

# SERVICES REQUIRING PRIOR AUTHORIZATION (LIST SUBJECT TO CHANGE)

# Prior Authorization is required for: Inpatient Facility Admissions

- All planned (elective) inpatient hospital care (surgical, non-surgical, behavioral health and/or substance abuse).
   Elective admissions must have prior authorization before the admission occurs.
- Admission to a skilled nursing facility, a long term acute care hospital (LTACH) or a rehabilitation facility
- All residential treatment program admissions

### **Transplants (inpatient or outpatient)-**

- Autologous Progenitor Cell Therapy (stem cell transplants)
- Complex Organ Transplants (small bowel, lung, multi-organ, pancreas, face, limb)
- Transplant donor procedures and services (for all types of transplants)

 No prior authorization needed for cornea, skin, kidney, liver, heart, unless parts of care will involve a clinical trial. (Plan notification of scheduled kidney, liver or heart transplants is recommended to ensure highest level of coverage.)

# Elective (non-emergent) ground or air ambulance transport

## Surgical, Medical, Therapeutic, Diagnostic and Reconstructive Procedures (may be inpatient or outpatient)

- Abdominoplasty/Panniculectomy
- Blepharoplasty (eyelid surgery)
- Bone Anchored and Implantable Hearing Aids
- Breast Surgeries Selected: (implant removal, mastectomy for gynecomastia, prophylactic mastectomy, reduction mammoplasty)
- Cardiac Devices, including related services for implantation, if applicable for ventricular assist device for outpatients, implanted and wearable defibrillators, closure devices for septal defects
- Cochlear Implantation

- Corneal Remodeling
- Cosmetic or reconstructive surgery usually done to change appearance (such as face lifts, brow lifts, cervicoplasty, collagen implants, chemical peels/abrasions, abdominoplasty, liposuction, body contouring surgery (skin fold or fat removal from torso or extremity), nose or ear remodeling ,scar revision, and others)
- Deep Brain stimulation
- Hyperbaric Oxygen Therapy
- Implantation or Application of Electric stimulator devices - selected - (gastric, spinal cord, sacral nerve, pelvic floor, implanted bone stimulators, posterior tibial nerve stimulators)
- Facility Based Sleep Studies (polysomnography)
- Radiation Therapy –Selected: (stereotactic radiosurgery, gamma knife, proton beam, intensity modulated radiation therapy (IMRT), intraoperative radiation therapy)
- Radiofrequency Ablation of Tumors
- Spine surgeries/treatments
- Artificial Intervertebral Disc (any level)
- Facet Arthroplasty



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- Vertebroplasty, Kyphoplasty, or Sacroplasty
- Intraspinous traction devices
- Radiofrquency treatment of facet joints
- Some Spinal Fusion
- Surgery to treat sleep apnea
- Varicose Veins and perforator veins

   All Procedures

#### **Outpatient Imaging Tests**

- Positron Emission Tomography (PET and PET/CT)
- Contrast Enhanced Computed Tomography (CT) Angiography of the heart
- Computed Tomography (CT) Scans
- Magnetic Resonance Imaging (MRI)
- Magnetic Resonance Angiography (MRA)
- Magnetic Resonance Spectroscopy
- Nuclear Cardiology
- Echocardiograms

## Durable Medical Equipment (DME) and prosthetic devices

Prior Authorization required for purchase of DME items over \$500. Including but not limited to:

- Bone Growth Stimulators: Electronic and Ultrasonic
- Chest Compression Vests and Devices
- Communication or Speech Generation Devices
- Custom fabricated knee braces
- Dynamic Splints and home range of motion and stretching devices
- Electrical Stimulation Devices
- Home Traction Devices
- Hospital Beds and Accessories (no prior authorization needed for rental of standard bed for hospital to home transitions, for less than three months)
- Jaw Motion Rehab Systems (TMJ)
- Lymphedema Pumps
- Microprocessor Controlled Artificial Limb or Joint
- Myoelectric upper arm prosthetic
- Power Operated Lifting Devices
- Standing frames
- Vagal Nerve Stimulators (not TENS)
- Wheelchairs, power operated vehicles, scooters
- No Prior Authorization need for standard manual wheelchair rented for less than three months
- Wheelchair Accessories (beyond basic components)
- Wearable Cardioverter Defibrillator

Rental of DME for home use does not require prior authorization. However rental beyond three months may be reviewed for ongoing medical necessity.

#### **Pediatric Orthodontia (Non-Routine)**

These services are reviewed by Dental Review Staff and should be faxed to 425.918.5956.



## SERVICES REQUIRING PRIOR AUTHORIZATION (LIST SUBJECT TO CHANGE)

The following list of drugs is not exhaustive, and only includes those that may be included in your medical benefit. This list does not include any drugs that are subject to the pharmacy prior authorization program. Additionally, the drugs listed below do not necessarily indicate coverage under the member benefits contract, as member contracts differ in their benefits.

Always use the Prospective Review Tool, consult the member benefit booklet, or contact a customer service representative to determine coverage for a specific medical service or supply. Specific codes can also be found on the Prior Authorization Code List on the next page.

### The following medications require prior authorization due to review for medical necessity, and to assure coverage:

Actemra (Tocilizumab) Amevive (Alefacept) Avastin (Bevacizumab) Benlysta (Belimumab) Bexxar (Iodine I131)

Botox (Botulinum Toxin type A & B) Cimzia (Certolizumab)

Erbitux (Cetuximab)

**Erythropoietin Stimulating Agent** 

(Epogen, Procrit, Aranesp) Flolan (Epoprostenol Sodium) **Growth Factor Receptor Inhibitors**  Herceptin (Trastuzumab)

Immune Globulin, IV or subcutaneous

Lucentis (Ranibizumab) Macugen (Pegaptanib)

Mylotarg (Gemtuzumab Ozogamicin)

Orencia (Abatacept) Provenge (Sipuleucel-t)

Recombinant Human Insulin-like Growth

Factor 1

Recombinant Platelet-derived Growth

Factor - Wound Healing Remicade (Infliximab)

Remodulin (Treprostinil Sodium)

Rituxan (Rituximab) Stelara (Ustekinumab) Synagis (Palivizumab) Vectibix (Panitumumab) Xolair (Omalizumab)

Zevalin (Yittrium Y-90)

List updated 07/31/2014

Items on this list will require prior authorization (via pre-service review) for medical necessity, contract limitations and exclusions, experimental or investigational services.

## **Prior Authorization Code List**

Insertion of tissue expander(s) for other than breast, including subsequent 1950 expansion 1970 Replacement of tissue expander with permanent prosthesis 1971 Removal of tissue expander with permanent prosthesis 1972 Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general 1978 keratosis) 1978 Dermabrasion; segmental, face 1974 Recent History and Physical including functional impairment and 1975 Dermabrasion; segmental, face 1974 Recent History and Physical, plan of care, and documentation of medical necessity 1978 Dermabrasion; segmental, face 1974 Recent History and Physical, plan of care, and documentation of medical necessity 1978 Dermabrasion; segmental, face 1974 Recent History and Physical, plan of care, and documentation of medical necessity 1978 Dermabrasion; segmental, face 1974 Recent History and Physical, plan of care, and documentation of medical necessity 1978 Dermabrasion; seglental, any site (eg, tattoo removal) 1978 Dermabrasion; signel lesion (eg, keratosis, scar) 1979 Ceptative Evaluation, History and Physical, plan of care, and documentation of medical necessity 1978 Abrasion each additional four lesions (additional code added per LC) 1978 Chemical peel, facial; epidermal 1979 Chemical peel, facial; epidermal 1979 Chemical peel, nonfacial; dermal 1970 Chemical peel, nonfacial; dermal 1970 Chemical peel, nonfacial; dermal 1971 Chemical peel, nonfacial; dermal 1972 Chemical peel, nonfacial; dermal 1973 Chemical peel, nonfacial; dermal 1974 Chemical peel, nonfacial; dermal 1975 Chemical peel, nonfacial; dermal 1975 Chemical peel, nonfacial; dermal 1976 Chemical peel, nonfacial; dermal 1977 Chemical peel, nonfacial; dermal 1978 Chemical peel, nonfacial; dermal 1979 Chemical peel, nonfacial; dermal 1970 Chemical	Code Name	Code Description	Code Type	Records Request
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Pre Operative Evaluation, History and Physical including specific condition being treated, and Operative report Pre Operative Evaluation, History and Physical including specific condition being treated, and Operative report Pre Operative Evaluation, History and Physical including specific condition being treated, and Operative report Pre Operative Evaluation, History and Physical including specific condition being treated, and Operative report Pre Operative Evaluation, History and Physical including specific condition being treated, and Operative report Pre Operative Evaluation, History and Physical including specific condition being treated, and Operative report Pre Operative Evaluation, History and Physical including functional impairment, and 15819 Cervicoplasty Cervicoplasty Cervicoplasty Cervicoplasty Cervicoplasty, lower eyelid CPT-4 Operative Evaluation, History and Physical including functional impairment, operative report and photographs of the affected eyes Pre Operative Evaluation, History and Physical including functional impairment, operative report and photographs of the affected eyes. Pre Operative Evaluation, History and Physical including functional impairment, operative report and photographs of the affected eyes. Pre Operative Evaluation, History and Physical including functional impairment, Operative report and photographs of the affected eyes. Pre Operative Evaluation, History and Physical including functional impairment, Operative report and photographs of the affected eyes. Pre Operative Evaluation, History and Physical including functional impairment, Operative report and photographs of the affected eyes. Pre Operative Evaluation, History and Physical including functional impairment, Operative report and photographs of the affected eyes. Pre Operative Evaluation, History and Physical including functional impairment, Operative report and photographs of the affected eyes. Pre Operative Evaluation, History and Physical including functional impairment, Operative report and photographs of the				Pre Operative Evaluation, History and Physical including functional impairment, and
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Pre Operative Evaluation, History and Physical including functional impairment, and  Operative report Pre Operative Evaluation, History and Physical including functional impairment, Operative report and photographs of the affected eyes Pre Operative Evaluation, History and Physical including functional impairment, Operative report and photographs of the affected eyes. Pre Operative Evaluation, History and Physical including functional impairment, Operative report and photographs of the affected eyes. Pre Operative Evaluation, History and Physical including functional impairment, Operative report and photographs of the affected eyes. Pre Operative Evaluation, History and Physical including functional impairment, and Operative report and photographs of the affected eyes. Pre Operative Evaluation, History and Physical including functional impairment, and Operative report Pre Operative Evaluation, History and Physical including functional impairment, and Operative Evaluation, History and Physical including functional impairment, and Operative Evaluation, History and Physical including functional impairment, and Operative Evaluation, History and Physical including functional impairment, and Operative Evaluation, History and Physical including functional impairment, and Operative Evaluation, History and Physical including functional impairment, and				Pre Operative Evaluation, History and Physical including specific condition being
Cervicoplasty  Blepharoplasty, lower eyelid  Blepharoplasty, lower eyelid; with extensive herniated fat pad  CPT-4  Blepharoplasty, lower eyelid; with extensive herniated fat pad  CPT-4  Blepharoplasty, lower eyelid; with extensive herniated fat pad  CPT-4  Blepharoplasty, upper eyelid  CPT-4  Blepharoplasty, upper eyelid  CPT-4  Blepharoplasty, upper eyelid  CPT-4  Blepharoplasty, upper eyelid  CPT-4  CP	15793	Chemical peel, nonfacial; dermal	CPT-4	treated, and Operative report
Pre Operative Evaluation, History and Physical including functional impairment, operative report and photographs of the affected eyes Pre Operative Evaluation, History and Physical including functional impairment, operative report and photographs of the affected eyes. Pre Operative Evaluation, History and Physical including functional impairment, operative report and photographs of the affected eyes. Pre Operative Evaluation, History and Physical including functional impairment, operative report and photographs of the affected eyes. Pre Operative Evaluation, History and Physical including functional impairment, operative report and photographs of the affected eyes. Pre Operative Evaluation, History and Physical including functional impairment, operative report and photographs of the affected eyes. Pre Operative Evaluation, History and Physical including functional impairment, and OPT-4 Operative report Operative Evaluation, History and Physical including functional impairment, and OPT-4 Operative Evaluation, History and Physical including functional impairment, and Pre Operative Evaluation, History and Physical including functional impairment, and OPT-4 Operative Evaluation, History and Physical including functional impairment, and OPT-4 Operative Evaluation, History and Physical including functional impairment, and OPT-4 Operative Evaluation, History and Physical including functional impairment, and				Pre Operative Evaluation, History and Physical including functional impairment, and
Blepharoplasty, lower eyelid  Blepharoplasty, lower eyelid; with extensive herniated fat pad  CPT-4 operative Evaluation, History and Physical including functional impairment, operative report and photographs of the affected eyes.  Pre Operative Evaluation, History and Physical including functional impairment, operative Evaluation, History and Physical including functional impairment, operative report and photographs of the affected eyes.  Pre Operative Evaluation, History and Physical including functional impairment, operative report and photographs of the affected eyes.  Pre Operative Evaluation, History and Physical including functional impairment, operative report and photographs of the affected eyes.  Pre Operative Evaluation, History and Physical including functional impairment, operative Evaluation, History and Physical including functional impairment, and Operative Evaluation, History and Physical including functional impairment, and Pre Operative Evaluation, History and Physical including functional impairment, and Operative Evaluation, History and Physical including functional impairment, and Operative Evaluation, History and Physical including functional impairment, and Operative Evaluation, History and Physical including functional impairment, and Operative Evaluation, History and Physical including functional impairment, and	15819	Cervicoplasty	CPT-4	Operative report
Pre Operative Evaluation, History and Physical including functional impairment, operative report and photographs of the affected eyes. Pre Operative Evaluation, History and Physical including functional impairment, operative report and photographs of the affected eyes. Pre Operative report and photographs of the affected eyes. Pre Operative report and photographs of the affected eyes. Pre Operative Evaluation, History and Physical including functional impairment, OPT-4 operative report and photographs of the affected eyes. Pre Operative Evaluation, History and Physical including functional impairment, OPT-4 operative report and photographs of the affected eyes. Pre Operative Evaluation, History and Physical including functional impairment, and OPT-4 Operative report Pre Operative Evaluation, History and Physical including functional impairment, and OPT-4 Operative Evaluation, History and Physical including functional impairment, and Pre Operative Evaluation, History and Physical including functional impairment, and OPT-4 Operative Evaluation, History and Physical including functional impairment, and OPT-4 Operative Evaluation, History and Physical including functional impairment, and OPT-4 Operative Evaluation, History and Physical including functional impairment, and				Pre Operative Evaluation, History and Physical including functional impairment,
Blepharoplasty, lower eyelid; with extensive herniated fat pad  CPT-4 operative report and photographs of the affected eyes.  Pre Operative Evaluation, History and Physical including functional impairment, operative report and photographs of the affected eyes.  Pre Operative Evaluation, History and Physical including functional impairment, OPT-4 operative report and photographs of the affected eyes.  Pre Operative Evaluation, History and Physical including functional impairment, OPT-4 operative report and photographs of the affected eyes.  Pre Operative report and photographs of the affected eyes.  Pre Operative report and photographs of the affected eyes.  Pre Operative report and photographs of the affected eyes.  Operative report and photographs of the affected eyes.  Pre Operative Evaluation, History and Physical including functional impairment, and Operative Evaluation, History and Physical including functional impairment, and Operative Evaluation, History and Physical including functional impairment, and Pre Operative Evaluation, History and Physical including functional impairment, and Operative report  Pre Operative Evaluation, History and Physical including functional impairment, and Operative report  Pre Operative Evaluation, History and Physical including functional impairment, and	15820	Blepharoplasty, lower eyelid	CPT-4	operative report and photographs of the affected eyes
Pre Operative Evaluation, History and Physical including functional impairment, operative report and photographs of the affected eyes. Pre Operative Evaluation, History and Physical including functional impairment, operative Evaluation, History and Physical including functional impairment, operative report and photographs of the affected eyes. Pre Operative report and photographs of the affected eyes. Pre Operative Evaluation, History and Physical including functional impairment, and Operative report Pre Operative Evaluation, History and Physical including functional impairment, and Operative report Pre Operative Evaluation, History and Physical including functional impairment, and Operative Evaluation, History and Physical including functional impairment, and Pre Operative Evaluation, History and Physical including functional impairment, and Operative Evaluation, History and Physical including functional impairment, and				
Blepharoplasty, upper eyelid  Blepharoplasty, upper eyelid; with excessive skin weighting down lid  Blepharoplasty, upper eyelid; with excessive skin weighting down lid  CPT-4 operative Evaluation, History and Physical including functional impairment, operative report and photographs of the affected eyes.  Pre Operative Evaluation, History and Physical including functional impairment, and Operative report  Pre Operative Evaluation, History and Physical including functional impairment, and Operative Evaluation, History and Physical including functional impairment, and Operative Evaluation, History and Physical including functional impairment, and Operative Evaluation, History and Physical including functional impairment, and Operative Evaluation, History and Physical including functional impairment, and Operative Evaluation, History and Physical including functional impairment, and Operative Evaluation, History and Physical including functional impairment, and Operative Evaluation, History and Physical including functional impairment, and Operative Evaluation, History and Physical including functional impairment, and Operative Evaluation, History and Physical including functional impairment, and Operative Evaluation, History and Physical including functional impairment, and Operative Evaluation, History and Physical including functional impairment, and Operative Evaluation, History and Physical including functional impairment, and Operative Evaluation, History and Physical including functional impairment, and Operative Evaluation, History and Physical including functional impairment, and Operative Evaluation, History and Physical including functional impairment, and Operative Evaluation, History and Physical including functional impairment, and Operative Evaluation, History and Physical including functional impairment, and Operative Evaluation, History and Physical including functional impairment, and Operative Evaluation, History and Physical including functional impairment, and Operative Evaluation, History an	15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad	CPT-4	
Pre Operative Evaluation, History and Physical including functional impairment, operative report and photographs of the affected eyes. Pre Operative Evaluation, History and Physical including functional impairment, operative report and photographs of the affected eyes. Pre Operative Evaluation, History and Physical including functional impairment, and Operative report Pre Operative Evaluation, History and Physical including functional impairment, and Operative Evaluation, History and Physical including functional impairment, and Operative Evaluation, History and Physical including functional impairment, and Operative Evaluation, History and Physical including functional impairment, and Operative Evaluation, History and Physical including functional impairment, and				
Blepharoplasty, upper eyelid; with excessive skin weighting down lid  Pre Operative report and photographs of the affected eyes.  Pre Operative Evaluation, History and Physical including functional impairment, and  Operative report  Pre Operative Evaluation, History and Physical including functional impairment, and  Operative report  Pre Operative Evaluation, History and Physical including functional impairment, and  Operative report  Pre Operative Evaluation, History and Physical including functional impairment, and  Operative report	15822	Blepharoplasty, upper eyelid	CPT-4	
Pre Operative Evaluation, History and Physical including functional impairment, and  Operative report Pre Operative Evaluation, History and Physical including functional impairment, and  Operative Evaluation, History and Physical including functional impairment, and  Operative report Pre Operative Evaluation, History and Physical including functional impairment, and  Operative report Pre Operative Evaluation, History and Physical including functional impairment, and				
15824 Rhytidectomy; forehead CPT-4 Operative report Pre Operative Evaluation, History and Physical including functional impairment, and CPT-4 Operative Evaluation, History and Physical including functional impairment, and CPT-4 Operative Evaluation, History and Physical including functional impairment, and Pre Operative Evaluation, History and Physical including functional impairment, and	15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid	CPT-4	
Pre Operative Evaluation, History and Physical including functional impairment, and  15825 Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap) CPT-4 Operative report  Pre Operative Evaluation, History and Physical including functional impairment, and				
15825 Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap) CPT-4 Operative report Pre Operative Evaluation, History and Physical including functional impairment, and	15824	Rhytidectomy; forehead	CPT-4	•
Pre Operative Evaluation, History and Physical including functional impairment, and				
	15825	Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)	CPT-4	
15826 Rhytidectomy; glabellar frown lines CPT-4 Operative report				, , , ,
	15826	Rhytidectomy; glabellar frown lines	CPT-4	Operative report

