression of cauda equina and nerve roots for spondylolisthesis, lumbar (Gill type procedure)	IQ	6/27/16
Spinal Decompression	63015	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; cervical	IQ	6/27/16

**Prior Authorization List
Effective January 1, 2022**

Category	Code	Code Description ⁸	Medical Policy ⁵	Effective Date
Spinal Decompression	63017	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; lumbar	IQ	6/27/16
Spinal Decompression	63020	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical	IQ	6/27/16
Spinal Decompression	63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar	IQ	6/27/16
Spinal Decompression	63035	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar (List separately in addition to code for primary procedure)	IQ	6/27/16
Spinal Decompression	63040	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; cervical	IQ	6/27/16
Spinal Decompression	63042	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar	IQ	6/27/16
Spinal Decompression	63043	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional cervical interspace (List separately in addition to code for primary procedure)	IQ	6/27/16
Spinal Decompression	63044	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional lumbar interspace (List separately in addition to code for primary procedure)	IQ	6/27/16
Spinal Decompression	63045	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; cervical	IQ	6/27/16
Spinal Decompression	63046	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; thoracic	IQ	10/1/16
Spinal Decompression	63047	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar	IQ	6/27/16

**Prior Authorization List
Effective January 1, 2022**

Category	Code	Code Description ⁸	Medical Policy ⁵	Effective Date
Spinal Decompression	63048	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or	IQ	6/27/16
Spinal Decompression	63050	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments;	IQ	6/27/16
Spinal Decompression	63051	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments; with reconstruction of the posterior bony elements (including the	IQ	6/27/16
Spinal Decompression	63055	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; thoracic	IQ	10/1/16
Spinal Decompression	63056	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; lumbar (including	IQ	6/27/16
Spinal Decompression	63057	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; each additional segment, thoracic or lumbar (List separately in addition to code for primary procedure)	IQ	6/27/16
Spinal Decompression	63075	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; cervical, single interspace	IQ	6/27/16
Spinal Decompression	63081	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment	IQ	10/1/16
Neurostimulator-Temporary or Permanent	63650	Percutaneous implantation of neurostimulator electrode array, epidural	TMPPM	6/27/16
Neurostimulator-Temporary or Permanent	63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural	TMPPM	6/27/16
Neurostimulator-Temporary or Permanent	63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling	TMPPM	6/27/16
Epidural/ Diagnostic Nerve Block	64479	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level	IQ	10/1/16
Epidural/ Diagnostic Nerve Block	64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level	IQ	10/1/16
Facet Injections	64490	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	IQ	10/1/16
Facet Injections	64493	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	IQ	10/1/16

**Prior Authorization List
Effective January 1, 2022**

Category	Code	Code Description ⁸	Medical Policy ⁵	Effective Date
Implantation of Pumps for Pain Control	62350	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy	IQ, <u>TMPPM</u>	1/21/13
Implantation of Pumps for Pain Control	62351	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; with laminectomy	IQ, <u>TMPPM</u>	1/21/13
Implantation of Pumps for Pain Control	62360	Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir	IQ, <u>TMPPM</u>	1/21/13
Implantation of Pumps for Pain Control	62361	Implantation or replacement of device for intrathecal or epidural drug infusion; nonprogrammable pump	IQ, <u>TMPPM</u>	1/21/13
Implantation of Pumps for Pain Control	62362	Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming	IQ, <u>TMPPM</u>	1/21/13
Spinal Decompression	62380	Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc. 1 interspace, lumbar	IQ	3/1/17
Spinal Decompression	63001	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; cervical	IQ	6/27/16
Spinal Decompression	63003	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; thoracic	IQ	10/1/16
Spinal Decompression	63005	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; lumbar, except for spondylolisthesis	IQ	6/27/16
Spinal Decompression	63012	Laminectomy with removal of abnormal facets and/or pars inter-articular is with decompression of cauda equina and nerve roots for spondylolisthesis, lumbar (Gill type procedure)	IQ	6/27/16
Spinal Decompression	63015	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; cervical	IQ	6/27/16
Spinal Decompression	63017	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; lumbar	IQ	6/27/16

**Prior Authorization List
Effective January 1, 2022**

Category	Code	Code Description ⁸	Medical Policy ⁵	Effective Date
Spinal Decompression	63020	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical	IQ	6/27/16
Spinal Decompression	63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar	IQ	6/27/16
Spinal Decompression	63035	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar (List separately in addition to code for primary procedure)	IQ	6/27/16
Spinal Decompression	63040	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; cervical	IQ	6/27/16
Spinal Decompression	63042	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar	IQ	6/27/16
Spinal Decompression	63043	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional cervical interspace (List separately in addition to code for primary procedure)	IQ	6/27/16
Spinal Decompression	63044	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional lumbar interspace (List separately in addition to code for primary procedure)	IQ	6/27/16
Spinal Decompression	63045	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; cervical	IQ	6/27/16
Spinal Decompression	63046	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; thoracic	IQ	10/1/16
Spinal Decompression	63047	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar	IQ	6/27/16

**Prior Authorization List
Effective January 1, 2022**

Category	Code	Code Description ⁸	Medical Policy ⁵	Effective Date
Spinal Decompression	63048	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single additional segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)\vertebral segment: each	IQ	6/27/16
Spinal Decompression	63050	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments;	IQ	6/27/16
Spinal Decompression	63051	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments; with reconstruction of the posterior bony elements (including the application of bridging bone graft and non-segmental fixation devices (eg, wire, suture, mini-plates), when performed)	IQ	6/27/16
Spinal Decompression	63055	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; thoracic	IQ	10/1/16
Spinal Decompression	63056	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; lumbar (including transfacet, or lateral extraforaminal approach) (eg, far lateral herniated intervertebral disc)	IQ	6/27/16
Spinal Decompression	63057	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; each additional segment, thoracic or lumbar (List separately in addition to code for primary procedure)	IQ	6/27/16
Spinal Decompression	63075	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, single interspace	IQ	6/27/16
Spinal Decompression	63081	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment	IQ	10/1/16
Neurostimulator-Temporary or Permanent	63650	Percutaneous implantation of neurostimulator electrode array, epidural	TMPPM	6/27/16
Neurostimulator-Temporary or Permanent	63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural	TMPPM	6/27/16
Neurostimulator-Temporary or Permanent	63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling	TMPPM	6/27/16
Epidural/ Diagnostic Nerve Block	64479	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level	IQ	10/1/16
Epidural/ Diagnostic Nerve Block	64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level	IQ	10/1/16
Facet Injections	64490	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	IQ	10/1/16