List updated 07/31/2014

Items on this list will require prior authorization (via pre-service review) for medical necessity, contract limitations and exclusions, experimental or investigational services.

## **Prior Authorization Code List**

Code Name	Code Description	Code Type	Records Request
	·		Pre Operative Evaluation, History and Physical including functional impairment, and
15828	Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap	CPT-4	Operative report
			Pre Operative Evaluation, History and Physical including functional impairment, and
15829	Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap	CPT-4	Operative report
	Excision, excessive skin and subcutaneous tissue (includes lipectomy);		Pre Operative Evaluation, History and Physical including functional impairment, and
15830	abdomen, infraumbilical panniculectomy	CPT-4	Operative report
			Pre Operative Evaluation, History and Physical including functional impairment, and
15832	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh	CPT-4	Operative report
			Pre Operative Evaluation, History and Physical including functional impairment, and
15833	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg	CPT-4	Operative report
			Pre Operative Evaluation, History and Physical including functional impairment, and
15834	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip	CPT-4	Operative report
			Pre Operative Evaluation, History and Physical including functional impairment, and
15835	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock	CPT-4	Operative report
			Pre Operative Evaluation, History and Physical including functional impairment, and
15836	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm	CPT-4	Operative report
	Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm		Pre Operative Evaluation, History and Physical including functional impairment, and
15837	or hand	CPT-4	Operative report
45020	Excision, excessive skin and subcutaneous tissue (includes lipectomy);	CDT 4	Pre Operative Evaluation, History and Physical including functional impairment, and
15838	submental fat pad  Excision, excessive skin and subcutaneous tissue (includes lipectomy); other	CPT-4	Operative report Pre Operative Evaluation, History and Physical including functional impairment, and
15839		CPT-4	
15839	area	CP1-4	Operative report
	Excision, excessive skin and subcutaneous tissue (includes lipectomy),		
	abdomen (eg, abdominoplasty) (includes umbilical transposition and fascial		Pre Operative Evaluation, History and Physical including functional impairment, and
15847	plication) (List separately in addition to code for primary procedure)	CPT-4	Operative report
13047	pheation) (List separately in addition to code for primary procedure)	Ci I-4	Pre Operative Evaluation, History and Physical including functional impairment, and
15876	Suction assisted lipectomy; head and neck	CPT-4	Operative report
25070	outlier assisted ilpottority, near and near	<b></b>	Pre Operative Evaluation, History and Physical including functional impairment, and
15877	Suction assisted lipectomy; trunk	CPT-4	Operative report
	, , , , , , , , , , , , , , , , , , ,		Pre Operative Evaluation, History and Physical including functional impairment, and
15878	Suction assisted lipectomy; upper extremity	CPT-4	Operative report
	. " .,		Pre Operative Evaluation, History and Physical including functional impairment, and
15879	Suction assisted lipectomy; lower extremity	CPT-4	Operative report
	· · · · · · · · · · · · · · · · · · ·		Pre Operative Evaluation, History and Physical including specific condition being
17360	Chemical exfoliation for acne (eg, acne paste, acid)	CPT-4	treated, and Operative report
			Pre Operative Office Evaluation, Pathology report, Operative report, Age, Medication
19300	Mastectomy for gynecomastia	CPT-4	Records, Length of time condition present
			Pre Operative Evaluation, History and Physical including functional impairment and
19316	Mastopexy	CPT-4	operative report. No review needed if diagnosis is Breast Cancer.
			Pre -Operative evaluation, height/ weight, previous conservative treatment tried,
			pathology report, operative report, number of grams of tissue removed. No review
19318	Reduction mammaplasty	CPT-4	needed if diagnosis is Breast Cancer.

List updated 07/31/2014

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## **Prior Authorization Code List**

Code Name	Code Description	Code Type	Records Request
			Pre Operative Evaluation, History and Physical including functional impairment, and
19324	Mammaplasty, augmentation; without prosthetic implant	CPT-4	Operative report. No review needed if diagnosis is Breast Cancer.
			Pre Operative Evaluation, History and Physical including functional impairment, and
19325	Mammaplasty, augmentation; with prosthetic implant	CPT-4	Operative report. No review needed if diagnosis is Breast Cancer.
			Pre Operative Evaluation, History and Physical including functional impairment, and
19328	Removal of intact mammary implant	CPT-4	Operative report. No review needed if diagnosis is Breast Cancer.
			Pre Operative Evaluation, History and Physical including functional impairment, and
19330	Removal of mammary implant material	CPT-4	Operative report. No review needed if diagnosis is Breast Cancer.
	Immediate insertion of breast prosthesis following mastopexy, mastectomy or		Pre Operative evaluation, History and Physical including functional impairment, and
19340	in reconstruction	CPT-4	operative report. No review needed if diagnosis is Breast Cancer.
	Delayed insertion of breast prosthesis following mastopexy, mastectomy or in		Pre Operative evaluation, History and Physical including functional impairment, and
19342	reconstruction	CPT-4	operative report. No review needed if diagnosis is Breast Cancer.
			Pre Operative evaluation, History and Physical including functional impairment, and
19350	Nipple/areola reconstruction	CPT-4	operative report. No review needed if diagnosis is Breast Cancer.
			Pre Operative evaluation, History and Physical including functional impairment, and
19355	Correction of inverted nipples	CPT-4	operative report
	Breast reconstruction, immediate or delayed, with tissue expander, including		Pre Operative evaluation, History and Physical including functional impairment, and
19357	subsequent expansion	CPT-4	operative report. No review needed if diagnosis is Breast Cancer.  Pre Operative evaluation, History and Physical including functional impairment, and
10266	Dunant recovery retion with other technique	CPT-4	· · · · · · · · · · · · · · · · · · ·
19366	Breast reconstruction with other technique	CP1-4	operative report. No review needed if diagnosis is Breast Cancer.  Pre Operative Evaluation, History and Physical including functional impairment and
19370	Open periprosthetic capsulotomy, breast	CPT-4	operative report. No review needed if diagnosis is Breast Cancer.
19370	Open periprostnetic capsulotomy, breast	CP1-4	Pre Operative Evaluation, History and Physical including functional impairment and
19371	Periprosthetic capsulectomy, breast	CPT-4	operative report. No review needed if diagnosis is Breast Cancer.
13371	remprostrietic capsulectomy, breast	CF 1-4	Pre Operative evaluation, History and Physical including functional impairment, and
19380	Revision of reconstructed breast	CPT-4	operative report. No review needed if diagnosis is Breast Cancer.
15500	The Fisher of Teconstructed Sireast	Ci i 4	History and Physical indicating location of fracture, any member comorbidites. If
			request is for non union of fracture, include date of fracture, serial radiographs
20974	Electrical stimulation to aid bone healing; noninvasive (nonoperative)	CPT-4	detailing any history of healing, documentation of adequacy of immobilization
	<u> </u>	-	History and Physical indicating location of fracture, any member comorbidites. If
			request is for non union fracture, include date of fracture, serial radiographs detailing
			history of healing, documentation of adequacy of immobilization. Review not required
			for FEP.
20975	Electrical stimulation to aid bone healing; invasive (operative)	CPT-4	
	Low intensity ultrasound stimulation to aid bone healing, noninvasive		Date of original fracture, H&P including comorbidities, fracture location, serial
20979	(nonoperative)	CPT-4	radiographs showing nonhealing and fracture gap
	Ablation, bone tumor(s) (eg, osteoid osteoma, metastasis) radiofrequency,		
20982	percutaneous, including computed tomographic guidance	CPT-4	History and Physical, procedure report
			History and Physical, documentation of medical necessity and previous stages of
21137	Reduction forehead; contouring only	CPT-4	reconsruction if done
	Reduction forehead; contouring and application of prosthetic material or bone		History and Physical, documentation of medical necessity and previous stages of
21138	graft (includes obtaining autograft)	CPT-4	reconsruction if done
			History and Physical, documentation of medical necessity and previous stages of
21139	Reduction forehead; contouring and setback of anterior frontal sinus wall	CPT-4	reconsruction if done

List updated 07/31/2014

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## **Prior Authorization Code List**

	vice of supply. Theuse note: For a list of services requiring medical ne		
Code Name	Code Description	Code Type	Records Request
	Reconstruction midface, osteotomies (other than LeFort type) and bone grafts		Pre Operative Evaluation, History and Physical including functional impairment, and
21188	(includes obtaining autografts)	CPT-4	Operative report
21235	Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)	CPT-4	History and Physical, and Operative report
21280	Medial canthopexy (separate procedure)	CPT-4	History and Physical, documentation of medical necessity and visual field
21282	Lateral canthopexy	CPT-4	History and Physical, documentation of medical necessity and visual field
24205	Reduction of masseter muscle and bone (eg, for treatment of benign	CDT 4	Ulataria de Discipio de Companyo de Compan
21295	masseteric hypertrophy); extraoral approach  Reduction of masseter muscle and bone (eg, for treatment of benign	CPT-4	History and Physical, documentation of medical necessity, procedure report
24206	· ·	CDT 4	Ulataria de Discipio de Companyo de Compan
21296	masseteric hypertrophy); intraoral approach Percutaneous vertebroplasty, 1 vertebral body, unilateral or bilateral injection;	CPT-4	History and Physical, documentation of medical necessity, procedure report
22520		CDT 4	Due Onesetive Fuelveties History and Dhysical and Onesetive report
22520	thoracic  Percutaneous vertebroplasty, 1 vertebral body, unilateral or bilateral injection;	CPT-4	Pre Operative Evaluation, History and Physical, and Operative report
22524		CPT-4	Due Onesetive Fuelveties History and Dhysical and Onesetive report
22521	lumbar Percutaneous vertebroplasty, 1 vertebral body, unilateral or bilateral injection;	CP1-4	Pre Operative Evaluation, History and Physical, and Operative report
	each additional thoracic or lumbar vertebral body (List separately in addition to		
22522	code for primary procedure)	CPT-4	Due Onesetive Fuelveties History and Dhysical and Onesetive report
22522	code for primary procedure)	CP1-4	Pre Operative Evaluation, History and Physical, and Operative report
	Percutaneous vertebral augmentation, including cavity creation (fracture		
	reduction and bone biopsy included when performed) using mechanical device,		Pre Operative Evaluation, History and Physical including date of original injury, and
22523	1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); thoracic	CPT-4	Operative report
22323	1 vertebrar body, diffiaterar or bilaterar camifulation (eg, kypnopiasty), thoracic	CF 1-4	Operative report
	Percutaneous vertebral augmentation, including cavity creation (fracture		
	reduction and bone biopsy included when performed) using mechanical device,		Pre Operative Evaluation, History and Physical including date of original injury, and
22524	1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); lumbar	CPT-4	Operative report
LLJL	Percutaneous vertebral augmentation, including cavity creation (fracture	Ci i 4	operative report
	reduction and bone biopsy included when performed) using mechanical device,		
	1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); each		Pre Operative Evaluation, History and Physical including date of original injury, and
22525	additional thoracic or lum	CPT-4	Operative report
LLJLJ	additional thoracle of familia	Ci i 4	operative report
	Arthrodesis, lateral extracavitary technique, including minimal discectomy to		Effective DOS 9/1/11 submit History and Physical, documentation of medical necessity
22533	prepare interspace (other than for decompression); lumbar	CPT-4	including operative report
	Arthrodesis, anterior interbody technique, including minimal discectomy to		Effective DOS 9/1/11 submit History and Physical, documentation of medical necessity
22558	prepare interspace (other than for decompression); lumbar	CPT-4	including operative report
	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with or		Effective DOS 9/1/11 submit History and Physical, documentation of medical necessity
22612	without lateral transverse technique)	CPT-4	including operative report. No review required for FEP
	Arthrodesis, posterior interbody technique, including laminectomy and/or		O the state of the
	discectomy to prepare interspace (other than for decompression), single		Effective DOS 9/1/11 submit History and Physical, documentation of medical necessity
22630	interspace; lumbar	CPT-4	including operative report
	Arthrodesis, combined posterior or posterolateral technique with posterior		<b>0</b> ,
	interbody technique including laminectomy and/or discectomy sufficient to		
	prepare interspace (other than for decompression), single interspace and		
22633	segment; lumbar	CPT-4	History and Physical, operative report, documentation of conservative measures
			, , , , , , , , , , , , , , , , , , , ,

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## **Prior Authorization Code List**

	vice of supply. Thease note: For a list of services requiring medical ne		
Code Name	Code Description	Code Type	Records Request
	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		
22634	segment; each additional interspa	CPT-4	History and Physical, operative report, documentation of conservative measures
	Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6		Effective DOS 9/1/11 submit History and Physical, documentation of medical necessity
22800	vertebral segments	CPT-4	including operative report
	Arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12		Effective DOS 9/1/11 submit History and Physical, documentation of medical necessity
22802	vertebral segments	CPT-4	including operative report
	Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more		Effective DOS 9/1/11 submit History and Physical, documentation of medical necessity
22804	vertebral segments	CPT-4	including operative report
	Arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3		Effective DOS 9/1/11 submit History and Physical, documentation of medical necessity
22808	vertebral segments	CPT-4	including operative report
	Arthrodesis, anterior, for spinal deformity, with or without cast; 4 to 7		Effective DOS 9/1/11 submit History and Physical, documentation of medical necessity
22810	vertebral segments	CPT-4	including operative report
	Arthrodesis, anterior, for spinal deformity, with or without cast; 8 or more		Effective DOS 9/1/11 submit History and Physical, documentation of medical necessity
22812	vertebral segments	CPT-4	including operative report
	Total disa subhusulashu (subifisial disa) subsuisu suurussah insludius disaastamu		
	Total disc arthroplasty (artificial disc), anterior approach, including discectomy		
	with end plate preparation (includes osteophytectomy for nerve root or spinal		
22856	cord decompression and microdissection), single interspace, cervical	CPT-4	Recent History and Physical, plan of care, and documentation of medical necessity
	Total disc arthroplasty (artificial disc), anterior approach, including discectomy		
	to prepare interspace (other than for decompression), single interspace,		Recent History and Physical, plan of care, and documentation of medical necessity.
22857	lumbar	CPT-4	Review not required for FEP.
	Revision including replacement of total disc arthroplasty (artificial disc),		
22861	anterior approach, single interspace; cervical	CPT-4	Recent History and Physical, plan of care, and documentation of medical necessity
	Revision including replacement of total disc arthroplasty (artificial disc),		Recent History and Physical, plan of care, and documentation of medical
22862	anterior approach, single interspace; lumbar	CPT-4	necessity.Review not required for FEP.
	Removal of total disc arthroplasty (artificial disc), anterior approach, single		
22864	interspace; cervical	CPT-4	Recent History and Physical, plan of care, and documentation of medical necessity
	Removal of total disc arthroplasty (artificial disc), anterior approach, single		
22865	interspace; lumbar	CPT-4	Recent History and Physical, plan of care, and documentation of medical necessity
28344	Reconstruction, toe(s); polydactyly	CPT-4	History and Physical, documentation of medical necessity, operative report
			Pre Operative Evaluation, History and Physical including functional impairment, and
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip	CPT-4	Operative report
2242	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral		Pre Operative Evaluation, History and Physical including functional impairment, and
30410	and alar cartilages, and/or elevation of nasal tip	CPT-4	Operative report
			Pre Operative Evaluation, History and Physical including functional impairment, and
30420	Rhinoplasty, primary; including major septal repair	CPT-4	Operative report
			Pre Operative Evaluation, History and Physical including functional impairment, and
30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)	CPT-4	Operative report
			Pre Operative Evaluation, History and Physical including functional impairment, and
30435	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)	CPT-4	Operative report
			Pre Operative Evaluation, History and Physical including functional impairment, and
30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)	CPT-4	Operative report