**Prior Authorization List
Effective January 1, 2022**

Category	Code	Code Description ⁸	Medical Policy ⁵	Effective Date
Facet Injections	64493	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	IQ	10/1/16
Diagnostic Nerve Block	64520	Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)	IQ	10/1/16
Vagal Nerve Stimulators	64553	Percutaneous implantation of neurostimulator electrode array; cranial nerve	TMPPM	6/27/16
Neurostimulator-Temporary or Vagal Nerve Stimulators	64561	Percutaneous implantation of neurostimulator electrode array; sacral nerve	TMPPM	6/27/16
Vagal Nerve Stimulators	64568	Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator	TMPPM	6/27/16
Neurostimulator-Temporary or	64590	Insertion or replacement of peripheral or gastric neurostimulator pulse generator	TMPPM	6/27/16
Facet Neurolysis	64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging	IQ	6/27/16
Facet Neurolysis	64634	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging	IQ	6/27/16
Facet Neurolysis/ Sacroiliac Joint	64635	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging	IQ	1/21/13
Facet Neurolysis/ Sacroiliac Joint	64636	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging	IQ	1/21/13
Miscellaneous Services	64999	Unlisted procedure, nervous system	TMPPM	10/1/16
Miscellaneous Services	66999	Unlisted procedure, anterior segment of eye	TMPPM	9/1/17
Blepharoplasty	67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)	IQ	1/21/13
Blepharoplasty	67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material	IQ, TMPPM	1/21/13
Blepharoplasty	67902	Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling	IQ, TMPPM	1/21/13
Blepharoplasty	67903	Repair of blepharoptosis; (tarso) levator resection or advancement, internal	IQ, TMPPM	1/21/13
Blepharoplasty	67904	Repair of blepharoptosis; (tarso) levator resection or advancement, external	IQ, TMPPM	1/21/13
Cosmetic, Plastic, and Reconstructive Surgery	67906	Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)	IQ, TMPPM	11/1/19
Cosmetic, Plastic, and Reconstructive Surgery	67908	Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (eg, Fasanella-Servat type)	IQ, TMPPM	11/1/19
Cosmetic, Plastic, and Reconstructive Surgery	67909	Reduction of overcorrection of ptosis	IQ, TMPPM	11/1/19
Cosmetic, Plastic, and Reconstructive Surgery	69300	Otoplasty, protruding ear, with or without size reduction	263, TMPPM	12/1/18
Cochlear Device	69714	Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy	TMPPM	1/21/13
Cochlear Device	69715	Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy	TMPPM	1/21/13
Cochlear Device	69930	Cochlear device implantation, with or without mastoidectomy	TMPPM	1/21/13

Prior Authorization List Effective January 1, 2022

Category	Code	Code Description ⁸	Medical Policy ⁵	Effective Date
Magnetic Resonance Imaging (MRI)- Breast and Cardiac Only	75561	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences;	IQ, TMPPM	1/21/13
Magnetic Resonance Imaging (MRI)- Breast and Cardiac Only	75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress sequences	IQ, TMPPM	1/21/13
Cardiac Spiral CT	75571	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	IQ, TMPPM	1/21/13
Cardiac Spiral CT	75572	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)	IQ, TMPPM	1/21/13
Cardiac Spiral CT	75574	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	IQ, TMPPM	1/21/13
Magnetic Resonance Imaging (MRI)- Breast and Cardiac Only	77046	Magnetic resonance imaging, breast, without contrast material; unilateral	IQ, TMPPM	1/1/19
Magnetic Resonance Imaging (MRI)- Breast and Cardiac Only	77048	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	IQ, TMPPM	1/1/19
Intensity Modulated Radiation Therapy (IMRT)	77301	Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications	IQ, TMPPM	1/21/13
Intensity Modulated Radiation Therapy (IMRT)	77338	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan	IQ, TMPPM	1/21/13
PET scans	78608	Brain imaging, positron emission tomography (PET); metabolic evaluation	IQ, TMPPM	1/21/13
PET scans	78811	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)	IQ, TMPPM	1/21/13
PET scans	78812	Positron emission tomography (PET) imaging; skull base to mid-thigh	IQ, TMPPM	1/21/13
PET scans	78813	Positron emission tomography (PET) imaging; whole body	IQ, TMPPM	1/21/13
PET scans	78814	Positron emission tomography (PET) with concurrently acquired computed	IQ, TMPPM	1/21/13
PET scans	78815	Positron emission tomography (PET) with concurrently acquired computed	IQ, TMPPM	1/21/13
PET scans	78816	Positron emission tomography (PET) with concurrently acquired computed	IQ, TMPPM	1/21/13
Genetic Testing	81161	DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy) deletion analysis,	IQ, TMPPM, 037	11/1/19
Genetic Testing	81162	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg,	TMPPM	11/1/17

Prior Authorization List Effective January 1, 2022

Category	Code	Code Description ⁸	Medical Policy ⁵	Effective Date
Genetic Testing	81163	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	TMPPM	1/1/19
Genetic Testing	81164	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (i.e., detection of large gene rearrangements)	TMPPM	1/1/19
Genetic Testing	81165	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	TMPPM	1/1/19
Genetic Testing	81166	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (i.e., detection of large gene rearrangements)	TMPPM	1/1/19
Genetic Testing	81170	ABL1 (ABL proto-oncogene 1, non-receptor tyrosine kinase) (eg, acquired imatinib tyrosine kinase inhibitor resistance), gene analysis, variants in the kinase domain	IQ , TMPPM , 037	11/1/17
Genetic Testing	81201	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; full gene sequence	TMPPM	11/1/17
Genetic Testing	81202	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; known familial variants	TMPPM	11/1/19
Genetic Testing	81203	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; duplication/deletion variants	TMPPM	11/1/19
Genetic Testing	81212	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; 185delAG, 5385insC, 6174delT variants	TMPPM	1/21/13
Genetic Testing	81215	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	TMPPM	1/21/13
Genetic Testing	81216	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	TMPPM	1/21/13
Genetic Testing	81217	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	TMPPM	1/21/13
Genetic Testing	81218	CEBPA (CCAAT/enhancer binding protein [C/EBP], alpha) (eg, acute myeloid leukemia), gene analysis, full gene sequence	IQ , TMPPM , 037	11/1/17
Genetic Testing	81219	CALR (calreticulin) (eg, myeloproliferative disorders), gene analysis, common variants in exon 9	IQ , TMPPM , 037	11/1/17

**Prior Authorization List
Effective January 1, 2022**

Category	Code	Code Description ⁸	Medical Policy ⁵	Effective Date
Genetic Testing	81220	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; common variants (eg, ACMG/ACOG guidelines)	IQ, <u>TMPPM</u>, 037	1/21/13
Genetic Testing	81221	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; known familial variants	IQ, <u>TMPPM</u>, 037	1/21/13
Genetic Testing	81222	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; duplication/deletion variants	IQ, <u>TMPPM</u>, 037	1/21/13
Genetic Testing	81223	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; full gene sequence	IQ, <u>TMPPM</u>, 037	1/21/13
Genetic Testing	81224	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; intron 8 poly-T analysis (eg, male infertility)	IQ, <u>TMPPM</u>, 037	1/21/13
Genetic Testing	81225	CYP2C19 (cytochrome P450, family 2, subfamily C, polypeptide 19) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *8, *17)	TMPPM	1/21/13
Genetic Testing	81226	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *9, *10, *17, *19, *29, *35, *41, *1XN, *2XN, *4XN)	TMPPM	1/21/13
Genetic Testing	81228	Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number variants (eg, Bacterial Artificial Chromosome [BAC] or oligo-based comparative genomic hybridization [CGH] microarray analysis)	IQ, <u>TMPPM</u>	1/21/13
Genetic Testing	81229	Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants for chromosomal abnormalities	IQ, <u>TMPPM</u>, 037	1/21/13
Genetic Testing	81232	DPYD (dihydropyrimidine dehydrogenase) (eg, 5-fluorouracil/5-FU and capecitabine drug metabolism), gene analysis, common variant(s) (eg, *2A, *4, *5, *6)	IQ, <u>TMPPM</u>, 037	11/1/19
Genetic Testing	81235	EGFR (epidermal growth factor receptor) (eg, non-small cell lung cancer) gene analysis, common variants (eg, exon 19 LREA deletion, L858R, T790M, G719A, G719S, L861Q)	IQ, <u>TMPPM</u>, 037	1/21/13
Genetic Testing	81238	F9 (coagulation factor IX) (eg, hemophilia B), full gene sequence	IQ, <u>TMPPM</u>, 037	11/1/19
Genetic Testing	81243	FMR1 (Fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	IQ, <u>TMPPM</u>, 037	1/21/13
Genetic Testing	81244	FMR1 (fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; characterization of alleles (eg, expanded size and promoter methylation status)	IQ, <u>TMPPM</u>, 037	1/21/13
Genetic Testing	81247	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; common variant(s) (eg, A, A-)	IQ, <u>TMPPM</u>, 037	11/1/19