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## **Prior Authorization Code List**

Code Name	Code Description	Code Type	
Code Ivallie	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate,	coue Type	Pre Operative Evaluation, History and Physical including functional impairment, and
30460	including columellar lengthening; tip only	CPT-4	operative report
30400	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate,	Ci i-4	Pre Operative Evaluation, History and Physical including functional impairment, and
30462	including columellar lengthening; tip, septum, osteotomies	CPT-4	operative report
30402	Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall	C. 1 4	Pre Operative Evaluation, History and Physical including functional impairment, and
30465	reconstruction)	CPT-4	Operative report
30403	Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s)	C. 1 4	орегине героп
	including pleura or chest wall when involved by tumor extension,		
32998	percutaneous, radiofrequency, unilateral	CPT-4	Pre Operative Evaluation, History and Physical and Operative report
33221	Insertion of pacemaker pulse generator only; with existing multiple leads	CPT-4	History and Physical, plan of care and documentation of medical necessity
	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing,		,, ,, , ,, , ,
	with attachment to previously placed pacemaker or pacing cardioverter-		If billed with diagnosis Heart Failure (428.0-428.9) request History and Physical,
33224	defibrillator pulse generator	CPT-4	documentation for medical necessity. Allow with other diagnosis.
	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing,		, ,
	at time of insertion of pacing cardioverter-defibrillator or pacemaker pulse		If billed with diagnosis Heart Failure (428.0-428.9) request History and Physical,
33225	generator (including upgrade to dual chamber system)	CPT-4	documentation for medical necessity. Allow with other diagnosis.
	Single or multiple injections of sclerosing solutions, spider veins		Pre Operative Evaluation, History and Physical including functional impairment, and
36468	(telangiectasia); limb or trunk	CPT-4	Operative report
	Single or multiple injections of sclerosing solutions, spider veins		Pre Operative Evaluation, History and Physical including functional impairment, and
36469	(telangiectasia); face	CPT-4	Operative report
			Pre Operative Evaluation, History and Physical including functional impairment, and
36470	Injection of sclerosing solution; single vein	CPT-4	Operative report
			Pre Operative Evaluation, History and Physical including functional impairment, and
36471	Injection of sclerosing solution; multiple veins, same leg	CPT-4	Operative report
	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all		
	imaging guidance and monitoring, percutaneous, radiofrequency,; first vein		Pre Operative Evaluation, History and Physical including results of Doppler studies,
36475	treated	CPT-4	and Operative report
	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all		
	imaging guidance and monitoring, percutaneous, radiofrequency; second and		
	subsequent veins treated in a single extremity, each through separate access		Pre Operative Evaluation, History and Physical including results of Doppler studies,
36476	sites	CPT-4	and Operative report
	Forders and the latest and the second and the secon		Don On analysis Freehands and Ulatera and Discription of Discription of Daniel and Discription
20.000	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all		Pre Operative Evaluation, History and Physical including results of Doppler studies,
36478	imaging guidance and monitoring, percutaneous, laser; first vein treated	CPT-4	and Operative report
	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all		
	imaging guidance and monitoring, percutaneous, laser; second and subsequent		Pre Operative Evaluation, History and Physical including results of Doppler studies,
36479	veins treated in a single extremity, each through separate access sites	CPT-4	and Operative report
36511	Therapeutic apheresis; for white blood cells	CPT-4	Pre Operative Evaluation, History and Physical and Operative report
36512	Therapeutic apheresis; for red blood cells	CPT-4	Pre Operative Evaluation, History and Physical and Operative report
36513	Therapeutic apheresis; for red blood cells  Therapeutic apheresis; for platelets	CPT-4	Pre Operative Evaluation, History and Physical and Operative report
37204	Transcatheter occlusion or embolization	CPT-4	Pre Operative Evaluation, History and Physical and Operative report
2.204		U1 1 4	Operative Examination, matery und i reported and operative report
37500	Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (SEPS)	CPT-4	Pre Operative Evaluation, History and Physical and Operative report
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## **Prior Authorization Code List**

Code Name		Code Type	Records Request
			Unlisted code. Submit documentation to describe the services. Include History and
37501	Unlisted vascular endoscopy procedure	CPT-4	Physical with operative report or procedure report.
	Ligation and division of long saphenous vein at saphenofemoral junction, or		
37700	distal interruptions	CPT-4	Pre Operative Evaluation, History and Physical, and Operative report
37718	Ligation, division, and stripping, short saphenous vein	CPT-4	Pre Operative Evaluation, History and Physical, and Operative report
	Ligation, division, and stripping, long (greater) saphenous veins from		
37722	saphenofemoral junction to knee or below	CPT-4	Pre Operative Evaluation, History and Physical, and Operative report
	Ligation and division and complete stripping of long or short saphenous veins		
	with radical excision of ulcer and skin graft and/or interruption of		
37735	communicating veins of lower leg, with excision of deep fascia	CPT-4	Pre Operative Evaluation, History and Physical, and Operative report
	Ligation of perforator veins, subfascial, radical (Linton type), including skin		
37760	graft, when performed, open,1 leg	CPT-4	History and physical, operative report
	Ligation of perforator vein(s), subfascial, open, including ultrasound guidance,		
37761	when performed, 1 leg	CPT-4	History and physical, operative report
			Pre Operative Evaluation, History and Physical, and Operative report. Review not
37765	Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions	CPT-4	required for FEP.
			Pre Operative Evaluation, History and Physical, and Operative report. Review not
37766	Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions	CPT-4	required for FEP.
	Ligation and division of short saphenous vein at saphenopopliteal junction		·
37780	(separate procedure)	CPT-4	Pre Operative Evaluation, History and Physical, and Operative report
37785	Ligation, division, and/or excision of varicose vein cluster(s), 1 leg	CPT-4	Pre Operative Evaluation, History and Physical, and Operative report
			If transplant approval on record: Date of Transplant If no Transplant approval:
38230	Bone marrow harvesting for transplantation	CPT-4	History and Physical, Transplant evaluation, and date of transplant
38232	Bone marrow harvesting for transplantation; autologous	CPT-4	History and Physical, procedure report
			If transplant approval on record: Date of Transplant If no Transplant approval:
38240	Bone marrow or blood-derived peripheral stem cell transplantation; allogenic	CPT-4	History and Physical, Transplant evaluation, and date of transplant
	Bone marrow or blood-derived peripheral stem cell transplantation;		If transplant approval on record: Date of Transplant If no Transplant approval:
38241	autologous	CPT-4	History and Physical, Transplant evaluation, and date of transplant
	Bone marrow or blood-derived peripheral stem cell transplantation; allogeneic		If transplant approval on record: Date of Transplant If no Transplant approval:
38242	donor lymphocyte infusions	CPT-4	History and Physical, Transplant evaluation, and date of transplant
			Pre Operative evaluation, History and Physical including functional impairment, and
40500	Vermilionectomy (lip shave), with mucosal advancement	CPT-4	operative report
41512	Tongue base suspension, permanent suture technique	CPT-4	History and Physical, Operative report
	Submucosal ablation of the tongue base, radiofrequency, 1 or more sites, per		
41530	session	CPT-4	History and Physical, including Sleep study results, results of CPAP trial
42145	Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty)	CPT-4	History and Physical, including Sleep study results, results of CPAP trial
42145	Pharyngoplasty (plastic or reconstructive operation on pharynx)	CPT-4	History and Physical, including Sleep study results, results of CPAP trial
42330	Laparoscopy, surgical; implantation or replacement of gastric neurostimulator	CF 1-4	riistory and riiysicai, iliciduliig sieep study results, results of CrAP trial
43647	electrodes, antrum	CPT-4	Pre Operative Evaluation, History and Physical and Operative report
73047	Laparoscopy, surgical; revision or removal of gastric neurostimulator	CF 1-4	The Operative Evaluation, history and Physical and Operative report
43648	electrodes, antrum	CPT-4	Pre Operative Evaluation, History and Physical and Operative report
43040	Implantation or replacement of gastric neurostimulator electrodes, antrum,	CF 1-4	rie Operative Evaluation, history and Physical and Operative report
43881	open	CPT-4	Pre Operative Evaluation, History and Physical and Operative report
-2001	орен	CF 1-4	The Operative Evaluation, filstory and Physical and Operative report

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## **Prior Authorization Code List**

Code Name	Code Description	Code Type	
43882	Revision or removal of gastric neurostimulator electrodes, antrum, open	CPT-4	Pre Operative Evaluation, History and Physical and Operative report
4300Z	Laparoscopy, surgical; ablation of renal mass lesion(s), including intraoperative	Ci 1-4	The Operative Evaluation, mistory and mysical and Operative report
50542	ultrasound guidance and monitoring, when performed	CPT-4	History and physical, operative report
30342	uttrasound guidance and monitoring, when performed	CF 1-4	riistoi y aliu pirysicai, operative report
50592	Ablation, one or more renal tumor(s), percutaneous, unilateral, radiofrequency	CPT-4	Recent History and Physical, plan of care, and documentation of medical necessity
30332	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1	CF 1-4	History and Physical, including functional capacity, location, if metastatic, and number
61796	simple cranial lesion	CPT-4	of lesions
01/30	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator);	CF1-4	UI lesions
	each additional cranial lesion, simple (List separately in addition to code for		History and Physical, including functional capacity, location, if metastatic, and number
61797	primary procedure)	CPT-4	of lesions
01/3/	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1	CF1-4	History and Physical, including functional capacity, location, if metastatic, and number
61798	complex cranial lesion	CPT-4	of lesions
01/36	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator);	CF1-4	UI lesions
	each additional cranial lesion, complex (List separately in addition to code for		History and Physical, including functional capacity, location, if metastatic, and number
C1700		CDT 4	
61799	primary procedure) Application of stereotactic headframe for stereotactic radiosurgery (List	CPT-4	of lesions  History and Physical, including functional capacity, location, if metastatic, and number
64000	• • • • • • • • • • • • • • • • • • • •	CDT 4	
61800	separately in addition to code for primary procedure)  Twist drill or burr hole(s) for implantation of neurostimulator electrodes,	CPT-4	of lesions
61850	cortical	CPT-4	Due Operative Evaluation History and Dhysical and Operative variant
01030	Craniectomy or craniotomy for implantation of neurostimulator electrodes,	CF1-4	Pre Operative Evaluation, History and Physical and Operative report
61860	cerebral, cortical	CPT-4	Pre Operative Evaluation, History and Physical and Operative report
01800	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic	CF 1-4	Pre Operative Evaluation, history and Physical and Operative report
	implantation of neurostimulator electrode array in subcortical site without use		
61863	of intraoperative microelectrode recording; first array	CPT-4	Pre Operative Evaluation, History and Physical and Operative report
01003	or increoperative microelectrode recording, mat array	Ci I-4	The Operative Evaluation, mistory and mysical and Operative report
	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic		
	implantation of neurostimulator electrode array in subcortical site without use		
61864	of intraoperative microelectrode recording; each additional array	CPT-4	Pre Operative Evaluation, History and Physical and Operative report
01004	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic	CI I-4	The Operative Evaluation, mistory and mysical and Operative report
	implantation of neurostimulator electrode array in subcortical site with use of		
61867	intraoperative microelectrode recording; first array	CPT-4	Pre Operative Evaluation, History and Physical and Operative report
01007	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic	Ci I-4	The Operative Evaluation, history and hitysical and Operative report
	implantation of neurostimulator electrode array in subcortical site with use of		
61868	intraoperative microelectrode recording; each additional array	CPT-4	Pre Operative Evaluation, History and Physical and Operative report
01000	Insertion or replacement of cranial neurostimulator pulse generator or	C	The operative Evaluation, instary and important operative report
	receiver, direct or inductive coupling; with connection to a single electrode		
61885	array	CPT-4	Pre Operative Evaluation, History and Physical and Operative report
01003	Insertion or replacement of cranial neurostimulator pulse generator or	Ci i 4	The operative evaluation, mistory and mysical and operative report
	receiver, direct or inductive coupling; with connection to 2 or more electrode		
61886	arrays	CPT-4	Pre Operative Evaluation, History and Physical and Operative report
	w	C1 1 7	operative report
61888	Revision or removal of cranial neurostimulator pulse generator or receiver	CPT-4	Pre Operative Evaluation, History and Physical and Operative report
01000	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1	Ci 1:4	History and Physical, including functional capacity, location, if metastatic, and number
63620	spinal lesion	CPT-4	of lesions
JJ020	ch	C1 1 7	0.100000

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## **Prior Authorization Code List**

Code Name	Code Description	Code Type	Records Request
Coue Name	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator);	coue type	10001 40 110440000
	each additional spinal lesion (List separately in addition to code for primary		History and Physical, including functional capacity, location, if metastatic, and number
63621	procedure)	CPT-4	of lesions
63650	Percutaneous implantation of neurostimulator electrode array, epidural	CPT-4	Pre Operative Evaluation, History and Physical and Operative report
03030	Laminectomy for implantation of neurostimulator electrodes, plate/paddle,	CF 1-4	Pre Operative Evaluation, history and Physical and Operative report
63655	epidural	CPT-4	Pre Operative Evaluation, History and Physical and Operative report
03033	Removal of spinal neurostimulator electrode percutaneous array(s), including	CF1-4	Pre Operative Evaluation, history and Physical and Operative report
63661	fluoroscopy, when performed	CPT-4	Pre Operative Evaluation, History and Physical and Operative report
03001	Removal of spinal neurostimulator electrode plate/paddle(s) placed via	CP1-4	Pre Operative Evaluation, History and Physical and Operative report
cacca		CDT 4	Dec Occupation Front Latin Control of District and Occupation control
63662	laminotomy or laminectomy, including fluoroscopy, when performed	CPT-4	Pre Operative Evaluation, History and Physical and Operative report
	Devision including replacement when performed of spinal permetting later		
	Revision including replacement, when performed, of spinal neurostimulator		
63663	electrode percutaneous array(s), including fluoroscopy, when performed Revision including replacement, when performed, of spinal neurostimulator	CPT-4	Pre Operative Evaluation, History and Physical and Operative report
	- · · · · · · · · · · · · · · · · · · ·		
	electrode plate/paddle(s) placed via laminotomy or laminectomy, including		
63664	fluoroscopy, when performed	CPT-4	Pre Operative Evaluation, History and Physical and Operative report
	Insertion or replacement of spinal neurostimulator pulse generator or receiver,		
63685	direct or inductive coupling	CPT-4	Pre Operative Evaluation, History and Physical and Operative report
	Revision or removal of implanted spinal neurostimulator pulse generator or		
63688	receiver	CPT-4	Pre Operative Evaluation, History and Physical and Operative report
	Percutaneous implantation of neurostimulator electrodes sacral nerve		
64561	(transforaminal placement)	CPT-4	Pre Operative Evaluation, History and Physical and Operative report
			Recent History and Physical, plan of care, and documentation of medical necessity.
64565	Percutaneous implantation of neurostimulator electrodes; neuromuscular	CPT-4	Review not required for FEP.
	Posterior tibial neurostimulation, percutaneous needle electrode, single		
64566	treatment, includes programming	CPT-4	History and Physical, clinical notes from ordering provider, procedure report
	Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator		
64568	electrode array and pulse generator	CPT-4	History and Physical, medical necessity documentation, operative report
	Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator		
64569	electrode array, including connection to existing pulse generator	CPT-4	History and Physical, medical necessity documentation, procedure report
	Removal of cranial nerve (eg, vagus nerve) neurostimulator electrode array and		
64570	pulse generator	CPT-4	History and Physical, medical necessity documentation, procedure report
64575	Inserion peripheral nerve stimulator	CPT-4	Recent History and Physical, plan of care, and documentation of medical necessity
	Incision of implantation of neurostimulator electrodes sacral nerve		
64581	(transforaminal placement)	CPT-4	Pre Operative Evaluation, History and Physical and Operative report
			History and Physical indicating symptomology, and previous measures tried. Review
64585	Revision or removal of peripheral neurostimulator electrode array	CPT-4	not required for FEP.
	Insertion or replacement of peripheral or gastric neurostimulator pulse		·
64590	generator or receiver, direct or inductive coupling	CPT-4	History and Physical, procedure report, conservative treatments attempted
	Revision or removal of peripheral or gastric neurostimulator pulse generator or		, , , , , , , , , , , , , , , , , , , ,
64595	receiver	CPT-4	Historyr and Physical; operative report
		1	, , , , , , , , , , , , , , , , , , , ,

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## **Prior Authorization Code List**

	Code Description		
Code Name	Code Description  Destruction by neurolytic agent, paravertebral facet joint nerve(s), with	Code Type	Records Request
			and the state of t
64633	imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint Destruction by neurolytic agent, paravertebral facet joint nerve(s), with	CPT-4	History and Physical, operative report, documentation of conservative measures
	imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet		
64634	joint (List separately in addition to code for primary procedure)	CPT-4	History and Dhysical angustics remark decomposition of concernative recovers
04034	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with	CP1-4	History and Physical, operative report, documentation of conservative measures
64635	imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	CPT-4	History and Physical, operative report, documentation of conservative measures
04033	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with	CF1-4	nistory and Physical, operative report, documentation of conservative measures
	imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet		
64636	joint (List separately in addition to code for primary procedure)	CPT-4	History and Physical, operative report, documentation of conservative measures
65756	Keratoplasty (corneal transplant); endothelial	CPT-4	Pre Operative Evaluation, History and Physical and Operative report
65760	Keratomileusis	CPT-4	Pre Operative Evaluation, History and Physical and Operative report
65765	Keratophakia	CPT-4	Pre Operative Evaluation, History and Physical and Operative report
65767	Epikeratoplasty	CPT-4	History and physical, operative report
65770	Keratoprosthesis	CPT-4	History and physical, prosthesis type, operative report
03770	Relatoprostriesis	Ci I-4	Pre Operative Evaluation, History and Physical including functional impairment, and
65771	Radial keratotomy	CPT-4	Operative report
65772	Corneal relaxing incision for correction of surgically induced astigmatism	CPT-4	Pre Operative Evaluation, History and Physical and Operative report
65775	Corneal wedge resection for correction of surgically induced astigmatism	CPT-4	Pre Operative Evaluation, History and Physical and Operative report
03773	cornear weage resection for correction of surgically madeed astigmatism	Ci I-4	Pre Operative Evaluation, History and Physical including functional impairment, and
67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)	CPT-4	operative report including photos
07300	Repair of blepharoptosis; frontalis muscle technique with suture or other	Ci i-4	Pre Operative Evaluation, History and Physical including functional impairment, and
67901	material (eg, banked fascia)	CPT-4	operative report including photos
07301	Repair of blepharoptosis; frontalis muscle technique with autologous fascial	Ci i i	Pre Operative Evaluation, History and Physical including functional impairment, and
67902	sling (includes obtaining fascia)	CPT-4	operative report including photos
0,302	Repair of blepharoptosis; (tarso) levator resection or advancement, internal	<b>U.</b>	Pre Operative Evaluation, History and Physical including functional impairment, and
67903	approach	CPT-4	operative report including photos
	Repair of blepharoptosis; (tarso) levator resection or advancement, external		Pre Operative Evaluation, History and Physical including functional impairment, and
67904	approach	CPT-4	operative report including photos
	Repair of blepharoptosis; superior rectus technique with fascial sling (includes		Pre Operative Evaluation, History and Physical including functional impairment, and
67906	obtaining fascia)	CPT-4	operative report including photos
	Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection		Pre Operative Evaluation, History and Physical including functional impairment, and
67908	(eg, Fasanella-Servat type)	CPT-4	operative report including photos
	(-0)		Pre Operative Evaluation, History and Physical including functional impairment, and
67909	Reduction of overcorrection of ptosis	CPT-4	operative report including photos
			Pre Operative Evaluation, History and Physical including functional impairment, and
			operative report including photos. Allow if billed with diagnosis codes 376.21-376.22
67911	Correction of lid retraction	CPT-4	and 242.00-242.01.
	Correction of lagophthalmos, with implantation of upper eyelid lid load (eg,	<b>U.</b> . ,	Pre Operative Evaluation, History and Physical, documentation of medical necessity
67912	gold weight)	CPT-4	and operative report. Review not required for FEP.
	g	<b>5</b>	Pre Operative Evaluation, History and Physical, documentation of medical necessity
67950	Canthoplasty (reconstruction of canthus)	CPT-4	and operative report
0.000		U1 1 7	una operativo report

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Items on this list will require prior authorization (via pre-service review) for medical necessity, contract limitations and exclusions, experimental or investigational services.

## **Prior Authorization Code List**

Code Name	Code Description	Code Type	Records Request
	Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus,		
	or full thickness, may include preparation for skin graft or pedicle flap with		Pre Operative Evaluation, History and Physical, documentation of medical necessity
67961	adjacent tissue transfer or rearrangement; up to 1/4 of lid margin	CPT-4	and operative report
	Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus,		
	or full thickness, may include preparation for skin graft or pedicle flap with		Pre Operative Evaluation, History and Physical, documentation of medical necessity
67966	adjacent tissue transfer or rearrangement; over 1/4 of lid margin	CPT-4	and operative report
		_	Pre Operative Evaluation, History and Physical including functional impairment, and
69300	Otoplasty, protruding ear, with or without size reduction	CPT-4	Operative report
	Implantation or replacement of electromagnetic bone conduction hearing		Pre Operative Evaluation, Operative Report, Previous use of hearing aids, Level of
69710	device in temporal bone	CPT-4	hearing Impairment
	Removal or repair of electromagnetic bone conduction hearing device in		Pre Operative Evaluation, Operative Report, Previous use of hearing aids, Level of
69711	temporal bone	CPT-4	hearing Impairment
	Implantation, osseointegrated implant, temporal bone, with percutaneous		
	attachment to external speech processor/cochlear stimulator; without		Pre Operative Evaluation, Operative Report, Previous use of hearing aids, Level of
69714	mastoidectomy	CPT-4	hearing Impairment
	Implantation, osseointegrated implant, temporal bone, with percutaneous		
	attachment to external speech processor/cochlear stimulator; with		Pre Operative Evaluation, Operative Report, Previous use of hearing aids, Level of
69715	mastoidectomy	CPT-4	hearing Impairment
	Replacement (including removal of existing device), osseointegrated implant,		
	temporal bone, with percutaneous attachment to external speech		Pre Operative Evaluation, Operative Report, Previous use of hearing aids, Level of
69717	processor/cochlear stimulator; without mastoidectomy	CPT-4	hearing Impairment
	Replacement (including removal of existing device), osseointegrated implant,		
	temporal bone, with percutaneous attachment to external speech		Pre Operative Evaluation, Operative Report, Previous use of hearing aids, Level of
69718	processor/cochlear stimulator; with mastoidectomy	CPT-4	hearing Impairment
			Pre Operative Evaluation, Operative Report, Previous use of hearing aids, Level of
69930	Cochlear device implantation, with or without mastoidectomy	CPT-4	hearing Impairment
			Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
70336	Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)	CPT-4	Physical, procedure report
			Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
70450	Computed tomography, head or brain; without contrast material	CPT-4	Physical, procedure report, name of referring physician
			Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
70460	Computed tomography, head or brain; with contrast material(s)	CPT-4	Physical, procedure report, name of referring physician
70470	Computed tomography, head or brain; without contrast material, followed by	CDT 4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
70470	contrast material(s) and further sections  Computed tomography, orbit, sella, or posterior fossa or outer, middle, or	CPT-4	Physical, procedure report, name of referring physician Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
70490		CDT #	·
70480	inner ear; without contrast material  Computed tomography, orbit, sella, or posterior fossa or outer, middle, or	CPT-4	Physical, procedure report, name of referring physician Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
70/191	inner ear; with contrast material(s)	CPT-4	Physical, procedure report, name of referring physician
70481	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or	CP1-4	rnysical, procedure report, name of referring physician
	inner ear; without contrast material, followed by contrast material(s) and		Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
70482	further sections	CPT-4	Physical, procedure report, name of referring physician
70402	ועו נוופו פבננוטוופ	CF 1-4	rnysical, procedure report, name of referring physician

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## **Prior Authorization Code List**

Code Name	Code Description	Code Type	Records Request
	·		Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
70486	Computed tomography, maxillofacial area; without contrast material	CPT-4	Physical, procedure report, name of referring physician
	<u> </u>		Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
70487	Computed tomography, maxillofacial area; with contrast material(s)	CPT-4	Physical, procedure report, name of referring physician
	Computed tomography, maxillofacial area; without contrast material, followed		Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
70488	by contrast material(s) and further sections	CPT-4	Physical, procedure report, name of referring physician
			Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
70490	Computed tomography, soft tissue neck; without contrast material	CPT-4	Physical, procedure report, name of referring physician
			Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
70491	Computed tomography, soft tissue neck; with contrast material(s)	CPT-4	Physical, procedure report, name of referring physician
	Computed tomography, soft tissue neck; without contrast material followed by		Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
70492	contrast material(s) and further sections	CPT-4	Physical, procedure report, name of referring physician
	Computed tomographic angiography, head, with contrast material(s), including		Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
70496	noncontrast images, if performed, and image postprocessing	CPT-4	Physical, results of previous diagnostic procedure report
	Computed tomographic angiography, neck, with contrast material(s), including		Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
70498	noncontrast images, if performed, and image postprocessing	CPT-4	Physical, results of previous diagnostic procedure report
	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without		Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
70540	contrast material(s)	CPT-4	Physical, results of previous diagnostic procedure report
	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with		Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
70542	contrast material(s)	CPT-4	Physical, procedure report, name of referring physician
	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without		Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
70543		CDT 4	· · · · · · · · · · · · · · · · · · ·
70543	contrast material(s), followed by contrast material(s) and further sequences	CPT-4	Physical, procedure report, name of referring physician Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
70544	MRA head; w/o contrast	CPT-4	Physical, results of previous diagnostic procedure report
70344	WINA Head, W/O Contrast	CF 1-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
70545	MRA head; with contrast	CPT-4	Physical, results of previous diagnostic procedure report
70343	Magnetic resonance angiography, head; without contrast material(s), followed	CF 1-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
70546	by contrast material(s) and further sequences	CPT-4	Physical, results of previous diagnostic procedure report
70340	by contrast materials, and rather sequences	Ci i i	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
70547	Magnetic resonance angiography, neck; without contrast material(s)	CPT-4	Physical, results of previous diagnostic procedure report
70347	magnetic resonance angiography, neek, without contrast material(s)	Ci i i	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
70548	Magnetic resonance angiography, neck; with contrast material(s)	CPT-4	Physical, results of previous diagnostic procedure report
	Magnetic resonance angiography, neck; without contrast material(s), followed		Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
70549	by contrast material(s) and further sequences	CPT-4	Physical, results of previous diagnostic procedure report
	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without		Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
70551	contrast material	CPT-4	Physical, procedure report, name of referring physician
	Magnetic resonance (eg, proton) imaging, brain (including brain stem); with		Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
70552	contrast material(s)	CPT-4	Physical, procedure report, name of referring physician
	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without		Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
70553	contrast material, followed by contrast material(s) and further sequences	CPT-4	Physical, procedure report, name of referring physician
			Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
71250	Computed tomography, thorax; without contrast material	CPT-4	Physical, procedure report, name of referring physician

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## **Prior Authorization Code List**

Code Name	Code Description	Code Type	Records Request
			Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
71260	Computed tomography, thorax; with contrast material(s)	CPT-4	Physical, procedure report, name of referring physician
	Computed tomography, thorax; without contrast material, followed by		Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
71270	contrast material(s) and further sections	CPT-4	Physical, procedure report, name of referring physician
	Computed tomographic angiography, chest (noncoronary), with contrast	-	), p
	material(s), including noncontrast images, if performed, and image		Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
71275	postprocessing	CPT-4	Physical, results of previous diagnostic procedure report
	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and		Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
71550	mediastinal lymphadenopathy); without contrast material(s)	CPT-4	Physical, results of previous diagnostic procedure report
	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and		Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
71551	mediastinal lymphadenopathy); with contrast material(s)	CPT-4	Physical, results of previous diagnostic procedure report
	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and	-	,,
	mediastinal lymphadenopathy); without contrast material(s), followed by		Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
71552	contrast material(s) and further sequences	CPT-4	Physical, results of previous diagnostic procedure report
	(4)	-	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
71555	MRA chest; with or w/o contrast	CPT-4	Physical, results of previous diagnositic procedure report
	· · · · · · · · · · · · · · · · · · ·		Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
72125	Computed tomography, cervical spine; without contrast material	CPT-4	Physical, procedure report, name of referring physician
		-	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
72126	Computed tomography, cervical spine; with contrast material	CPT-4	Physical, procedure report, name of referring physician
	Computed tomography, cervical spine; without contrast material, followed by		Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
72127	contrast material(s) and further sections	CPT-4	Physical, procedure report, name of referring physician
	· ·		Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
72128	Computed tomography, thoracic spine; without contrast material	CPT-4	Physical, procedure report, name of referring physician
			Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
72129	Computed tomography, thoracic spine; with contrast material	CPT-4	Physical, procedure report, name of referring physician
	Computed tomography, thoracic spine; without contrast material, followed by		Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
72130	contrast material(s) and further sections	CPT-4	Physical, procedure report, name of referring physician
			Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
72131	Computed tomography, lumbar spine; without contrast material	CPT-4	Physical, procedure report, name of referring physician
			Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
72132	Computed tomography, lumbar spine; with contrast material	CPT-4	Physical, procedure report, name of referring physician
	Computed tomography, lumbar spine; without contrast material, followed by		Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
72133	contrast material(s) and further sections	CPT-4	Physical, procedure report, name of referring physician
	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical;		Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
72141	without contrast material	CPT-4	Physical, results of previous diagnostic procedure report
	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical;		Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
72142	with contrast material(s)	CPT-4	Physical, results of previous diagnostic procedure report
	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic;		Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
72146	without contrast material	CPT-4	Physical, results of previous diagnostic procedure report
	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic;		Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
72147	with contrast material(s)	CPT-4	Physical, results of previous diagnostic procedure report
	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;		Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
72148	without contrast material	CPT-4	Physical, results of previous diagnostic procedure report

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## **Prior Authorization Code List**

Code Name	Code Description	Code Type	Records Request
	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;		Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
72149	with contrast material(s)	CPT-4	Physical, results of previous diagnostic procedure report
	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without		
	contrast material, followed by contrast material(s) and further sequences;		Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
72156	cervical	CPT-4	Physical, results of previous diagnostic procedure report
	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without		
	contrast material, followed by contrast material(s) and further sequences;		Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
72157	thoracic	CPT-4	Physical, results of previous diagnostic procedure report
	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without		
	contrast material, followed by contrast material(s) and further sequences;		Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
72158	lumbar	CPT-4	Physical, results of previous diagnostic procedure report
	Magnetic resonance angiography, spinal canal and contents, with or without		Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
72159	contrast material(s)	CPT-4	Physical, results of previous diagnostic procedure report
	Computed tomographic angiography, pelvis, with contrast material(s),		Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
72191	including noncontrast images, if performed, and image postprocessing	CPT-4	Physical, results of previous diagnostic procedure report
			Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
72192	Computed tomography, pelvis; without contrast material	CPT-4	Physical, procedure report, name of referring physician
			Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
72193	Computed tomography, pelvis; with contrast material(s)	CPT-4	Physical, procedure report, name of referring physician
	Computed tomography, pelvis; without contrast material, followed by contrast		Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
72194	material(s) and further sections	CPT-4	Physical, procedure report, name of referring physician
			Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
72195	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)	CPT-4	Physical, results of previous diagnostic procedure report
			Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
72196	Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	CPT-4	Physical, results of previous diagnostic procedure report
	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s),		Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
72197	followed by contrast material(s) and further sequences	CPT-4	Physical, results of previous diagnostic procedure report
			Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
72198	Magnetic resonance angiography, pelvis, with or without contrast material(s)	CPT-4	Physical, results of previous diagnostic procedure report
	Radiological supervision and interpretation, percutaneous vertebroplasty or		
	vertebral augmentation including cavity creation, per vertebral body; under		
72291	fluoroscopic guidance	CPT-4	History and physical, operative report
	Radiological supervision and interpretation, percutaneous vertebroplasty or		
	vertebral augmentation including cavity creation, per vertebral body; under CT		
72292	guidance	CPT-4	History and physical, operative report
			Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
73200	Computed tomography, upper extremity; without contrast material	CPT-4	Physical, procedure report, name of referring physician
			Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
73201	Computed tomography, upper extremity; with contrast material(s)	CPT-4	Physical, procedure report, name of referring physician
	Computed tomography, upper extremity; without contrast material, followed		Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
73202	by contrast material(s) and further sections	CPT-4	Physical, procedure report, name of referring physician
	Computed tomographic angiography, upper extremity, with contrast		
	material(s), including noncontrast images, if performed, and image		Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
73206	postprocessing	CPT-4	Physical, results of previous diagnostic procedure report

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## **Prior Authorization Code List**