**Prior Authorization List
Effective January 1, 2022**

Category	Code	Code Description ⁸	Medical Policy ⁵	Effective Date
Genetic Testing	81259	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; full gene sequence	IQ, TMPPM, 037	11/1/19
Genetic Testing	81261	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); amplified methodology (eg, polymerase chain reaction)	IQ, TMPPM, 037	11/1/17
Genetic Testing	81264	IGK@ (Immunoglobulin kappa light chain locus) (eg, leukemia and lymphoma, B-cell), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	IQ, TMPPM, 037	11/1/17
Genetic Testing	81272	KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, gastrointestinal stromal tumor [GIST], acute myeloid leukemia, melanoma), gene analysis, targeted sequence analysis (eg, exons 8, 11, 13, 17, 18)	IQ, TMPPM, 037	11/1/17
Genetic Testing	81273	KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, mastocytosis), gene analysis, D816 variant(s)	IQ, TMPPM, 037	11/1/17
Genetic Testing	81276	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; additional variant(s) (eg, codon 61, codon 146)	IQ, TMPPM, 037	11/1/17
Genetic Testing	81288	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis, promoter methylation analysis	TMPPM	11/1/19
Genetic Testing	81292	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	TMPPM	1/21/13
Genetic Testing	81293	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	TMPPM	1/21/13
Genetic Testing	81294	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	TMPPM	1/21/13
Genetic Testing	81295	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	TMPPM	1/21/13
Genetic Testing	81296	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	TMPPM	1/21/13
Genetic Testing	81297	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	TMPPM	1/21/13
Genetic Testing	81298	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	TMPPM	1/21/13

**Prior Authorization List
Effective January 1, 2022**

Category	Code	Code Description ⁸	Medical Policy ⁵	Effective Date
Genetic Testing	81299	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	TMPPM	1/21/13
Genetic Testing	81300	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	TMPPM	1/21/13
Genetic Testing	81301	Microsatellite instability analysis (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) of markers for mismatch repair deficiency (eg, BAT25, BAT26), includes comparison of neoplastic and normal tissue, if performed	TMPPM	1/21/13
Genetic Testing	81302	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; full sequence analysis	IQ, <u>TMPPM, 037</u>	1/21/13
Genetic Testing	81303	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; known familial variant	IQ, <u>TMPPM, 037</u>	1/21/13
Genetic Testing	81304	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; duplication/deletion variants	IQ, <u>TMPPM, 037</u>	1/21/13
Genetic Testing	81311	NRAS (neuroblastoma RAS viral [v-ras] oncogene homolog) (eg, colorectal carcinoma), gene analysis, variants in exon 2 (eg, codons 12 and 13) and exon 3 (eg, codon 61)	IQ, <u>TMPPM, 037</u>	11/1/17
Genetic Testing	81314	PDGFRA (platelet-derived growth factor receptor, alpha polypeptide) (eg, gastrointestinal stromal tumor [GIST]), gene analysis, targeted sequence analysis (eg, exons 12, 18)	IQ, <u>TMPPM, 037</u>	11/1/17
Genetic Testing	81317	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	TMPPM	1/21/13
Genetic Testing	81318	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	TMPPM	1/21/13
Genetic Testing	81319	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	TMPPM	1/21/13
Genetic Testing	81321	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; full sequence analysis	IQ, <u>TMPPM, 037</u>	1/21/13
Genetic Testing	81322	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; known familial variant	IQ, <u>TMPPM, 037</u>	1/21/13
Genetic Testing	81323	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; duplication/deletion variant	IQ, <u>TMPPM, 037</u>	1/21/13
Genetic Testing	81328	SLCO1B1 (solute carrier organic anion transporter family, member 1B1) (eg, adverse drug reaction), gene analysis, common variant(s) (eg, *5)	IQ, <u>TMPPM, 037</u>	11/1/19

**Prior Authorization List
Effective January 1, 2022**

Category	Code	Code Description ⁸	Medical Policy ⁵	Effective Date
Genetic Testing	81329	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; dosage/deletion analysis (eg, carrier testing), includes SMN2 (survival of motor neuron 2, centromeric) analysis, if performed	IQ, TMPPM, 037	11/1/19
Genetic Testing	81335	TPMT (thiopurine S-methyltransferase) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3)	IQ, TMPPM, 037	11/1/19
Genetic Testing	81336	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; full gene sequence	IQ, TMPPM, 037	11/1/19
Genetic Testing	81337	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; known familial sequence variant(s)	IQ, TMPPM, 037	11/1/19
Genetic Testing	81350	UGT1A1 (UDP glucuronosyltransferase 1 family, polypeptide A1) (eg, drug metabolism, hereditary unconjugated hyperbilirubinemia [Gilbert syndrome]) gene analysis, common variants (eg, *28, *36, *37)	IQ, TMPPM, 037	1/21/13
Genetic Testing	81401	MOLECULAR PATHOLOGY PROCEDURE LEVEL 2	IQ, TMPPM, 037	11/1/17
Genetic Testing	81406	MOLECULAR PATHOLOGY PROCEDURE LEVEL 7	IQ, TMPPM, 037	11/1/17
Genetic Testing	81408	Molecular pathology procedure, Level 9 (eg, analysis of >50 exons in a single gene by DNA sequence analysis)	IQ, TMPPM, 037	11/1/17
Genetic Testing	81410	Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome), genomic sequence analysis panel, must include sequencing of at least 9 genes, including FBN1, TGFBR1, TGFBR2, COL3A1, MYH11, ACTA2, SLC2A10, SMAD3, and MYLK	IQ, TMPPM, 037	11/1/17
Genetic Testing	81411	Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome), duplication/deletion analysis panel, must include analyses for TGFBR1, TGFBR2, MYH11, and COL3A1	IQ, TMPPM, 037	11/1/17
Genetic Testing	81412	Ashkenazi Jewish associated disorders (eg, Bloom syndrome, Canavan disease, cystic fibrosis, familial dysautonomia, Fanconi anemia group C, Gaucher disease, Tay-Sachs disease), genomic sequence analysis panel, must include sequencing of at least 9 genes, including ASPA, BLM, CFTR, FANCC, GA, HEXA,	IQ, TMPPM, 037	11/1/17
Genetic Testing	81413	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); genomic sequence analysis panel, must include sequencing of at least 10 genes, including ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, RYR2, and SCN5A	IQ, TMPPM, 037	11/1/17