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Code Name		Code Type	Records Request
	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint;		Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
73218	without contrast material(s)	CPT-4	Physical, results of previous diagnostic procedure report
	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint;		Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
73219	with contrast material(s)	CPT-4	Physical, results of previous diagnostic procedure report
	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint;		
	without contrast material(s), followed by contrast material(s) and further		Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
73220	sequences	CPT-4	Physical, results of previous diagnostic procedure report
	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without		Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
73221	contrast material(s)	CPT-4	Physical, results of previous diagnostic procedure report
	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; with		Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
73222	contrast material(s)	CPT-4	Physical, results of previous diagnostic procedure report
	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without		Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
73223	contrast material(s), followed by contrast material(s) and further sequences	CPT-4	Physical, results of previous diagnostic procedure report
	Magnetic resonance angiography, upper extremity, with or without contrast		Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
73225	material(s)	CPT-4	Physical, results of previous diagnostic procedure report
			Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
73700	Computed tomography, lower extremity; without contrast material	CPT-4	Physical, procedure report, name of referring physician
			Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
73701	Computed tomography, lower extremity; with contrast material(s)	CPT-4	Physical, procedure report, name of referring physician
	Computed tomography, lower extremity; without contrast material, followed		Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
73702	by contrast material(s) and further sections	CPT-4	Physical, procedure report, name of referring physician
	Computed tomographic angiography, lower extremity, with contrast		• • • • • • • • • • • • • • • • • • • •
	material(s), including noncontrast images, if performed, and image		Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
73706	postprocessing	CPT-4	Physical, results of previous diagnostic procedure report
	Magnetic resonance (eg, proton) imaging, lower extremity other than joint;		Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
73718	without contrast material(s)	CPT-4	Physical, results of previous diagnostic procedure report
	Magnetic resonance (eg, proton) imaging, lower extremity other than joint;		Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
73719	with contrast material(s)	CPT-4	Physical, results of previous diagnostic procedure report
	Magnetic resonance (eg, proton) imaging, lower extremity other than joint;		, , , , , , , , , , , , , , , , , , ,
	without contrast material(s), followed by contrast material(s) and further		Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
73720	sequences	CPT-4	Physical, results of previous diagnostic procedure report
73720	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without	Ci i 4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
73721	contrast material	CPT-4	Physical, results of previous diagnostic procedure report
73721	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; with	Ci i 4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
73722	contrast material(s)	CPT-4	Physical, results of previous diagnostic procedure report
73722	Contrast material(s)	Ci i-4	Thysical, results of previous diagnostic procedure report
	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without		Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
73723	contrast material(s), followed by contrast material(s) and further sequences	CPT-4	Physical, results of previous diagnostic procedure report
73723	Magnetic resonance angiography, lower extremity, with or without contrast	CF 1**4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
73725	material(s)	CPT-4	Physical, results of previous diagnostic procedure report
13123	material(s)	CF 1-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
74150	Computed tomography, abdomen; without contrast material	CPT-4	Physical, procedure report, name of referring physician
/4130	Computed tomography, abdomen; without contrast material	CP1-4	rnysicai, procedure report, name or referring physician

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## **Prior Authorization Code List**

Code Name	Code Description	Code Type	Records Request
			Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
74160	Computed tomography, abdomen; with contrast material(s)	CPT-4	Physical, procedure report, name of referring physician
	Computed tomography, abdomen; without contrast material, followed by		Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
74170	contrast material(s) and further sections	CPT-4	Physical, procedure report, name of referring physician
-	Computed tomographic angiography, abdomen and pelvis (New code as of		Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
74174	01/01/2012)	CPT-4	Physical, results of previous diagnostic procedure report
	Computed tomographic angiography, abdomen, with contrast material(s),		Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
74175	including noncontrast images, if performed, and image postprocessing	CPT-4	Physical, results of previous diagnostic procedure report
			Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
74176	Computed tomography, abdomen and pelvis; without contrast material	CPT-4	Physical, results of previous diagnostic procedure report
-	, , , , , , , , , , , , , , , , , , , ,	_	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
74177	Computed tomography, abdomen and pelvis; with contrast material(s)	CPT-4	Physical, results of previous diagnostic procedure report
	Computed tomography, abdomen and pelvis; without contrast material in one		, , , , , , , , , , , , , , , , , , , ,
	or both body regions, followed by contrast material(s) and further sections in		Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
74178	one or both body regions	CPT-4	Physical, results of previous diagnostic procedure report
	Magnetic resonance (eg, proton) imaging, abdomen; without contrast		Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
74181	material(s)	CPT-4	Physical, results of previous diagnostic procedure report
			Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
74182	Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)	CPT-4	Physical, results of previous diagnostic procedure report
	Magnetic resonance (eg, proton) imaging, abdomen; without contrast		Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
74183	material(s), followed by with contrast material(s) and further sequences	CPT-4	Physical, results of previous diagnostic procedure report
	Magnetic resonance angiography, abdomen, with or without contrast		Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
74185	material(s)	CPT-4	Physical, results of previous diagnostic procedure report
	Cardiac magnetic resonance imaging for morphology and function without		Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
75557	contrast material;	CPT-4	Physical, procedure report, prior cardiac imaging procedure performed and outcome
	Cardiac magnetic resonance imaging for morphology and function without		Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
75559	contrast material; with stress imaging	CPT-4	Physical, procedure report, prior cardiac imaging procedure performed and outcome
	Cardiac magnetic resonance imaging for morphology and function without		Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
75561	contrast material(s), followed by contrast material(s) and further sequences;	CPT-4	Physical, procedure report, prior cardiac imaging procedure performed and outcome
	Cardiac magnetic resonance imaging for morphology and function without		
	contrast material(s), followed by contrast material(s) and further sequences;		Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
75563	with stress imaging	CPT-4	Physical, procedure report, prior cardiac imaging procedure performed and outcome
	Computed tomography, heart, without contrast material, with quantitative		History and Physical, office notes from ordering physician for visits relating to billed
75571	evaluation of coronary calcium	CPT-4	service and results of testing performed. Review not required for FEP.
	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		History and Physical, Office notes from ordering physician for visits relating to the
75574	cardiac function)	CPT-4	billed service. Allow if place of service is ER. Review not required for FEP.
	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral		
	lower extremity runoff, with contrast material(s), including noncontrast		Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
75635	images, if performed, and image postprocessing	CPT-4	Physical, results of previous diagnostic procedure report

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## **Prior Authorization Code List**

Code Name	Code Description	Code Type	Records Request
75894	Transcatheter embolization	CPT-4	History and Physical, including prior treatment regimens
			History and Physical, Office Notes from ordering Physician for visits related to the
76390	Magnetic resonance spectroscopy	CPT-4	billed service and results of testing performed
	Computed tomography, bone mineral density study, 1 or more sites; axial		Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
77078	skeleton (eg, hips, pelvis, spine)	CPT-4	Physical, current drug regimen
			Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
77084	Magnetic resonance (eg, proton) imaging, bone marrow blood supply	CPT-4	Physical, results of previous diagnostic procedure report
	Intensity modulated radiotherapy plan including dose-volume histograms for		Submit History and Physical, documentation of medical necessity. Allow if diagnosis
77301	target and critical structure partial tolerance specifications	CPT-4	code(s) is any of 154.2-154.3,140.0-149.9,160.0, 160.2-160.5,161.0-161.9
	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy		Submit History and Physical, documentation of medical necessity. Allow if diagnosis
77338	(IMRT), design and construction per IMRT plan	CPT-4	code(s) is any of 154.2-154.3,140.0-149.9,160.0, 160.2-160.5,161.0-161.9
	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course		
	of treatment of cerebral lesion(s) consisting of 1 session; multisource Cobalt 60		
	based or more lesions, including image guidance, entire course not to exceed 5		History and Physical, including functional capacity, if metastatic, and number of
77371	fractions	CPT-4	lesions
	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course		History and Physical, including functional capacity, if metastatic, and number of
77372	of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based	CPT-4	lesions
	Character stirle and an distinguish are as a second delivery or a first transfer to de-		Ulaborated District including for all and a subject to the land of the state of the
	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or		History and Physical, including functional capacity, location, if metastatic, and number
77373	more lesions, including image guidance, entire course not to exceed 5 fractions Intensity modulated treatment delivery single or multiple fields/arcs via	CPT-4	of lesions
	· · · · · · · · · · · · · · · · · · ·		Coloris History and Object and decrease state of an alice to a second state of the second
77440	narrow spatially and temporally modulated beams (eg binary dynamic MLC)	CDT 4	Submit History and Physical, documentation of medical necessity. Allow if diagnosis
77418	per treatment session	CPT-4	code(s) is any of 154.2-154.3,140.0-149.9,160.0, 160.2-160.5,161.0-161.9 History and Physical, treatment plan, documentation of medical necessity. Allow if
77424	tokan analisa sa diskina kanakan ak dalisa sa s	CDT 4	
77424	Intraoperative radiation treatment delivery, x-ray, single treatment session	CPT-4	diagnosis is rectal cancer (154.1) History and Physical, treatment plan, documentation of medical necessity. Allow if
77435	Interconnective andiction treatment delivery, electrons single treatment assets	CPT-4	
77425	Intraoperative radiation treatment delivery, electrons, single treatment session Stereotactic radiation treatment management of cranial lesion(s) (complete	CP1-4	diagnosis is rectal cancer (154.1) History and Physical, including functional capacity, if metastatic, and number of
77422	-	CDT 4	
77432	course of treatment consisting of 1 session) Stereotactic body radiation therapy, treatment management, per treatment	CPT-4	lesions
	course, to 1 or more lesions, including image guidance, entire course not to		History and Physical, including functional capacity, location, if metastatic, and number
77425	exceed 5 fractions	CPT-4	of lesions
77435	exceed 5 fractions	CP1-4	History and Physical, treatment plan, documentation of medical necessity. Allow if
77469	Intraoperative radiation treatment management	CPT-4	diagnosis is rectal cancer (154.1)
77520	Proton treatment delivery; simple, without compensation	CPT-4	History and Physical, treatment plan. Allow if group #9000000 Alyeska
77522	Proton treatment delivery; simple, with compensation	CPT-4	History and Physical, treatment plan. Allow if group #9000000 Alyeska
77523	Proton treatment delivery; simple, with compensation	CPT-4	History and Physical, treatment plan. Allow if group #9000000 Alyeska
77323	roton deathent delivery, intermediate	CF 1**4	History and Physical indicating why treatment is being done. Allow if group #900000
77525	Proton treatment delivery; complex	CPT-4	Alyeska
,,,,,,,	1 Total a cathlent delivery, complex	Ci 1-4	rijevnu

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## **Prior Authorization Code List**

Code Name	Code Description	Code Type	Records Request
	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation		
	correction, qualitative or quantitative wall motion, ejection fraction by first		
	pass or gated technique, additional quantification, when performed); single		Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
	study, at rest or stress (	CPT-4	Physical, results of previous diagnostic procedure report
	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation		
(	correction, qualitative or quantitative wall motion, ejection fraction by first		
l	pass or gated technique, additional quantification, when performed); multiple		Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
	studies, at rest and/or	CPT-4	Physical , results of previous diagnositic procedure report
	Myocardial perfusion imaging, planar (including qualitative or quantitative wall		
	motion, ejection fraction by first pass or gated technique, additional		
	quantification, when performed); single study, at rest or stress (exercise or		Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
	pharmacologic)	CPT-4	Physical, results of previous diagnostic procedure report
	Myocardial perfusion imaging, planar (including qualitative or quantitative wall		
	motion, ejection fraction by first pass or gated technique, additional		
	quantification, when performed); multiple studies, at rest and/or stress		Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
78454	(exercise or pharmacologic) an	CPT-4	Physical, results of previous diagnostic procedure report
			Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation	CPT-4	Physical, including prior testing, procedures report
			Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
78466	Myocardial imaging, infarct avid, planar; qualitative or quantitative	CPT-4	Physical, procedure report, prior cardiac imaging procedure performed and outcome
	Myocardial imaging, infarct avid, planar; with ejection fraction by first pass		Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
	technique	CPT-4	Physical, procedure report, prior cardiac imaging procedure performed and outcome
70.00	155111114110	<b>.</b>	This said, procedure report, prior caratae imaging procedure periorinea and outcome
ı	Myocardial imaging, infarct avid, planar; tomographic SPECT with or without		Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
78469	quantification	CPT-4	Physical, procedure report, prior cardiac imaging procedure performed and outcome
(	Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or		
!	stress (exercise and/or pharmacologic), wall motion study plus ejection		Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
	fraction, with or without additional quantitative processing	CPT-4	Physical, procedure report, prior cardiac imaging procedure performed and outcome
(	Cardiac blood pool imaging, gated equilibrium; multiple studies, wall motion		
	study plus ejection fraction, at rest and stress (exercise and/or pharmacologic),		Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
	with or without additional quantification	CPT-4	Physical, procedure report, prior cardiac imaging procedure performed and outcome
	Cardiac blood pool imaging (planar), first pass technique; single study, at rest		
	or with stress (exercise and/or pharmacologic), wall motion study plus ejection		Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
	fraction, with or without quantification	CPT-4	Physical, procedure report, prior cardiac imaging procedure performed and outcome
	Cardiac blood pool imaging (planar), first pass technique; multiple studies, at		
ļ i	rest and with stress (exercise and/ or pharmacologic), wall motion study plus		Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
	ejection fraction, with or without quantification	CPT-4	Physical, procedure report, prior cardiac imaging procedure performed and outcome
	Myocardial imaging, positron emission tomography (PET), perfusion; single		Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
	study at rest or stress	CPT-4	Physical, including prior testing, procedures report
	Myocardial imaging, positron emission tomography (PET), perfusion; multiple		Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
78492	studies at rest and/or stress	CPT-4	Physical, including prior testing, procedures report

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## **Prior Authorization Code List**

Code Name	Code Description	Code Type	Records Request
	Condition belond and broading mand and the broad and the b		Outline and an advantage of the books and the second of th
	Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion		Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
78494	study plus ejection fraction, with or without quantitative processing	CPT-4	Physical, procedure report, prior cardiac imaging procedure performed and outcome Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
			• • •
			Physical, Office Notes from ordering Physician for visits related to the billed service
78608	Brain imaging, positron emission tomography (PET); metabolic evaluation	CPT-4	and results of testing performed
			Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
			Physical, Office Notes from ordering Physician for visits related to the billed service
78609	Brain imaging, positron emission tomography (PET); perfusion evaluation	CPT-4	and results of testing performed
			Online review at www.aimspecialtyhealth.com For Prior Authorization: If diagnosis is
			Cancer/Malignancy - Allow, no records are required. For all other diagnosis billed
	Tumor imaging, positron emission tomography (PET); limited area (e.g., leg,		request History and Physical, Office Notes from ordering Physician for visits related to
78811	chest, head/neck)	CPT-4	the billed service and results of testing performed
			Online review at www.aimspecialtyhealth.com For Prior Authorization: If diagnosis is
			Cancer/Malignancy - Allow, no records are required. For all other diagnosis billed
			request History and Physical, Office Notes from ordering Physician for visits related to
78812	Tumor imaging, positron emission tomography (PET); skull base to mid-thigh	CPT-4	the billed service and results of testing performed
			Online review at www.aimspecialtyhealth.com For Prior Authorization: If diagnosis is
			Cancer/Malignancy - Allow, no records are required. For all other diagnosis billed
			request History and Physical, Office Notes from ordering Physician for visits related to
78813	Tumor imaging, positron emission tomography (PET); whole body	CPT-4	the billed service and results of testing performed
			Online review at www.aimspecialtyhealth.com For Prior Authorization: If diagnosis is
	Tumor imaging, positron emission tomography (PET) with concurrently		Cancer/Malignancy - Allow, no records are required. For all other diagnosis billed
	acquired computed tomography (CT) for attenuation correction and anatomical		request History and Physical, Office Notes from ordering Physician for visits related to
78814	localization: limited areas (e.g., leg, chest, head/neck)	CPT-4	the billed service and results of testing performed
			Online review at www.aimspecialtyhealth.com For Prior Authorization: If diagnosis is
	Tumor imaging, positron emission tomography (PET) with concurrently		Cancer/Malignancy - Allow, no records are required. For all other diagnosis billed
	acquired computed tomography (CT) for attenuation correction and anatomical		request History and Physical, Office Notes from ordering Physician for visits related to
78815	localization: skull base to mid-thigh	CPT-4	the billed service and results of testing performed
			Online review at www.aimspecialtyhealth.com For Prior Authorization: If diagnosis is
	Tumor imaging, positron emission tomography (PET) with concurrently		Cancer/Malignancy - Allow, no records are required. For all other diagnosis billed
	acquired computed tomography (CT) for attenuation correction and anatomical		request History and Physical, Office Notes from ordering Physician for visits related to
78816	localization: whole body	CPT-4	the billed service and results of testing performed
			If transplant approval on record: Date of Transplant If no Transplant approval:
88241	Thawing and expansion of frozen cells, each aliquot	CPT-4	History and Physical, Transplant evaluation, and date of transplant
	Respiratory syncytial virus, monoclonal antibody, recombinant, for		Age or gestational age, History of respiratory problems, Current medical treatment, if
90378	intramuscular use, 50 mg, each	CPT-4	any risk factors
223,0		Ç1 1 <del>7</del>	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
93303	Transthoracic echocardiography for congenital cardiac anomalies; complete	CPT-4	Physical, copy of procedure report
33303	Transthoracic echocardiography for congenital cardiac anomalies; follow-up or	Ci I-4	Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
93304	limited study	CPT-4	Physical, copy of procedure report
33304	minicu study	CP 1-4	ritysical, copy of procedure report

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## **Prior Authorization Code List**