Prior Authorization List Effective January 1, 2022

Category	Code	Code Description ⁸	Medical Policy ⁵	Effective Date
Genetic Testing	81414	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); duplication/deletion gene analysis panel, must include analysis of at least 2 genes, including <i>KCNH2</i> and <i>KCNO1</i>	IQ, TMPPM, 037	11/1/17
Genetic Testing	81415	Exome (eg, unexplained constitutional or heritable disorder or syndrome), sequence analysis	IQ, TMPPM, 037	11/1/17
Genetic Testing	81417	Exome (eg, unexplained constitutional or heritable disorder or syndrome), re-evaluation of previously obtained exome sequence (eg, updated knowledge or unrelated condition/syndrome)	IQ, TMPPM, 037	11/1/17
Genetic Testing	81420	Fetal chromosomal aneuploidy (eg, trisomy 21, monosomy X) genomic sequence analysis panel, circulating cell-free fetal DNA in maternal blood, must include analysis of chromosomes 13, 18, and 21	TMPPM	2/1/17
Genetic Testing	81425	Genome (eg, unexplained constitutional or heritable disorder or syndrome), sequence analysis	IQ, TMPPM, 037	11/1/17
Genetic Testing	81427	Genome (eg, unexplained constitutional or heritable disorder or syndrome), re-evaluation of previously obtained genome sequence (eg, updated knowledge or unrelated condition/syndrome)	IQ, TMPPM, 037	11/1/17
Genetic Testing	81430	Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred syndrome), genomic sequence analysis panel, must include sequencing of at least 60 genes, including <i>CDH23</i> , <i>CLRN1</i> , <i>GJB2</i> , <i>GPR98</i> , <i>MTRNR1</i> , <i>MYO7A</i> , <i>MYO15A</i> , <i>PCDH15</i> , <i>OTOF</i> , <i>SLC26A4</i> , <i>TMC1</i> , <i>TMPRSS3</i> , <i>USH1C</i> , <i>USH1G</i> , <i>USH2A</i> , and <i>WFS1</i>	IQ, TMPPM, 037	11/1/17
Genetic Testing	81431	Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred syndrome), duplication/deletion analysis panel, must include copy number analyses for <i>STRC</i> and <i>DFNB1</i> deletions in <i>GJB2</i> and <i>GJB6</i> genes	IQ, TMPPM, 037	11/1/17
Genetic Testing	81432	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); genomic sequence analysis panel, must include sequencing of at least 1410 genes, always including <i>BRCA1</i> , <i>BRCA2</i> , <i>CDH1</i> , <i>MLH1</i> , <i>MSH2</i> , <i>MSH6</i> , <i>PALB2</i> , <i>PTEN</i> , <i>STK11</i> , and <i>TP53</i>	IQ, TMPPM, 037	11/1/19
Genetic Testing	81435	Hereditary colon cancer syndromes (eg, Lynch syndrome, familial adenomatous polyposis), genomic sequence analysis panel, must include analysis of at least 7 genes, including <i>APC</i> , <i>CHEK2</i> , <i>MLH1</i> , <i>MSH2</i> , <i>MSH6</i> , <i>MUTYH</i> , and <i>PMS2</i>	IQ, TMPPM, 037	11/1/17

**Prior Authorization List
Effective January 1, 2022**

Category	Code	Code Description ⁸	Medical Policy ⁵	Effective Date
Genetic Testing	81436	Hereditary colon cancer syndromes (eg, Lynch syndrome, familial adenomatous polyposis), duplication/deletion gene analysis panel, must include analysis of at least 8 genes, including APC, MLH1, MSH2, MSH6, PMS2, EPCAM, CHEK2, and MUTYH	IQ, TMPPM, 037	11/1/17
Genetic Testing	81437	7 Hereditary neuroendocrine tumor disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma; genomic sequence analysis panel, must include sequencing of at least 6 genes, including MAX, SDHB, SDHC, SDHD, TMEM127, and VHL	IQ, TMPPM, 037	11/1/19
Genetic Testing	81438	Hereditary neuroendocrine tumor disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma; duplication/deletion analysis panel, must include analyses for SDHB, SDHC, SDHD, and VHL	IQ, TMPPM, 037	11/1/19
Genetic Testing	81439	Hereditary cardiomyopathy (eg, hypertrophic cardiomyopathy, dilated cardiomyopathy, arrhythmogenic right ventricular cardiomyopathy), genomic sequence analysis panel, must include sequencing of at least 5 cardiomyopathy-related genes (eg, DSG2, MYBPC3, MYH7, PKP2, TTN)	IQ, TMPPM, 037	11/1/17
Genetic Testing	81442	Noonan spectrum disorders (eg, Noonan syndrome, cardio-facio- cutaneous syndrome, Costello syndrome, LEOPARD syndrome, Noonan-like syndrome), genomic sequence analysis panel, must include sequencing of at least 12 genes, including BRAF, CBL, HRAS, KRAS, MAP2K1, MAP2K2, NRAS, PTPN11, RAF1, RIT1, SHOC2, and SOS1	IQ, TMPPM, 037	11/1/17
Genetic Testing	81443	Genetic testing for severe inherited conditions (eg, cystic fibrosis, Ashkenazi Jewish-associated disorders [eg, Bloom syndrome, Canavan disease, Fanconi anemia type C, mucopolidosis type VI, Gaucher disease, Tay-Sachs disease], beta hemoglobinopathies, phenylketonuria, galactosemia), genomic sequence analysis panel, must include sequencing of at least 15 genes (eg, ACADM, ARSA, ASPA, ATP7B, BCKDHA, BCKDHB, BLM, CFTR, DHCR7, FANCC, G6PC, GAA, GALT, GBA, GBE1, HBB, HEXA, IKBKAP, MCOLN1, PAH)	IQ, TMPPM, 037	11/1/19
Genetic Testing	81448	Hereditary peripheral neuropathies (eg, Charcot-Marie-Tooth, spastic paraplegia), genomic sequence analysis panel, must include sequencing of at least 5 peripheral neuropathy-related genes (eg, BSCL2, GJB1, MFN2, MPZ, REEP1, SPAST, SPG11, SPTLC1)	IQ, TMPPM, 037	11/1/19
Genetic Testing	81479	Unlisted molecular pathology procedure	IQ, TMPPM, 037	11/1/17
Genetic Testing	81507	Fetal aneuploidy (trisomy 21, 18, and 13) DNA sequence analysis of selected regions using maternal plasma, algorithm reported as a risk score for each trisomy	TMPPM	2/1/17

**Prior Authorization List
Effective January 1, 2022**

Category	Code	Code Description ⁸	Medical Policy ⁵	Effective Date
Genetic Testing	81519	Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 21 genes, utilizing formalin-fixed paraffin embedded tissue, algorithm reported as recurrence score	TMPPM	1/21/13
Genetic Testing	81538	Oncology (lung), mass spectrometric 8-protein signature, including amyloid A, utilizing serum, prognostic and predictive algorithm reported as good versus poor overall survival	IQ, TMPPM, 037	11/1/19
Genetic Testing	81540	Oncology (tumor of unknown origin), mRNA, gene expression profiling by real-time RT-PCR of 92 genes (87 content and 5 housekeeping) to classify tumor into main cancer type and subtype, utilizing formalin-fixed paraffin- embedded tissue, algorithm reported as a probability of a predicted main cancer type and subtype	IQ, TMPPM, 037	7/1/20
Genetic Testing	81542	Oncology (prostate), mRNA, microarray gene expression profiling of 22 content genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as metastasis risk score	IQ, TMPPM, 037	7/1/20
Genetic Testing	81552	Oncology (uveal melanoma), mRNA, gene expression profiling by real- time RT-PCR of 15 genes (12 content and 3 housekeeping), utilizing fine needle aspirate or formalin-fixed paraffin-embedded tissue, algorithm reported as risk of metastasis	IQ, TMPPM, 037	7/1/20
Genetic Testing	81595	Cardiology (heart transplant), mRNA, gene expression profiling by real- time quantitative PCR of 20 genes (11 content and 9 housekeeping), utilizing subfraction of peripheral blood, algorithm reported as a rejection risk score	IQ, TMPPM, 037	11/1/19
Genetic Testing	81599	Unlisted multianalyte assay with algorithmic analysis	IQ, TMPPM 0370037037	11/1/17
Genetic Testing	88267	Chromosome analysis, amniotic fluid or chorionic villus, count 15 cells, 1 karyotype, with banding	IQ, TMPPM, 037	11/1/19
Genetic Testing	88269	Chromosome analysis, in situ for amniotic fluid cells, count cells from 6-12 colonies, 1 karyotype, with banding	TMPPM	11/1/19
Genetic Testing	88275	Molecular cytogenetics; interphase in situ hybridization, analyze 100-300 cells	IQ, TMPPM, 037	11/1/17
Miscellaneous Services	88299	Unlisted cytogenetic study	TMPPM	2/1/18
Genetic Testing	88368	Morphometric analysis, in situ hybridization (quantitative or semi- quantitative), manual, per specimen; initial single probe stain procedure	IQ, TMPPM, 037	11/1/17
Miscellaneous Services	89240	Unlisted miscellaneous pathology test	TMPPM	2/1/18
Miscellaneous Services	89398	Unlisted reproductive medicine laboratory procedure	TMPPM	2/1/18
Capsule Endoscopy	91110	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with interpretation and report	IQ	1/21/13
Capsule Endoscopy	91111	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with interpretation and report	IQ	1/21/13

**Prior Authorization List
Effective January 1, 2022**

Category	Code	Code Description ⁸	Medical Policy ⁵	Effective Date
Speech Therapy	92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	272	1/21/13
Speech Therapy	92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals	272	1/21/13
Speech Therapy	92526	Treatment of swallowing dysfunction and/or oral function for feeding	272	1/21/13
Speech Therapy	92630	Auditory rehabilitation; prelingual hearing loss	272	1/21/13
Speech Therapy	92633	Auditory rehabilitation; postlingual hearing loss	272	1/21/13
Ventricular Assist Devices	92970	Cardioassist-method of circulatory assist; internal	IQ, 201	6/27/16
Transaortic or Transapical Valve Insertion or Replacement (TAVR or TMVR)	93799	Unlisted cardiovascular service or procedure	IQ, 204	11/1/19
Intraoperative Neuromonitoring IONM	95940	Continuous intraoperative neurophysiology monitoring in the operating room, one on one monitoring requiring personal attendance, each 15 minutes (List separately in addition to code for primary procedure)	234	11/1/17
Intraoperative Neuromonitoring IONM	95999	Unlisted neurological or neuromuscular diagnostic procedure	234	11/1/17
Psychological testing after the 8 hour per calendar year limitations have been met.	96130	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and	IQ	1/1/19
Psychological testing after the 8 hour per calendar year limitations have been met.	96131	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when	IQ	1/1/19
Psychological/ neuropsychological testing after the 8 hour per calendar year limitations have been met.	96136	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes	IQ	1/1/19
Psychological/ neuropsychological testing after the 8 hour per calendar year limitations have been met.	96137	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)	IQ	1/1/19
Physical Therapy and/or Occupational Therapy	97012	Application of a modality to 1 or more areas; traction, mechanical	272	1/21/13

**Prior Authorization List
Effective January 1, 2022**

Category	Code	Code Description ⁸	Medical Policy ⁵	Effective Date
Physical Therapy and/or Occupational Therapy	97016	Application of a modality to 1 or more areas; vasopneumatic devices	272	1/21/13
Physical Therapy and/or Occupational Therapy	97018	Application of a modality to 1 or more areas; paraffin bath	272	1/21/13
Physical Therapy and/or Occupational Therapy	97022	Application of a modality to 1 or more areas; whirlpool	272	1/21/13
Physical Therapy and/or Occupational Therapy	97024	Application of a modality to 1 or more areas; diathermy (eg, microwave)	272	1/21/13
Physical Therapy and/or Occupational Therapy	97026	Application of a modality to 1 or more areas; infrared	272	1/21/13
Physical Therapy and/or Occupational Therapy	97028	Application of a modality to 1 or more areas; ultraviolet	272	1/21/13
Physical Therapy and/or Occupational Therapy	97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	272	1/21/13
Physical Therapy and/or Occupational Therapy	97112	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities	272	1/21/13
Physical Therapy and/or Occupational Therapy	97113	Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises	272	1/21/13
Physical Therapy and/or Occupational Therapy	97116	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	272	1/21/13
Physical Therapy and/or Occupational Therapy	97124	Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)	272	1/21/13
Physical Therapy and/or Occupational Therapy	97140	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	272	1/21/13
Physical Therapy and/or Occupational Therapy	97150	Therapeutic procedure(s), group (2 or more individuals)	273	1/21/13
Physical Therapy and/or Occupational Therapy	97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	272	1/21/13
Physical Therapy and/or Occupational Therapy	97535	Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes	272	1/21/13

**Prior Authorization List
Effective January 1, 2022**

Category	Code	Code Description ⁸	Medical Policy ⁵	Effective Date
Physical Therapy and/or Occupational Therapy	97537	Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification)	272	1/21/13
Physical Therapy	97750	Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes	272	1/21/13
Physical Therapy and/or Occupational Therapy	97760	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(s)(ies) , lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes	272	1/21/13
Physical Therapy and/or Occupational Therapy	97761	Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes	272	1/21/13
Physical Therapy	97763	Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk, subsequent orthotic(s)/prosthetic(s) encounter, each 15 minutes	272	1/1/18
Ambulance Transfer (Non-Emergent)	A0426	Ambulance service, advanced life support, nonemergency transport, level 1 (ALS 1)	TMPPM , 282	1/21/13
Ambulance Transfer (Non-Emergent)	A0428	Ambulance service, basic life support, nonemergency transport, (BLS)	TMPPM , 282	1/21/13
Home Health ⁹	G0156	Services of home health/hospice aide in home health or hospice settings, each 15 minutes	IQ , TMPPM	1/1/13
Home Health ⁹	G0299	Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting, each 15 minutes	IQ , TMPPM	1/1/13
Home Health ⁹	G0300	Direct skilled nursing services of a license practical nurse (LPN) in the home health or hospice setting, each 15 minutes	IQ , TMPPM	12/31/12
Intensive Outpatient Program	H0015	Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education	TMPPM	08/01/20
Outpatient Withdrawal Management	H0016	Alcohol and/or drug services; medical/somatic (medical intervention in ambulatory setting)	TMPPM	6/27/16
Residential Withdrawal Management Services	H0031	Mental health assessment, by nonphysician	TMPPM	6/27/16
Partial Hospitalization	H0035	Mental health partial hospitalization, treatment, less than 24 hours	TMPPM	07/15/20
Outpatient Withdrawal Management	H0050	Alcohol and/or drug services, brief intervention, per 15 minutes	TMPPM	6/27/16

Prior Authorization List Effective January 1, 2022

Category	Code	Code Description ⁸	Medical Policy ⁵	Effective Date
Partial Hospitalization	H0035	Mental health partial hospitalization, treatment, less than 24 hours	TMPPM	07/15/20
Outpatient Withdrawal Management	H0050	Alcohol and/or drug services, brief intervention, per 15 minutes	TMPPM	6/27/16
Transplants	S2053	Transplantation of small intestine and liver allografts	TMPPM	11/1/19
Transplants	S2054	Transplantation of multivisceral organs	TMPPM	11/1/19
Transplants	S2060	Lobar lung transplantation	TMPPM	11/1/19
Breast Reduction/ Reconstruction	S2068	Breast reconstruction with deep inferior epigastric perforator (DIEP) flap or superficial inferior epigastric artery (SIEA) flap, including harvesting of the flap, microvascular transfer, closure of donor site and shaping the flap into a breast, unilateral	TMPPM	11/1/17
Fetal Surgery	S2409	Repair, congenital malformation of fetus, procedure performed in utero, not otherwise classified	258	12/1/19
BH-OP-Intensive Outpatient	S9480	Intensive outpatient psychiatric services, per diem	IQ	8/1/20
Private Duty Nursing	T1000	Private duty/independent nursing service(s), licensed, up to 15 minutes	IQ, TMPPM	2/1/15
Prescribed Pediatric Extended Care Centers (PPECC)	T1025	Intensive, extended multidisciplinary services provided in a clinic setting to children with complex medical, physical, mental and psychosocial impairments, per diem	TMPPM	11/1/16
Prescribed Pediatric Extended Care Centers (PPECC)	T1026	Intensive, extended multidisciplinary services provided in a clinic setting to children with complex medical, physical, medical and psychosocial impairments, per hour	TMPPM	11/1/2016
Durable Medical Equipment	B4153	Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins and minerals, may include	TMPPM	4/1/13
Durable Medical Equipment	B4161	Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber,	TMPPM	4/1/13
Durable Medical Equipment	E0431	Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing	IQ, TMPPM	4/1/13
Durable Medical Equipment	E0439	Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, & tubing	IQ, TMPPM	4/1/13
Durable Medical Equipment	E0445	Oximeter device for measuring blood oxygen levels noninvasively	TMPPM	10/23/17
Durable Medical Equipment	E0471	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device)	TMPPM	4/1/13
Durable Medical Equipment	E0483	High frequency chest wall oscillation air-pulse generator system, (includes hoses and vest), each	TMPPM	4/1/13