Code Name	Code Description	Code Type	lew, refer to the Clinical Review Code List on the Prospective Review page  Records Request
	·		·
	Echocardiography, transthoracic, real-time with image documentation (2D),		
	includes M-mode recording, when performed, complete, with spectral Doppler		Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
93306	echocardiography, and with color flow Doppler echocardiography	CPT-4	Physical, copy of procedure report
	Echocardiography, transthoracic, real-time with image documentation (2D),		
	includes M-mode recording, when performed, complete, without spectral or		Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
93307	color Doppler echocardiography	CPT-4	Physical, copy of procedure report
	Echocardiography, transthoracic, real-time with image documentation (2D),		Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
93308	includes M-mode recording, when performed, follow-up or limited study	CPT-4	Physical, copy of procedure report
33300	Echocardiography, transesophageal, real-time with image documentation (2D)	Ci i-4	Triysical, copy of procedure report
	(with or without M-mode recording); including probe placement, image		Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
93312	acquisition, interpretation and report	CPT-4	Physical, copy of procedure report
JJJ12	acquisicion, interpretation and report	Ci i-4	Triysical, copy of procedure report
	Echocardiography, transesophageal, real-time with image documentation (2D)		Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
93313	(with or without M-mode recording); placement of transesophageal probe only	CPT-4	Physical, copy of procedure report
	Echocardiography, transesophageal, real-time with image documentation (2D)		, , , , , , , , , , , , , , , , , , , ,
	(with or without M-mode recording); image acquisition, interpretation and		Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
93314	report only	CPT-4	Physical, copy of procedure report
	Transesophageal echocardiography for congenital cardiac anomalies; including		Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
93315	probe placement, image acquisition, interpretation and report	CPT-4	Physical, copy of procedure report
	Transesophageal echocardiography for congenital cardiac anomalies;		Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
93316	placement of transesophageal probe only	CPT-4	Physical, copy of procedure report
	Transesophageal echocardiography for congenital cardiac anomalies; image		Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
93317	acquisition, interpretation and report only	CPT-4	Physical, copy of procedure report
	Echocardiography, transthoracic, real-time with image documentation (2D),		
	includes M-mode recording, when performed, during rest and cardiovascular		
	stress test using treadmill, bicycle exercise and/or pharmacologically induced		Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
93350	stress, with interpretation and report;	CPT-4	Physical, copy of procedure report
	Echocardiography, transthoracic, real-time with image documentation (2D),		
	includes M-mode recording, when performed, during rest and cardiovascular		
	stress test using treadmill, bicycle exercise and/or pharmacologically induced		Online review at www.aimspecialtyhealth.com For Prior Authorization: History and
93351	stress, with interpretation and report	CPT-4	Physical, copy of procedure report
			Effective DOS 9/1/11 submit History and Physical, medical necessity documentation,
			procedure report. No review needed for children age <18 years old. PBC: Allow if the
			provider is located outside WA, AK, FEP. LW: Allow if the provider is located outside
	Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or		WA, AK, OR.
95807	heart rate, and oxygen saturation, attended by a technologist	CPT-4	
			Effective DOS 9/1/11 submit History and Physical, medical necessity documentation,
			procedure report. No review needed for children age <18 years old. PBC: Allow if the
			provider is located outside WA, AK, FEP. LW: Allow if the provider is located outside
	Polysomnography; sleep staging with 1-3 additional parameters of sleep,		WA, AK, OR.
95808	attended by a technologist	CPT-4	

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## **Prior Authorization Code List**

Code Name		Code Type	Records Request
			Effective DOS 9/1/11submit History and Physical, medical necessity documentation,
			procedure report. No review needed for children age <18 years old. PBC: Allow if the
			provider is located outside WA, AK, FEP. LW: Allow if the provider is located outside
	Polysomnography; sleep staging with 4 or more additional parameters of sleep,		WA, AK, OR.
95810	attended by a technologist	CPT-4	
			Effective DOS 9/1/11 submit History and Physical, medical necessity documentation,
			procedure report.No review needed for children age <18 years old. PBC: Allow if the
	Polysomnography; sleep staging with 4 or more additional parameters of sleep,		provider is located outside WA, AK, FEP. LW: Allow if the provider is located outside
	with initiation of continuous positive airway pressure therapy or bilevel		WA, AK, OR.
95811	ventilation, attended by a technologist	CPT-4	
	Electronic analysis of implanted neurostimulator pulse generator system;		
	simple spinal cord, or peripheral (ie, peripheral nerve, autonomic nerve,		
	neuromuscular) neurostimulator pulse generator/transmitter, with		
95971	intraoperative or subsequent programming	CPT-4	Test results, notes from related office visit
	Physician attendance and supervision of hyperbaric oxygen therapy, per		History and Physical with medical necessity, treatment plan, treatments tried and
99183	session	CPT-4	failed and procedure report
	Compensator-based beam modulation treatment delivery of inverse planned		
	treatment using three or more high resolution (milled or cast) compensator		Submit History and Physical, documentation of medical necessity. Allow if diagnosis
0073T	convergent beam modulated fields, per treatment session	CPT-4	code(s) is any of 154.2-154.3,140.0-149.9,160.0, 160.2-160.5,161.0-161.9
	Total disc arthroplasty (artificial disc), anterior approach, including discectomy		
	to prepare interspace (other than for decompression) cervical; each additional		
0092T	interspace (List separately in addition to code for primary procedure)	CPT-4	Recent History and Physical, plan of care, and documentation of medical necessity
00321	Removal of total disc arthroplasty (artificial disc), anterior approach, each	CF 1-4	Recent history and Physical, plan of care, and documentation of medical necessity
	additional interspace, cervical (List separately in addition to code for primary		
0095T	procedure)	CPT-4	Recent History and Physical, plan of care, and documentation of medical necessity
	Revision including replacement of total disc arthroplasty (artificial disc),	<b>U.</b>	necessity and rayout, plan or early and accumentation or include necessity
	anterior approach, each additional interspace, cervical (List separately in		
0098T	addition to code for primary procedure)	CPT-4	Recent History and Physical, plan of care, and documentation of medical necessity
	· · · · · ·		
	Total disc arthroplasty (artificial disc), anterior approach, including discectomy		
	to prepare interspace (other than for decompression), lumbar, each additional		
0163T	interspace (List separately in addition to code for primary procedure	CPT-4	Recent History and Physical, plan of care, and documentation of medical necessity
	Removal of total disc arthroplasty, anterior approach, lumbar, each additional		
0164T	interspace (List separately in addition to code for primary procedure	CPT-4	Recent History and Physical, plan of care, and documentation of medical necessity
	Revision of total disc arthroplasty (artificial disc),, anterior approach, lumbar,		
0165T	each additional interspace	CPT-4	Recent History and Physical, plan of care, and documentation of medical necessity
	Stereotactic placement of infusion catheter(s) in the brain for delivery of		
	therapeutic agent(s), including computerized stereotactic planning and burr		
0169T	hole(s)	CPT-4	Pre Operative Evaluation, History and Physical, Operative report, and plan of care
	Insertion of posterior spinous process distraction device (including necessary		
04747	removal of bone or ligament for insertion and imaging guidance), lumbar;	CDT 4	Wintermand Blooding Consenting agents
0171T	single level	CPT-4	History and Physical, Operative report

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## **Prior Authorization Code List**

Code Name	Code Description	Code Type	Records Request
	la contra de la contra dela contra de la contra dela contra de la contra del la contra		
	Insertion of posterior spinous process distraction device (including necessary		
	removal of bone or ligament for insertion and imaging guidance), lumbar; each		
0172T	additional level (List separately in addition to code for primary procedure)  Arthrodesis, pre-sacral interbody technique, including instrumentation,	CPT-4	History and Physical, Operative report
	imaging (when performed), and discectomy to prepare interspace, lumbar;		
0195T	single interspace	CPT-4	History and Physical with procedure report
01951	Arthrodesis, pre-sacral interbody technique, including instrumentation,	CF1-4	nistory and Physical with procedure report
	imaging (when performed), and discectomy to prepare interspace, lumbar;		
	each additional interspace (List separately in addition to code for primary		
0196T	procedure)	CPT-4	History and Physical with procedure report
01901	Percutaneous sacral augmentation (sacroplasty), unilateral injection(s),	CF 1-4	riistory and Priysical with procedure report
	including the use of a balloon or mechanical device, when used, 1 or more		
0200T	needles	CPT-4	Pre Operative Evaluation, History and Physical, and Operative report
02001	necures	CI I-4	The operative Evaluation, history and mysical, and operative report
	Percutaneous sacral augmentation (sacroplasty), bilateral injections, including		
0201T	the use of a balloon or mechanical device, when used, 2 or more needles	CPT-4	Pre Operative Evaluation, History and Physical, and Operative report
	Posterior vertebral joint(s) arthroplasty (e.g., facet joint[s] replacement)		
	including facetectomy, laminectomy, foraminotomy and vertebral column		
	fixation, with or without injection of bone cement, including fluoroscopy,		
0202T	single level, lumbar spine	CPT-4	Submit History and Physical, documentation of medical necessity, operative report
	High frequency chest wall oscillation system vest, replacement for use with	-	Letter of Medical Necessity including length of time equipment needed, functional
A7025	patient-owned equipment, each	HCPC	status if applicable and description of medical condition
	High frequency chest wall oscillation system hose, replacement for use with		Letter of Medical Necessity including length of time equipment needed, functional
A7026	patient-owned equipment, each	HCPC	status if applicable and description of medical condition
	Yttrium Y-90 ibritumomab tiuxetan, therapeutic, per treatment dose, up to 40		
A9543	millicuries	HCPC	History and Physical, plan of care and procedure report
A9545	Iodine I-131 tositumomab, therapeutic, per treatment dose	HCPC	History and Physical, plan of care and procedure report  • Diagnosis, nistory and physical documenting congenital anomaly
			Treatment plan, including duration of treatment
			Panoramic x-ray
			Other recommended documentation:
			Cephalometric x-rays
			Oral facial images
D8010	Limited orthodontic treatment of the primary dentition	CDT	Diagnostic casts/study models     Diagnosis, nistory and physical documenting congenital anomaly
			Treatment plan, including duration of treatment
			Panoramic x-ray
			Other recommended documentation:
			Cephalometric x-rays     Ovel feeiglingses
D0020	timited outload outlands and account of the sum of the same interval density	CDT	Oral facial images     Discounting and the desired and th
D8020	Limited orthodontic treatment of the transitional dentition	CDT	Diagnostic casts/study models

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Items on this list will require prior authorization (via pre-service review) for medical necessity, contract limitations and exclusions, experimental or investigational services.

## **Prior Authorization Code List**

Code Name	Code Description	Code Type	Records Request
	·		Diagnosis, nistory and physical documenting congenital anomaly
			Treatment plan, including duration of treatment
			Panoramic x-ray
			Other recommended documentation:
			Cephalometric x-rays
			Oral facial images
D8030	Limited orthodontic treatment of the adolescent dentition	CDT	Diagnostic casts/study models     Diagnosis, nistory and physical documenting congenital anomaly
			Treatment plan, including duration of treatment
			Panoramic x-ray
			Other recommended documentation:
			Cephalometric x-rays
			Oral facial images
D8040	Limited orthodontic treatment of the adult dentition	CDT	Diagnostic casts/study models
			Diagnosis, nistory and physical documenting congenital anomaly     Treatment plan, including duration of treatment
			• • •
			Panoramic x-ray     Other recommended documentation:
			Cephalometric x-rays
			Oral facial images
D8050	Interceptive orthodontic treatment of the primary dentition	CDT	Diagnostic casts/study models
D0030	interceptive orthodoritic treatment of the primary dentition	CD1	Diagnostic casts/study models     Diagnostic, nistory and physical documenting congenital anomaly
			Treatment plan, including duration of treatment
			Panoramic x-ray
			Other recommended documentation:
			Cephalometric x-rays
			Oral facial images
D8060	Interceptive orthodontic treatment of the transitional dentition	CDT	Diagnostic casts/study models     Diagnosis, nistory and physical documenting congenital anomaly
			Treatment plan, including duration of treatment
			Panoramic x-ray
			Other recommended documentation:
			Cephalometric x-rays
			Oral facial images
D8070	Comprehensive orthodontic treatment of the transitional dentition	CDT	Diagnostic casts/study models     Diagnosis, nistory and physical documenting congenital anomaly
			Treatment plan, including duration of treatment
			Panoramic x-ray
			Other recommended documentation:
			Cephalometric x-rays
			Oral facial images
D8080	Comprehensive orthodontic treatment of the adolescent dentition	CDT	Diagnostic casts/study models

List updated 07/31/2014

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## **Prior Authorization Code List**

Code Name	Code Description	Code Type	Records Request
,		,	Diagnosis, nistory and physical documenting congenital anomaly
			Treatment plan, including duration of treatment
			Panoramic x-ray
			Other recommended documentation:
			Cephalometric x-rays
			Oral facial images
D8090	Comprehensive orthodontic treatment of the adult dentition	CDT	Diagnostic casts/study models     Diagnosis, nistory and physical documenting congenital anomaly
			Treatment plan, including duration of treatment
			Panoramic x-ray
			Other recommended documentation:
			Cephalometric x-rays
			Oral facial images
D8210	Removable appliance therapy	CDT	Diagnostic casts/study models
			Diagnosis, nistory and physical documenting congenital anomaly     Transfer and physical documenting of the above and the second physical document and the secon
			Treatment plan, including duration of treatment
			Panoramic x-ray
			Other recommended documentation:
			Cephalometric x-rays     Out facilities as a second s
D0220	Pland and the same	CDT	Oral facial images     Discounting and Advanced allows
D8220	Fixed appliance therapy	CDT	Diagnostic casts/study models     Diagnosis, nistory and physical documenting congenital anomaly
			Treatment plan, including duration of treatment
			Panoramic x-ray
			Other recommended documentation:
			Cephalometric x-rays
			Oral facial images
D8660	Pre-orthodontic treatment visit	CDT	Diagnostic casts/study models     Diagnosis, nistory and physical documenting congenital anomaly
			Treatment plan, including duration of treatment
			Panoramic x-ray
			Other recommended documentation:
			Cephalometric x-rays
			Oral facial images
D8670	Periodic orthodontic treatment visit (as part of contract)	CDT	Diagnostic casts/study models     Diagnosis, nistory and physical documenting congenital anomaly
			Treatment plan, including duration of treatment
			Panoramic x-ray
			Other recommended documentation:
			Cephalometric x-rays
	Orthodontic retention (removal of appliances, consturction and placement of		o Ovel feeigl images
	Orthodontic retention (removal of appliances, consturction and placement of		Oral facial images

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## **Prior Authorization Code List**

Code Name	Code Description	Code Type	Records Request
		,,,	Diagnosis, nistory and physical documenting congenital anomaly
			Treatment plan, including duration of treatment
			Panoramic x-ray
			Other recommended documentation:
			Cephalometric x-rays
			Oral facial images
D8690	Orthodontic treatment (alternative billing to a contract fee)	CDT	Diagnostic casts/study models     Diagnosis, nistory and physical documenting congenital anomaly
			Treatment plan, including duration of treatment
			Panoramic x-ray
			Other recommended documentation:
			Cephalometric x-rays
			Oral facial images
D8691	Repair of orthodontic appliance	CDT	Diagnostic casts/study models
			Diagnosis, nistory and physical documenting congenital anomaly     Treatment plan, including duration of treatment
			• • •
			Panoramic x-ray     Other recommended documentation:
			Cephalometric x-rays
			Oral facial images
D8692	Replacement of lost or broken retainer	CDT	Diagnostic casts/study models
D0032	Replacement of lost of broken retainer	CDT	Diagnosis, nistory and physical documenting congenital anomaly
			Treatment plan, including duration of treatment
			Panoramic x-ray
			Other recommended documentation:
			Cephalometric x-rays
			Oral facial images
D8693	Rebonding or recementing of fixed retainers	CDT	Diagnostic casts/study models     Diagnosis, nistory and physical documenting congenital anomaly
			Treatment plan, including duration of treatment
			Panoramic x-ray
			Other recommended documentation:
			Cephalometric x-rays
			Oral facial images
D8694	Repair of fixed retainers, includes reattachment	CDT	Diagnostic casts/study models     Diagnosis, nistory and physical documenting congenital anomaly
			Treatment plan, including duration of treatment
			• Panoramic x-ray
			Other recommended documentation:
			Cephalometric x-rays
			Oral facial images
D8999	Unspecified Orthodontic Procedure	CDT	Diagnostic casts/study models

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## **Prior Authorization Code List**

Code Name	Code Description	Code Type	Records Request
			Letter of medical necessity containing the following information: Anticipated length of
			time patient will require the equipment, Description of medical condition requiring
E0171	Commode chair with integrated seat lift mechanism, nonelectric, any type	HCPC	use of this equipment including mobility status
			Letter of medical necessity containing the following information: Anticipated length of
			time patient will require the equipment, Description of medical condition requiring
E0193	Powered air flotation bed (low air loss therapy)	HCPC	use of this equipment including mobility status
			Letter of medical necessity containing the following information: Anticipated length of
			time patient will require the equipment, Description of medical condition requiring
E0194	Air fluidized bed	HCPC	use of this equipment including mobility status
			Letter of medical necessity containing the following information: Anticipated length of
			time patient will require the equipment, Description of medical condition requiring
E0250	Hospital bed, fixed height, with any type side rails, with mattress	HCPC	use of special bed; including mobility status
			Letter of medical necessity containing the following information: Anticipated length of
			time patient will require the equipment, Description of medical condition requiring
E0251	Hospital bed, fixed height, with any type side rails, without mattress	HCPC	use of special bed; including mobility status
			Letter of medical necessity containing the following information: Anticipated length of
			time patient will require the equipment, Description of medical condition requiring
E0255	Hospital bed, variable height, hi-lo, with any type side rails, with mattress	HCPC	use of special bed; including mobility status
	<u> </u>		Letter of medical necessity containing the following information: Anticipated length of
			time patient will require the equipment, Description of medical condition requiring
E0256	Hospital bed, variable height, hi-lo, with any type side rails, without mattress	HCPC	use of special bed; including mobility status
	Hospital bed, semi-electric (head and foot adjustment), with any type side rails,		Letter of medical necessity including mobility status and anticipated length of time
E0260	with mattress	HCPC	patient will require the equipment. No review needed if Rental.
	Hospital bed, semi-electric (head and foot adjustment), with any type side rails,		Letter of medical necessity including mobility status and anticipated length of time
E0261	without mattress	HCPC	patient will require the equipment. No review needed if Rental.
	Hospital bed, total electric (head, foot, and height adjustments), with any type		Letter of medical necessity including mobility status and anticipated length of time
E0265	side rails, with mattress	HCPC	patient will require the equipment. No review needed if Rental.
	Hospital bed, total electric (head, foot, and height adjustments), with any type		Letter of medical necessity including mobility status and anticipated length of time
E0266	side rails, without mattress	HCPC	patient will require the equipment. No review needed if Rental.
			Letter of medical necessity containing the following information: Anticipated length of
	Hospital bed, institutional type includes: oscillating ,circulating, and stryker		time patient will require the equipment, Description of medical condition requiring
E0270	frame, with mattress	HCPC	use of special bed; including mobility status
			Letter of medical necessity containing the following information: Anticipated length of
			time patient will require the equipment, Description of medical condition requiring
E0277	Powered pressure-reducing air mattress	HCPC	use of this equipment including mobility status
			Letter of medical necessity containing the following information: Anticipated length of
			time patient will require the equipment, Description of medical condition requiring
E0290	Hospital bed, fixed height, without side rails, with mattress	HCPC	use of special bed; including mobility status
	*		Letter of medical necessity containing the following information: Anticipated length of
			time patient will require the equipment, Description of medical condition requiring
E0291	Hospital bed, fixed height, without side rails, without mattress	HCPC	use of special bed; including mobility status
	*		Letter of medical necessity containing the following information: Anticipated length of
			time patient will require the equipment, Description of medical condition requiring
E0292	Hospital bed, variable height, hi-lo, without side rails, with mattress	HCPC	use of special bed; including mobility status