**Prior Authorization List
Effective January 1, 2022**

Category	Code	Code Description	Medical Policy	Effective Date
Durable Medical Equipment	E0617	External defibrillator with integrated electrocardiogram analysis	IQ	4/1/13
Durable Medical Equipment	E0652	Pneumatic compressor, segmental home model with calibrated gradient pressure	IQ	4/1/13
Durable Medical Equipment	E0676	Intermittent limb compression device (includes all accessories), not otherwise specified	IQ	8/1/20
Durable Medical Equipment	E0747	Osteogenesis stimulator, electrical, noninvasive, other than spinal applications	TMPPM	4/1/13
Durable Medical Equipment	E0748	Osteogenesis stimulator, electrical, noninvasive, spinal applications	TMPPM	4/1/13
Durable Medical Equipment	E0749	Osteogenesis stimulator, electrical, surgically implanted	TMPPM	11/1/19
Durable Medical Equipment	E0760	Osteogenesis stimulator, low intensity ultrasound, noninvasive	TMPPM	4/1/13
Durable Medical Equipment	E1390	Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate	TMPPM	4/1/13
Durable Medical Equipment	E1399	Durable medical equipment, miscellaneous	TMPPM	2/1/20
Durable Medical Equipment	K0013	Motorized (powered) wheelchairs are those not included in the manual wheelchair categories. They can be standard, lightweight, and customized, and can be fitted with a variety of accessories.	TMPPM	2/1/20
Durable Medical Equipment	K0606	Automatic external defibrillator, with integrated electrocardiogram analysis, garment type	TMPPM	4/1/13
Durable Medical Equipment	K0800	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds	TMPPM	4/1/13
Durable Medical Equipment	K0801	Power operated vehicle, group 1 heavy-duty, patient weight capacity 301 to 450 pounds	TMPPM	4/1/13
Durable Medical Equipment	K0802	Power operated vehicle, group 1 very heavy-duty, patient weight capacity 451 to 600 pounds	TMPPM	4/1/13
Durable Medical Equipment	K0835	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	TMPPM	2/1/20
Durable Medical Equipment	K0836	Power wheelchair, group 2 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	TMPPM	2/1/20
Durable Medical Equipment	K0837	Power wheelchair, group 2 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	TMPPM	2/1/20
Durable Medical Equipment	K0838	Power wheelchair, group 2 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds	TMPPM	2/1/20
Durable Medical Equipment	K0839	Power wheelchair, group 2 very heavy-duty, single power option sling/solid seat/back, patient weight capacity 451 to 600 pounds	TMPPM	2/1/20

**Prior Authorization List
Effective January 1, 2022**

Category	Code	Code Description	Medical Policy	Effective Date
Durable Medical Equipment	K0840	Power wheelchair, group 2 extra heavy-duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more	TMPPM	2/1/20
Durable Medical Equipment	K0841	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	TMPPM	2/1/20
Durable Medical Equipment	K0842	Power wheelchair, group 2 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds	TMPPM	2/1/20
Durable Medical Equipment	K0843	Power wheelchair, group 2 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	TMPPM	2/1/20
Durable Medical Equipment	K0848	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	TMPPM	4/1/13
Durable Medical Equipment	K0849	Power wheelchair, group 3 standard, captain's chair, patient weight capacity up to and including 300 pounds	TMPPM	4/1/13
Durable Medical Equipment	K0850	Power wheelchair, group 3 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	TMPPM	4/1/13
Durable Medical Equipment	K0851	Power wheelchair, group 3 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds	TMPPM	2/1/20
Durable Medical Equipment	K0852	Power wheelchair, group 3 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	TMPPM	2/1/20
Durable Medical Equipment	K0853	Power wheelchair, group 3 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds	TMPPM	2/1/20
Durable Medical Equipment	K0854	Power wheelchair, group 3 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more	TMPPM	2/1/20
Durable Medical Equipment	K0855	Power wheelchair, group 3 extra heavy-duty, captain's chair, patient weight capacity 601 pounds or more	TMPPM	2/1/20
Durable Medical Equipment	K0856	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	TMPPM	2/1/20
Durable Medical Equipment	K0857	Power wheelchair, group 3 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	TMPPM	2/1/20
Durable Medical Equipment	K0858	Power wheelchair, group 3 heavy-duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds	TMPPM	2/1/20
Durable Medical Equipment	K0859	Power wheelchair, group 3 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds	TMPPM	2/1/20
Durable Medical Equipment	K0861	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	TMPPM	2/1/20

**Prior Authorization List
Effective January 1, 2022**

Category	Code	Code Description	Medical Policy	Effective Date
Durable Medical Equipment	K0862	Power wheelchair, group 3 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	TMPPM	2/1/20
Durable Medical Equipment	K0863	Power wheelchair, group 3 very heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	TMPPM	2/1/20
Durable Medical Equipment	K0864	Power wheelchair, group 3 extra heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more	TMPPM	2/1/20
Durable Medical Equipment	K0868	Power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	TMPPM	2/1/20
Durable Medical Equipment	K0869	Power wheelchair, group 4 standard, captain's chair, patient weight capacity up to and including 300 pounds	TMPPM	2/1/20
Durable Medical Equipment	K0870	Power wheelchair, group 4 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	TMPPM	2/1/20
Durable Medical Equipment	K0871	Power wheelchair, group 4 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	TMPPM	2/1/20
Durable Medical Equipment	K0877	Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	TMPPM	2/1/20
Durable Medical Equipment	K0878	Power wheelchair, group 4 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	TMPPM	2/1/20
Durable Medical Equipment	K0879	Power wheelchair, group 4 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	TMPPM	2/1/20
Durable Medical Equipment	K0880	Power wheelchair, group 4 very heavy-duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	TMPPM	2/1/20
Durable Medical Equipment	K0884	Power wheelchair, group 4 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	TMPPM	2/1/20
Durable Medical Equipment	K0885	Power wheelchair, group 4 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds	TMPPM	2/1/20
Durable Medical Equipment	K0890	Power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	TMPPM	2/1/20
Durable Medical Equipment	K0891	Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	TMPPM	2/1/20
Durable Medical Equipment	K0898	Power wheelchair, not otherwise classified	TMPPM	2/1/20
Durable Medical Equipment	S1040	Cranial remolding orthotic, pediatric, rigid, with soft interface material, custom fabricated, includes fitting and adjustment(s)	TMPPM	6/27/16
Observation services	G0378	hospital OBS svc, each hour (RightCare Only)	IQ	11/01/19
ABA Therapy	97151	Behavior identification assessment	TMPPM	2/01/22

**Prior Authorization List
Effective January 1, 2022**

Category	Code	Code Description	Medical Policy	Effective Date
ABA Therapy	97153	Adaptive behavior treatment	TMPPM	2/01/22
ABA Therapy	97154	Group adaptive behavior treatment	TMPPM	2/01/22
ABA Therapy	97155	Adaptive behavior treatment	TMPPM	2/01/22
ABA Therapy	97156	Family adaptive behavior treatment	TMPPM	2/01/22
ABA Therapy	97158	Group adaptive behavior treatment	TMPPM	2/01/22
ABA Therapy	99366	Medical team conference	TMPPM	2/01/22
Medical Pharmacy- Disease-	J0129	Injection, abatacept, 10 mg (code may be used for Medicare when drug	TMPPM	6/27/16
Medical Pharmacy-	J0180	Injection, agalsidase beta, 1 mg	TMPPM	03/01/22
Medical Pharmacy-	J0221	Injection, alglucosidase alfa, (Lumizyme), 10 mg	TMPPM	2/1/15
Immunosuppressive Drugs	J0490	Injection, belimumab, 10 mg	TMPPM	5/1/20
Medical Pharmacy- Interleukin Antagonists	J0517	Injection, benralizumab, 1 mg	TMPPM	1/1/19
Medical Pharmacy- Enzymes	J0567	Injection, cerliponase alfa, 1 mg	TMPPM	3/1/22
Medical Pharmacy-Electrolytic, Caloric, Water Balance Misc, (Crysvita)	J0584	Injection, burosumab-twza, 1 mg	TMPPM	1/1/20
Crizanlizumab-Tmca (Adakveo)	J0791	Injection, crizanlizumab-tmca, 5 mg	TMPPM	8/1/20
Medical Pharmacy	J0896	Injection, luspatercept-aamt, 0.25 mg	TMPPM	8/1/20
Edaravone (Radicava)	J1301	Injection, edaravone, 1 mg	TMPPM	1/1/20
Medical Pharmacy- Enzymes	J1322	Injection, elosulfase alfa, 1 mg	TMPPM	3/1/22
Medical Pharmacy- Antisense Oligonucleotides	J1428	Injection, eteplirsen, 10 mg	280	1/1/18
Medical Pharmacy	J1429	Injection, golodirsen, 10 mg	280	8/1/20

**Prior Authorization List
Effective January 1, 2022**

Category	Code	Code Description	Medical Policy	Effective Date
Galsulfase	J1458	Injection, galsulfase, 1 mg	TMPPM	3/1/22
Idursulfase (Elaprase)	J1743	Injection, idursulfase, 1 mg	TMPPM	3/1/22
Ibalizumab-Uiyk (Trogarzo)	J1746	Injection, ibalizumab-uiyk, 10 mg	TMPPM	1/1/20
Medical Pharmacy-Enzymes	J1786	Injection, imiglucerase, 10 units	TMPPM	03/01/22
Medical Pharmacy-	J1931	Injection, laronidase, 0.1 mg	TMPPM	03/01/22
Medical Pharmacy- Interleukin	J2182	Injection, mepolizumab, 1 mg	TMPPM	11/1/16
Medical Pharmacy-	J2326	Injection, nusinersen, 0.1 mg	230	1/1/18
Medical Pharmacy-Respiratory	J2357	Injection, omalizumab, 5 mg	TMPPM	6/27/16
Medical Pharmacy- Interleukin	J2786	Injection, reslizumab, 1 mg	TMPPM	1/1/20
Medical Pharmacy-Enzymes	J2840	Injection, sebelipase alfa, 1 mg	TMPPM	03/01/22
Medical Pharmacy-Enzymes	J3060	Injection, taliglucerase alfa, 10 units	TMPPM	03/01/22
Medical Pharmacy-Enzymes	J3385	Injection, velaglucerase alfa, 100 units	TMPPM	03/01/22
Medical Pharmacy-Enzymes	J3397	Injection, vestronidase alfa-vjvk, 1 mg	TMPPM	1/1/20
Medical Pharmacy-Retinal Gene Therapies	J3398	Injection, voretigene neparvovec-rzyl, 1 billion vector genomes	249	7/1/20
Medical Pharmacy	J3399	Injection, onasemnogene abeparvovec-xioi, per treatment, up to 5x10 ¹⁵ vector	253	8/1/20
Medical Pharmacy-Other Miscellaneous Therapeutic Agents	J3490	UNDESIGNATED CODE	215	2/1/15
Medical Pharmacy-Other Miscellaneous Therapeutic Agents	J3590	UNLISTED CODE	215	2/1/15
Medical Pharmacy-Antineoplastic Agents	J9229	Injection, inotuzumab ozogamicin, 0.1 mg	TMPPM	1/1/19
Medical Pharmacy-Other Miscellaneous Therapeutic Agents	J9999	Not otherwise classified, antineoplastic drugs	215, 219	11/1/17
Axicabtagene Ciloleucel (Yescarta)	Q2041	Axicabtagene ciloleucel, up to 200 million autologous anti-CD19 CAR T Cells, including leukapheresis and dose preparation procedures, per infusion	278	8/1/18

**Prior Authorization List
Effective January 1, 2022**

Category	Code	Code Description	Medical Policy	Effective Date
Tisagenlecleucel (Kymriah)	Q2042	Tisagenlecleucel, up to 600 million CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	279	10/1/19
Antineoplastic Agents	J9204	Injection, mogamulizumab-kpkc, 1 mg	215, 219	2/1/21
Other Miscellaneous Therapeutic Agents	J9210	Injection, emapalumab-lzsg, 1 mg	254	2/1/21
Antineoplastic Agents	J9047	Injection, carfilzomib, 1 mg	219	2/1/21
Antineoplastic Agents	A9513	Lutetium Lu 177, dotatate, therapeutic, 1 mCi	TMPPM	2/1/21
Antineoplastic Agents	A9543	Yttrium Y-90 ibritumomab tiuxetan, therapeutic, per treatment dose, up to 40 millicuries	TMPPM	2/1/21
Antineoplastic Agents	J9269	Injection, tagraxofusp-erzs, 10 mcg	TMPPM	2/1/21
Antineoplastic Agents	J9313	Injection, moxetumomab pasudotox-tdfk, 0.01 mg	215, 219	2/1/21
Antineoplastic Agents	J9027	Injection, clofarabine, 1 mg	215, 219	2/1/21
Other Miscellaneous Therapeutic Agents	A9542	Indium In-111 ibritumomab tiuxetan, diagnostic, per study dose, up to 5 millicuries	TMPPM	2/1/21
Other Miscellaneous Therapeutic Agents	J0222	Injection, patisiran, 0.1 mg	TMPPM	1/1/21
Medical Pharmacy-Antisense Oligonucleotides	J1427	Injection, viltolarsen, 10 mg	280	4/1/21
Medical Pharmacy – Antineoplastic Agents	Q2053	Brexucabtagene autoleucel, up to 200 million...	281	4/1/21
Medical Pharmacy-Antisense Oligonucleotides	J1426	Injection, casimersen, 10 mg	280	10/1/21
Medical Pharmacy – Antineoplastic Agents	Q2055	Idcabtagene vicleucel, up to 460 million autologous anti-bcma car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic	290	1/1/22
Immunosuppressive Drugs	C9086	Injection, anifrolumab-fnia, 1 mg	TMPPM	3/1/22
Central Nervous System Agents, Miscellaneous	J0172	Injection, aducanumab-avwa, 2 mg	293	2/1/22
Antidepressants, Miscellaneous	J1632	Injection, brexanolone, 1 mg	256	7/1/20
Medical Pharmacy-Immunomodulatory Agents	J1823	Injection, inebilizumab-cdon, 1 mg	TMPPM	3/1/21