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## **Prior Authorization Code List**

Code Name	Code Description	Code Type	Records Request
			Letter of medical necessity containing the following information: Anticipated length of
			time patient will require the equipment, Description of medical condition requiring
E0293	Hospital bed, variable height, hi-lo, without side rails, without mattress	HCPC	use of special bed; including mobility status
	Hospital bed, semi-electric (head and foot adjustment), without side rails, with		Letter of medical necessity including mobility status and anticipated length of time
E0294	mattress	HCPC	patient will require the equipment. No review needed if Rental.
	Hospital bed, semi-electric (head and foot adjustment), without side rails,		Letter of medical necessity including mobility status and anticipated length of time
E0295	without mattress	HCPC	patient will require the equipment. No review needed if Rental.
	Hospital bed, total electric (head, foot, and height adjustments), without side		Letter of medical necessity including mobility status and anticipated length of time
E0296	rails, with mattress	HCPC	patient will require the equipment. No review needed if Rental.
	Hospital bed, total electric (head, foot, and height adjustments), without side		Letter of medical necessity including mobility status and anticipated length of time
E0297	rails, without mattress	HCPC	patient will require the equipment. No review needed if Rental.
			Letter of medical necessity containing the following information: Anticipated length of
			time patient will require the equipment, Description of medical condition requiring
E0300	Pediatric crib, hospital grade, fully enclosed	HCPC	use of special bed; including mobility status
	Hospital bed, heavy-duty, extra wide, with weight capacity greater than 350		Letter of medical necessity containing the following information: Anticipated length of
	pounds, but less than or equal to 600 pounds, with any type side rails, without		time patient will require the equipment, Description of medical condition requiring
E0301	mattress	HCPC	use of special bed; including mobility status
			Letter of medical necessity containing the following information: Anticipated length of
	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than		time patient will require the equipment, Description of medical condition requiring
E0302	600 pounds, with any type side rails, without mattress	HCPC	use of special bed; including mobility status
	Hospital bed, heavy-duty, extra wide, with weight capacity greater than 350		Letter of medical necessity containing the following information: Anticipated length of
	pounds, but less than or equal to 600 pounds, with any type side rails, with		time patient will require the equipment, Description of medical condition requiring
E0303	mattress	HCPC	use of special bed; including mobility status  Letter of medical necessity containing the following information: Anticipated length of
	Handadhad aska kasa daka aska alda aski aska asaa ka		
F0204	Hospital bed, extra heavy-duty, extra wide, with weight capacity greater than	Hene	time patient will require the equipment, Description of medical condition requiring
E0304	600 pounds, with any type side rails, with mattress	HCPC	use of special bed; including mobility status  Letter of medical necessity containing the following information: Anticipated length of
F0316	Cofety and assure from a locus on the successible beginning and the succession	нсрс	time patient will require the equipment, Description of medical condition requiring
E0316	Safety enclosure frame/canopy for use with hospital bed, any type	нсес	use of special bed; including mobility status
	Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard,		Letter of medical necessity including mobility status and anticipated length of time
E0328	footboard and side rails up to 24 inches above the spring, includes mattress	нсрс	patient will require the equipment. No review needed if Rental.
L0320	Hospital bed, pediatric, electric or semi-electric, 360 degree side enclosures,	TICI C	patient will require the equipment. No review needed it hental.
	top of headboard, footboard and side rails up to 24 inches above the spring,		Letter of medical necessity including mobility status and anticipated length of time
E0329	includes mattress	HCPC	patient will require the equipment. No review needed if Rental.
			Letter of medical necessity containing the following information: Anticipated length of
	Nonpowered advanced pressure reducing overlay for mattress, standard		time patient will require the equipment, Description of medical condition requiring
E0371	mattress length and width	HCPC	use of this equipment including mobility status
	· · · · · · · · · · · · · · · · · · ·		Letter of medical necessity containing the following information: Anticipated length of
			time patient will require the equipment, Description of medical condition requiring
E0372	Powered air overlay for mattress, standard mattress length and width	HCPC	use of this equipment including mobility status
E0373	Nonpowered advanced pressure reducing mattress	HCPC	History & Physical, including size, depth, location of decubiti
	· · · · · · · · · · · · · · · · · · ·		Letter of Medical Necessity including length of time equipment needed, functional
E0484	Oscillatory positive expiratory pressure device, nonelectric, any type, each	HCPC	status if applicable and description of medical condition
			·

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## **Prior Authorization Code List**

	Code Description		
Code Name	Code Description	Code Type	Records Request  Letter of medical necessity containing the following information: Anticipated length of
			time patient will require the equipment, Description of medical condition requiring
E0621	Sling or seat, patient lift, canvas or nylon	HCPC	use of this equipment including mobility status
			Letter of medical necessity containing the following information: Anticipated length of
			time patient will require the equipment, Description of medical condition requiring
E0625	Patient lift, bathroom or toilet, not otherwise classified	HCPC	use of this equipment including mobility status
			Letter of medical necessity containing the following information: Anticipated length of
			time patient will require the equipment, Description of medical condition requiring
E0627	Seat lift mechanism incorporated into a combination lift-chair mechanism	HCPC	use of this equipment including mobility status
			Letter of medical necessity containing the following information: Anticipated length o
			time patient will require the equipment, Description of medical condition requiring
E0629	Separate seat lift mechanism for use with patient-owned furniture, nonelectric	HCPC	use of this equipment including mobility status
			Letter of medical necessity containing the following information: Anticipated length of
			time patient will require the equipment, Description of medical condition requiring
E0630	Patient lift; hydraulic or mechanical, includes any seat, sling, strap(s), or pad(s)	HCPC	use of this equipment including mobility status
			Letter of medical necessity containing the following information: Anticipated length of
	Combination sit and stand system, any size, with seat lift feature, with or		time patient will require the equipment, Description of medical condition requiring
E0637	without wheels	HCPC	use of this equipment including mobility status
			Letter of medical necessity containing the following information: Anticipated length of
	Standing frame system, one position (e.g., upright, supine or prone stander),		time patient will require the equipment, Description of medical condition requiring
E0638	any size including pediatric, with or without wheels	HCPC	use of this equipment including mobility status
	Standing frame system, multi-position (e.g., three-way stander,), any size		
E0641	including pediatric, with or without wheels	HCPC	Letter of medical necessity, including condition being treated.
E0642	Standing frame system, mobile (dynamic stander), any size including pediatric	HCPC	Letter of medical necessity, including condition being treated
			Letter of medical necessity containing the following information: Anticipated length of
			time patient will require the equipment, Description of medical condition requiring
E0650	Pneumatic compressor, nonsegmental home model	HCPC	use of this equipment including mobility status. Allow with diagnosis code 457.0
			Letter of medical necessity containing the following information: Anticipated length o
			time patient will require the equipment, Description of medical condition requiring
	Pneumatic compressor, segmental home model without calibrated gradient		use of this equipment including mobility status. Allow if billed with diagnosis 457.0
E0651	pressure	HCPC	
	Pneumatic compressor, segmental home model with calibrated gradient		
E0652	pressure	HCPC	Letter of medical necessity, including condition being treated.
			Letter of medical necessity containing the following information: Anticipated length of
			time patient will require the equipment, Description of medical condition requiring
E0656	Segmental pneumatic appliance for use with pneumatic compressor, trunk	HCPC	use of special bed; including mobility status
			Letter of medical necessity containing the following information: Anticipated length o
			time patient will require the equipment, Description of medical condition requiring
E0657	Segmental pneumatic appliance for use with pneumatic compressor, chest	HCPC	use of special bed; including mobility status
	Pneumatic compression device, high pressure, rapid inflation/deflation cycle,		History and Physical including comorbidities, previously tried clinical interventions
E0675	for arterial insufficiency (unilateral or bilateral system)	HCPC	and operative report if any available
	a.ta maademay (annoted of bilacetal system)		and operation report it diff desirable

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## **Prior Authorization Code List**

Code Name	Code Description	Code Type	Records Request
	·		History and Physical including comorbidities, previously tried clinical interventions
E0745	Neuromuscular stimulator, electronic shock unit	HCPC	and operative report if any available
	Transcutaneous electrical joint stimulation device system, includes all		Letter of Medical Necessity including length of time equipment needed, functional
E0762	accessories	HCPC	status if applicable and description of medical condition
	Functional neuromuscular stimulator, transcutaneous stimulation of muscles of		·
	ambulation with computer control, used for walking by spinal cord injured,		
E0764	entire system, after completion of training program	HCPC	History and physical, plan of care
	FDA approved nerve stimulator, with replaceable batteries, for treatment of		History and Physical including comorbidities, previously tried clinical interventions
E0765	nausea and vomiting	HCPC	and operative report if any available
			<u> </u>
	Functional electrical stimulator, transcutaneous stimulation of nerve, and/or		Letter of Medical Necessity including length of time equipment needed, functional
E0770	muscle groups, any type, complete system, not otherwise specified	HCPC	status if applicable and description of medical condition
	Trapeze bar, heavy-duty, for patient weight capacity greater than 250 pounds,		
E0912	freestanding, complete with grab bar	HCPC	History and Physical, documentation of medical necessity.
	•		Letter of Medical Necessity including length of time equipment needed, functional
			status if applicable and description of medical condition. Include invoice of cost for
E0950	Wheelchair accessory, tray, each	HCPC	item.
	Wheelchair accessory, headrest, cushioned, any type, including fixed mounting		Letter of medical Necessity supporting need for the wheelchair accessory. Include
E0955	hardware, each	HCPC	invoice of cost for item.
			Diagnosis, Abilities and limitations as they relate to the equipment (e.g., degree of
			independence/ dependence, frequency and nature of the activities the patient
			performs, duration of medical condition, Past experience if any using similar
	Manual wheelchair accessory, power add-on to convert manual wheelchair to		equipment, Evaluation of upper extremity strength and Documented inability to
E0983	motorized wheelchair, joystick control	HCPC	propel a manual chair
			Diagnosis, Abilities and limitations as they relate to the equipment (e.g., degree of
			independence/ dependence, frequency and nature of the activities the patient
			performs, duration of medical condition, Past experience if any using similar
			equipment, Evaluation of upper extremity strength and Documented inability to
	Power add-on to convert manual wheelchair to motorized wheelchair, tiller		propel a manual chair
E0984	cotnrol	HCPC	
E0985	Wheelchair accessory, seat lift mechanism	HCPC	Letter of medical Necessity supporting need for the wheelchair accessory
E0986	Manual wheelchair accessory, push activated power assist, each	HCPC	Letter of medical Necessity supporting need for the wheelchair accessory
E1002	Power seating system, tilt only	HCPC	Letter of medical Necessity supporting need for the wheelchair accessory
	Wheelchair accessory, power seating system, recline only, without shear		
E1003	reduction	HCPC	Letter of medical Necessity supporting need for the wheelchair accessory
	Wheelchair accessory, power seating system, recline only, with mechanical		
E1004	shear reduction	HCPC	Letter of medical Necessity supporting need for the wheelchair accessory
	Wheelchair accessory, power seatng System, recline only, with power shear		
E1005	reduction	HCPC	Letter of medical Necessity supporting need for the wheelchair accessory
E1006	Power seating system, combination tilt and recline, without shear reduction	HCPC	Letter of medical Necessity supporting need for the wheelchair accessory
	Power seating system, combination tilt and recline, with mechanical sheer		
E1007	reduction	НСРС	Letter of medical Necessity supporting need for the wheelchair accessory

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## **Prior Authorization Code List**

Code Name	Code Description	Code Type	Records Request
E1008	Power seating system, combination tilt and recline, with power shear reduction	HCPC	Letter of medical Necessity supporting need for the wheelchair accessory
	Addition to power seating system, mechanically linked leg elevation system,		, , , , , , , , , , , , , , , , , , , ,
E1009	including pushrod and leg rest, each	HCPC	Letter of medical Necessity supporting need for the wheelchair accessory
	Addition to power seating system, power leg elevation system, including leg		, , , , , , , , , , , , , , , , , , , ,
E1010	rest, pair	HCPC	Letter of medical Necessity supporting need for the wheelchair accessory
	Modification to pediatric size wheelchair, width adjustment package (not to be		, , , ,
E1011	dispensed with initial chair)	HCPC	Letter of medical Necessity supporting need for the wheelchair accessory
E1014	Reclining back, addition to pediatric size wheelchair	HCPC	Letter of medical Necessity supporting need for the wheelchair accessory
			History and Physical to Include the following: diagnosis; abilities and limitations as
			they relate to the equipment (e.g., degree of independence/ dependence, frequency
			and nature of the activities the patient performs, duration of medical condition, Past
E1031	Rollabout chair, any and all types with casters five inches or greater	HCPC	experience if any using similar equipment, Evaluation of upper extremity strength
			History and Physical to Include the following: diagnosis; abilities and limitations as
			they relate to the equipment (e.g., degree of independence/ dependence, frequency
	Multi positional patient transfer system, with integrated seat, operated by		and nature of the activities the patient performs, duration of medical condition, Past
E1035	caregiver	HCPC	experience if any using similar equipment, Evaluation of upper extremity strength
			History and Physical to Include the following: diagnosis; abilities and limitations as
			they relate to the equipment (e.g., degree of independence/ dependence, frequency
	Multi-positional patient transfer system, extra-wide, with integrated seat,		and nature of the activities the patient performs, duration of medical condition, Past $$
E1036	operated by caregiver, patient weight capacity greater than 300 lbs	HCPC	experience if any using similar equipment, Evaluation of upper extremity strength
			History and Physical to Include the following: diagnosis; abilities and limitations as
			they relate to the equipment (e.g., degree of independence/ dependence, frequency
			, , , , , , , , , , , , , , , , , , , ,
			and nature of the activities the patient performs, duration of medical condition, Past
E1037	Transport chair, pediatric size	HCPC	experience if any using similar equipment, Evaluation of upper extremity strength
			History and Physical to Include the following: diagnosis; abilities and limitations as
			they relate to the equipment (e.g., degree of independence/ dependence, frequency
	Transport chair, adult size, patient weight capacity up to an including 300		and nature of the activities the patient performs, duration of medical condition, Past
E1038		нсрс	• • •
E1038	pounds	псес	experience if any using similar equipment, Evaluation of upper extremity strength
			History and Physical to Include the following: diagnosis; abilities and limitations as
			they relate to the equipment (e.g., degree of independence/ dependence, frequency
	Transport chair, adult size, heavy duty, patient weight capacity greater than		and nature of the activities the patient performs, duration of medical condition, Past
E1039	300 pounds	НСРС	experience if any using similar equipment, Evaluation of upper extremity strength
L1033	Joo poulius	HEFE	experience if any using similar equipment, Evaluation of upper extremity strength

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## **Prior Authorization Code List**

Code Name	Code Description	Code Type	
			History and Physical to Include the following: diagnosis; abilities and limitations as
			they relate to the equipment (e.g., degree of independence/ dependence, frequency
			and nature of the activities the patient performs, duration of medical condition, Past
			experience if any using similar equipment, Evaluation of upper extremity strength.
	Fully-reclining wheelchair, fixed full-length arms, swing-away detachable		Include invoice of cost for item.
E1050	elevating legrests	HCPC	
			History and Physical to Include the following: diagnosis; abilities and limitations as
			they relate to the equipment (e.g., degree of independence/ dependence, frequency
			and nature of the activities the patient performs, duration of medical condition, Past
			experience if any using similar equipment, Evaluation of upper extremity strength.
	Fully-reclining wheelchair, detachable arms, desk or full-length, swing-away		Include invoice of cost for item.
E1060	detachable elevating legrests	HCPC	
			History and Physical to Include the following: diagnosis; abilities and limitations as
			they relate to the equipment (e.g., degree of independence/ dependence, frequency
			and nature of the activities the patient performs, duration of medical condition, Past
			experience if any using similar equipment, Evaluation of upper extremity strength.
	Fully-reclining wheelchair, detachable arms (desk or full-length) swing-away		Include invoice of cost for item.
E1070	detachable footrest	HCPC	
			History and Physical to Include the following: diagnosis; abilities and limitations as
			they relate to the equipment (e.g., degree of independence/ dependence, frequency
			and nature of the activities the patient performs, duration of medical condition, Past
			experience if any using similar equipment, Evaluation of upper extremity strength.
	Hemi-wheelchair; fixed full-length arms, swing-away, detachable, elevating		Include invoice of cost for item.
E1083	legrests	HCPC	History and Dhysical to Individe the following, diagnosis, chilibias and limitations
			History and Physical to Include the following: diagnosis; abilities and limitations as
			they relate to the equipment (e.g., degree of independence/ dependence, frequency
			and nature of the activities the patient performs, duration of medical condition, Past
			experience if any using similar equipment, Evaluation of upper extremity strength.
	Hemi-wheelchair, detachable arms desk or full-length arms, swing-away		Include invoice of cost for item.
E1084	detachable elevating legrests	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as
			they relate to the equipment (e.g., degree of independence/ dependence, frequency
			and nature of the activities the patient performs, duration of medical condition, Past
			experience if any using similar equipment, Evaluation of upper extremity strength.
			Include invoice of cost for item.
E1085	Hemi-wheelchair, fixed full-length arms, swing-away detachable footrests	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as
			they relate to the equipment (e.g., degree of independence/ dependence, frequency
			and nature of the activities the patient performs, duration of medical condition, Past
			experience if any using similar equipment, Evaluation of upper extremity strength.
	Hemi-wheelchair, detachable arms, desk or full-length, swing-away detachable		Include invoice of cost for item.
E1086	footrests	HCPC	

List updated 07/31/2014

Items on this list will require prior authorization (via pre-service review) for medical necessity, contract limitations and exclusions, experimental or investigational services.