Prior Authorization List Effective January 1, 2022

Category	Code	Code Description	Medical Policy	Effective Date
Medical Pharmacy-Corticosteroids (ENT)	J7311	Injection, fluocinolone acetonide, intravitreal implant (retisert), 0.01 mg	TMPPM	6/1/21
Medical Pharmacy-Enzymes	C9085	Injection, avalglucosidase alfa-ngpt, 4 mg	TMPPM	3/1/22
Medical Pharmacy-Enzymes	J0567	Injection, cerliponase alfa, 1 mg	TMPPM	3/1/22
Medical Pharmacy-Enzymes	J1322	Injection, elosulfase alfa, 1 mg	TMPPM	3/1/22
Medical Pharmacy-Enzymes	J1743	Injection, idursulfase, 1 mg	TMPPM	3/1/22
Medical Pharmacy-Enzymes	J1786	Injection, imiglucerase, 10 units	TMPPM	3/1/22
Medical Pharmacy-Enzymes	J1931	Injection, laronidase, 0.1 mg	TMPPM	3/1/22
Medical Pharmacy-Anticoagulants, Miscellaneous	J2724	Injection, protein c concentrate, intravenous, human, 10 iu	TMPPM	3/1/22
Medical Pharmacy-Enzymes	J2840	Injection, sebelipase alfa, 1 mg	TMPPM	3/1/22
Medical Pharmacy-Enzymes	J3060	Injection, taliglucerase alfa, 10 units	TMPPM	3/1/22

1

Registered users of our secure provider website can log in and submit an electronic preauthorization request. Call the number listed on the member's ID card for more information about our secure provider website. Contact your Provider Relations Representative for additional assistance.

2

All services, even if authorized, are subject to the member's benefit plan contract coverage and exclusions, eligibility and network design. Approvals are not a guarantee of coverage, as the member's benefit plan contract may retroactively terminate at a future date. Status of eligibility may be verified by logging into the provider portal for:

RightCare at: <https://rightcare.com/Web/>

FirstCare at: <https://my.firstcare.com/Web/>

Prior Authorization List Effective January 1, 2022

The Texas Medicaid Provider Procedures Manual I is a comprehensive guide that contains information about Texas Medicaid benefits, policies, and procedures including medical, dental, and children's services benefits. The current version of the manual always appears prominently on the [Texas Medicaid Provider Procedures Manual](#) web page.

3

Essential Information to Initiate an Authorization

If the PA request has Essential Information, the PA request will be processed. If Essential Information on a PA request is missing, incorrect, or illegible, a decision to approve or deny cannot be made. We will return the request to the requesting provider with an explanation of why the submitted request was not processed as submitted and include instruction to resubmit the PA request with complete Essential Information. A complete request form includes the following Essential Information:

- Member Name
- Member Number or Medicaid Number
- Member Date of Birth
- Requesting Provider Name
- Requesting Provider's National Provider Identifier (NPI)
- Service requested start and end date(s)
- Service requested -Current Procedural Terminology (CPT), Healthcare Common Procedure Coding System (HCPCS)
- Quantity of service units requested based on the CPT, HCPCS, or CDT requested

4

Complete Authorization Requests

An authorization request must include all information/documents required to make and establish a medical or functional necessity determination. Utilization Management staff obtain current clinical and local delivery system information by fax, phone, or confidential voice mail from the requesting provider, attending physician, facility personnel or access to a facility-specific electronic medical record. In order to apply the appropriate medical policy and make a decision, the following clinical information from the past 12 months (but not limited to) must be submitted:

- Servicing Provider Information, Including Mailing Address, Individual and/or Group National Provider Identifier (NPI), Tax Identification Number (TIN)
- Rationale for Out-of-Network Services
- Office and hospital records
- A history of the presenting problem
- A history of previous medical management

Prior Authorization List Effective January 1, 2022

- Physical exam results
- Diagnostic testing results
- Treatment plans and progress notes and prognosis
- Patient psychosocial history
- Information on consultations with the treating practitioner
- Evaluations from other health care practitioners and providers
- Operative and pathological reports
- Rehabilitation evaluations
- Patient characteristics and information
- Information from responsible family members or caregivers
- Community resources for discharge planning and follow up care
- Any other information deemed necessary to facilitate the decision-making process

In addition to the above, the following information is collected specific to behavioral health authorizations:

- Level of functioning, including an ability to perform activities of daily living
- Presence of suicidal or homicidal ideations
- Mental status assessment; and
- Participation in the milieu

5

Clinical Criteria

Written clinical criteria or medical policies are used to make fair, impartial, and consistent decisions that facilitate the appropriate use of selected elective services. The medical policies are used as tools to determine the clinical indications and information required in order to approve requests for services. The medical policies are based on sound clinical evidence and are developed with input from actively practicing physicians in relevant specialties. Medical policies are used in the following order:

1. The Texas Medicaid Provider Procedures Manual (TMPPM): Supersedes all medical policies with access at this link:

<http://www.tmhp.com/resources/provider-manuals/tmppm>

2. Internal Medical Policies: Individually hyperlinked throughout this document and are available in the Medical Policies section on the Baylor Scott and White Health Plan website: <https://swhp.org/prov/medical-resources#prov-medical-coverage-policies-documents>

3. MCG and InterQual (IQ):

Prior Authorization List Effective January 1, 2022

A copy of the clinical criteria that are proprietary property of MCG and InterQual are available upon request to the Health Services Department.

Please call toll-free at 1-855-691-7947 to request a copy of the clinical criteria on which a determination was made. The health plan recognizes that deviations from guidelines, criteria and protocols may be medically needed due to the particular circumstances of a member's disease or injury or the local delivery system and available resources. For example, STAR members with special healthcare needs (MSHCN) have been identified as those requiring special consideration and unique requirements. The medical policies are not intended to replace sound clinical judgment or internal clinical guidance. When applying the criteria to an individual the health plan considers the following factors: age of the member, presence of co-morbidities, complications, progress of treatment, transitions of care, psychosocial situation, the home environment, when applicable.

6

Out-of-Network

Services rendered by non-contracted providers (except Emergency Department) must be prior authorized to receive a full benefit. Non-emergent out-of-network services with an observation level of care (revenue 760 and 762) require authorization.

7

Inpatient Notification

RightCare and FirstCare Medical Management must be notified within 1 business day of the admission.

For maternity and newborn stays, notification is only required for stays that exceed 48 hours for vaginal deliveries or 96 hours for Cesarean section deliveries. Emergency services do not require prior authorization.

8

All services within these categories require authorization when a member is in an observation level of care.

9

Home Health Care

The first visit for newly ordered home care skilled services requires an authorization but will not require a prior authorization. **RightCare and FirstCare** will retrospectively approve the initial nursing evaluation visit when the written plan of care is received within four business days.

Additional services rendered during the four business days will be retrospectively reviewed. Services may include home health aide, occupational therapy, pediatric therapy services, physical therapy, private duty nursing (PDN), skilled nursing, speech therapy, and social work.

10

Pharmacy Authorizations

To obtain a pharmacy prior authorization assistance, please call **RightCare/FirstCare** PBM, Navitus, Toll Free at 1-877-908-6023, and select the prescriber option to speak with the Prior Authorization department between 6 a.m. to 6 p.m. (CT) Monday through Friday, and 8 a.m. to 12 p.m. (CT) Saturday, Sunday, and State-approved holidays.