## **Prior Authorization Code List**

High strength lightweight wheelchair, detachable arms desk or full-length, swing-away detachable footrest  High-strength lightweight wheelchair, fixed-length arms, swing-away detachable footrests  High-strength lightweight wheelchair, fixed-length arms, swing-away detachable footrests  High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrests  High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrests  High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrests  High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrests  High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrests  High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrests  High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrests  High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrests  High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrests  High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrests  High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrests  High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrests  High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrests  High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrests  High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrests  High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrests  High-strength l
High strength lightweight wheelchair, fixed full-length arms, swing-away detachable elevating legrests  HCPC  History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment, Evaluation of upper extremity strength. Include invoice of cost for item.  High-strength lightweight wheelchair, detachable arms, swing-away detachable footrest  High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrest  High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrest  High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrest  High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrest  High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrest  High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrest  High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrest  High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrests  High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrests  High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrests  High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrests  High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrests  High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrests  High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrests  High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrests  High-strength lightweight whe
High strength lightweight wheelchair, fixed full-length arms, swing-away detachable elevating legrests  High strength lightweight wheelchair, detachable arms desk or full-length, swing-away detachable elevating legrests  High-strength lightweight wheelchair, fixed-length arms, swing-away detachable footrest  High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrest  High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrest  High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrest  High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrest  High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrest  High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrest  High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrest  High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrests  High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrests  High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrests  High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrests  High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrests  High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrests  High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrests  High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrests  High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrests
High strength lightweight wheelchair, fixed full-length arms, swing-away detachable elevating legrests  HCPC  History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength. Include invoice of cost for item.  HEPC  History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength experience if any using similar equipment, Evaluation of upper extremity strength High-strength lightweight wheelchair, detachable arms, desk or full-length, High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrest  High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrests  High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrests  High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrests  High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrests  High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrests  High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrests  High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrests  High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrests  High-strength lightweight wheelchair, detachable arms, desk or full-length, swin
HCPC  History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence) frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength. Include invoice of cost for item.  High-strength lightweight wheelchair, fixed-length arms, swing-away detachable footrest  High-strength lightweight wheelchair, fixed-length arms, swing-away detachable footrest  High-strength lightweight wheelchair, detachable arms, desk or full-length, High-strength lightweight wheelchair, detachable arms, desk or full-length, High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrest  High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrest  High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrest  High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrest  High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrests  High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrests  High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrests  High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrests  High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrests  High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrests  High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrests  High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrests  High-strength lightweight wheelchair, detach
History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength. Include invoice of cost for item.  High-strength lightweight wheelchair, fixed-length arms, swing-away detachable footrest  High-strength lightweight wheelchair, detachable arms, desk or full-length, High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrest  High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrest  High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrest  High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrests  High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrests  High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrests  High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrests  High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrests  High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrests  High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrests  High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrests  High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrests  High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrest  High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detacha
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and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength. Include invoice of cost for item.  HECPC  History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength HCPC  History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment, Evaluation of upper extremity strength experience if any using similar equipment, Evaluation of upper extremity strength to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength experience if any using similar equipment, Evaluation of upper extremity strength experience if any using similar equipment, Evaluation of upper extremity strength experience if any using similar equipment, Evaluation of upper extremity strength experience if any using similar equipment, Evaluation of upper extremity strength experience if any using similar equipment, Evaluation of upper extremity strength experience if any using similar equipment, Evaluation of upper extremity strength experience if any using similar equipment, Evaluation of upper extremity strength experience if any using similar equipment, Evaluation of upper extremity strength experience if any using similar equipment, Evaluation of upper extremity strength experience if any using similar equipment (e.g., degree of independence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment (e.g., degree of independence).
High strength lightweight wheelchair, detachable arms desk or full-length, swing-away detachable elevating legrests  HCPC  History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of upper extremity strength experience if any using similar equipment, Evaluation of upper extremity strength lightweight wheelchair, fixed-length arms, swing-away detachable footrest  HISTORY and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment, Evaluation of upper extremity strength experience if any using similar equipment, Evaluation of upper extremity strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrests  HISTORY and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength  HISTORY and Physical to Include the following: diagnosis; abilities and limitations as experience if any using similar equipment, Evaluation of upper extremity strength experience if any using similar equipment, Evaluation of upper extremity strength experience if any using similar equipment, Evaluation of upper extremity strength experience if any using similar equipment, Evaluation of upper extremity strength experience if any using similar equipment, Evaluation of upper extremity strength experience if any using similar equipment, Evaluation of upper extremity strength experience if any using similar equipment, Evaluation of upper extremity strength.
High strength lightweight wheelchair, detachable arms desk or full-length, swing-away detachable elevating legrests  HCPC  History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength HCPC  History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of upper extremity strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrests  HCPC  History and Physical to Include the following: diagnosis; abilities and limitations as experience if any using similar equipment, Evaluation of upper extremity strength experience if any using similar equipment, Evaluation of upper extremity strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrests  HCPC  History and Physical to Include the following: diagnosis; abilities and limitations as experience if any using similar equipment, Evaluation of upper extremity strength experience if any using similar equipment, Evaluation of upper extremity strength experience if any using similar equipment, Evaluation of upper extremity strength experience if any using similar equipment, Evaluation of upper extremity strength experience if any using similar equipment, Evaluation of upper extremity strength experience if any using similar equipment, Evaluation of upper extremity strength experience if any using similar equipment, Evaluation of upper extremity strength experience if any using similar equipment, Evaluation of upper extremity strength experience if any using similar equipment, Evaluation of upper extremity strength experience if any using similar equipment ex
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High-strength lightweight wheelchair, fixed-length arms, swing-away detachable footrest  High-strength lightweight wheelchair, fixed-length arms, swing-away detachable footrest  HCPC  History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of upper extremity strength experience if any using similar equipment, Evaluation of upper extremity strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrests  HCPC  History and Physical to Include the following: diagnosis; abilities and limitations as experience if any using similar equipment, Evaluation of upper extremity strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrests  HCPC  History and Physical to Include the following: diagnosis; abilities and limitations as
High-strength lightweight wheelchair, fixed-length arms, swing-away detachable footrest  HCPC  History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength HCPC  HISTORY and Physical to Include the following: diagnosis; abilities and limitations as
History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength swing-away detachable footrests  HCPC  History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength HCPC  History and Physical to Include the following: diagnosis; abilities and limitations as
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and nature of the activities the patient performs, duration of medical condition, Past High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrests  HCPC History and Physical to Include the following: diagnosis; abilities and limitations as
High-strength lightweight wheelchair, detachable arms, desk or full-length, experience if any using similar equipment, Evaluation of upper extremity strength  HCPC  History and Physical to Include the following: diagnosis; abilities and limitations as
1.090 swing-away detachable footrests HCPC History and Physical to Include the following: diagnosis; abilities and limitations as
History and Physical to Include the following: diagnosis; abilities and limitations as
they relate to the equipment (e.g., degree of independence, dependence, nequency
and nature of the activities the patient performs, duration of medical condition, Past
experience if any using similar equipment, Evaluation of Inedical Condition, Fast
Wide heavy-duty wheel chair, detachable arms (desk or full-length), swing- away detachable elevating legrests  HCPC
LO92 away detachable elevating legrests HCPC History and Physical to Include the following: diagnosis; abilities and limitations as
they relate to the equipment (e.g., degree of independence/ dependence, frequency
and nature of the activities the patient performs, duration of medical condition, Past
experience if any using similar equipment, Evaluation of upper extremity strength.
Wide heavy-duty wheelchair, detachable arms, desk or full-length arms, swing- Include invoice of cost for item.
1.093 away detachable footrests HCPC
History and Physical to Include the following: diagnosis; abilities and limitations as
they relate to the equipment (e.g., degree of independence/ dependence, frequency
and nature of the activities the patient performs, duration of medical condition, Past
experience if any using similar equipment, Evaluation of upper extremity strength.
Semi-reclining wheelchair, fixed full-length arms, swing-away detachable Include invoice of cost for item.
1100 elevating legrests HCPC

List updated 07/31/2014

Items on this list will require prior authorization (via pre-service review) for medical necessity, contract limitations and exclusions, experimental or investigational services.

## **Prior Authorization Code List**

Code Name	Code Description	Code Type	Records Request
Code Name	Code Description	code Type	History and Physical to Include the following: diagnosis; abilities and limitations as
			they relate to the equipment (e.g., degree of independence/ dependence, frequency
			and nature of the activities the patient performs, duration of medical condition, Past
			experience if any using similar equipment, Evaluation of upper extremity strength.
	Semi-reclining wheelchair, detachable arms (desk or full-length) elevating		Include invoice of cost for item.
E1110	legrest	HCPC	
			History and Physical to Include the following: diagnosis; abilities and limitations as
			they relate to the equipment (e.g., degree of independence/ dependence, frequency
			and nature of the activities the patient performs, duration of medical condition, Past
			experience if any using similar equipment, Evaluation of upper extremity strength.
	Standard wheelchair; fixed full-length arms, fixed or swing-away, detachable		Include invoice of cost for item.
E1130	footrests	HCPC	
			History and Physical to Include the following: diagnosis; abilities and limitations as
			they relate to the equipment (e.g., degree of independence/ dependence, frequency
			and nature of the activities the patient performs, duration of medical condition, Past
			experience if any using similar equipment, Evaluation of upper extremity strength.
	Wheelchair, detachable arms, desk or full-length; swing-away, detachable		Include invoice of cost for item.
E1140	footrests	HCPC	
			History and Physical to Include the following: diagnosis; abilities and limitations as
			they relate to the equipment (e.g., degree of independence/ dependence, frequency
			and nature of the activities the patient performs, duration of medical condition, Past
			experience if any using similar equipment, Evaluation of upper extremity strength.
	Wheelchair, detachable arms, desk or full-length swing-away detachable		Include invoice of cost for item.
E1150	elevating legrests	HCPC	
			History and Physical to Include the following: diagnosis; abilities and limitations as
			they relate to the equipment (e.g., degree of independence/ dependence, frequency
			and nature of the activities the patient performs, duration of medical condition, Past
			experience if any using similar equipment, Evaluation of upper extremity strength.
			Include invoice of cost for item.
E1160	Wheelchair, fixed full-length arms, swing-away, detachable, elevating legrests	HCPC	
			History and Physical to Include the following: diagnosis; abilities and limitations as
			they relate to the equipment (e.g., degree of independence/ dependence, frequency
			and nature of the activities the patient performs, duration of medical condition, Past
			experience if any using similar equipment, Evaluation of upper extremity strength
E1161	Manual adult size wheelchair, includes tilt in space	HCPC	
			History and Physical to Include the following: diagnosis; abilities and limitations as
			they relate to the equipment (e.g., degree of independence/ dependence, frequency
			and nature of the activities the patient performs, duration of medical condition, Past
			experience if any using similar equipment, Evaluation of upper extremity strength.
	Amputee wheelchair; fixed full-length arms, swing-away, detachable, elevating		Include invoice of cost for item.
E1170	legrests	HCPC	
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List updated 07/31/2014

Items on this list will require prior authorization (via pre-service review) for medical necessity, contract limitations and exclusions, experimental or investigational services.

# **Prior Authorization Code List**

Code Name	Code Description	Code Type	Records Request
	·		History and Physical to Include the following: diagnosis; abilities and limitations as
			they relate to the equipment (e.g., degree of independence/ dependence, frequency
			and nature of the activities the patient performs, duration of medical condition, Past
			experience if any using similar equipment, Evaluation of upper extremity strength.
			Include invoice of cost for item.
E1171	Amputee wheelchair, fixed full-length arms, without footrests or legrest	HCPC	
			History and Physical to Include the following: diagnosis; abilities and limitations as
			they relate to the equipment (e.g., degree of independence/ dependence, frequency
			and nature of the activities the patient performs, duration of medical condition, Past
			experience if any using similar equipment, Evaluation of upper extremity strength.
	Amputee wheelchair, detachable arms (desk or full-length) without footrests or		Include invoice of cost for item.
E1172	legrest	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as
			they relate to the equipment (e.g., degree of independence/ dependence, frequency
			and nature of the activities the patient performs, duration of medical condition, Past
			experience if any using similar equipment, Evaluation of upper extremity strength.
	Amputee wheelchair, detachable arms (desk or full-length) swing-away		Include invoice of cost for item.
E1180	detachable footrests	нсрс	include invoice of cost for item.
21100	uctualitatic rooticsts	11010	History and Physical to Include the following: diagnosis; abilities and limitations as
			they relate to the equipment (e.g., degree of independence/ dependence, frequency
			and nature of the activities the patient performs, duration of medical condition, Past
			experience if any using similar equipment, Evaluation of upper extremity strength.
	Amputee wheelchair, detachable arms (desk or full-length) swing-away		Include invoice of cost for item.
E1190	detachable elevating legrests	HCPC	
			History and Physical to Include the following: diagnosis; abilities and limitations as
			they relate to the equipment (e.g., degree of independence/ dependence, frequency
			and nature of the activities the patient performs, duration of medical condition, Past
			experience if any using similar equipment, Evaluation of upper extremity strength.
	Heavy duty wheelchair; fixed full-length arms, swing-away, detachable,		Include invoice of cost for item.
E1195	elevating legrests	HCPC	History and Physical to Include the following: diagnosis; abilities and limitations as
			they relate to the equipment (e.g., degree of independence/ dependence, frequency
			and nature of the activities the patient performs, duration of medical condition, Past
			experience if any using similar equipment, Evaluation of upper extremity strength.
			Include invoice of cost for item.
E1200	Amputee wheelchair; fixed full-length arms, swing-away, detachable footrests	НСРС	mediate invoice of cost for feeling
	pareeearmin, inca ian iengin aring, swing away, actainable tootiests	11010	
			History and Physical to Include the following: diagnosis; abilities and limitations as
			they relate to the equipment (e.g., degree of independence/ dependence, frequency
	Wheelchair; specially sized or constructed, (indicate brand name, model		and nature of the activities the patient performs, duration of medical condition, Past
E1220	number, if any) and justification	HCPC	experience if any using similar equipment, Evaluation of upper extremity strength

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# **Prior Authorization Code List**

Code Name	Code Description	Code Type	Records Request
	·	•	History and Physical to Include the following: diagnosis; abilities and limitations as
			they relate to the equipment (e.g., degree of independence/ dependence, frequency
			and nature of the activities the patient performs, duration of medical condition, Past
			experience if any using similar equipment, Evaluation of upper extremity strength.
			Include invoice of cost for item.
E1221	Wheelchair with fixed arm, footrests	HCPC	
			History and Physical to Include the following: diagnosis; abilities and limitations as
			they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past
			experience if any using similar equipment, Evaluation of upper extremity strength.
			Include invoice of cost for item.
E1222	Wheelchair with fixed arm, elevating legrests	НСРС	include invoice of cost for item.
LIZZZ	white ith in the arm, elevating legiests	псес	History and Physical to Include the following: diagnosis; abilities and limitations as
			they relate to the equipment (e.g., degree of independence/ dependence, frequency
			and nature of the activities the patient performs, duration of medical condition, Past
			experience if any using similar equipment, Evaluation of upper extremity strength.
E1223	Wheelchair with detachable arms, footrests	HCPC	Include invoice of cost for item.
			History and Physical to Include the following: diagnosis; abilities and limitations as
			they relate to the equipment (e.g., degree of independence/ dependence, frequency
			and nature of the activities the patient performs, duration of medical condition, Past
			experience if any using similar equipment, Evaluation of upper extremity strength.
E1224	Wheelchair with detachable arms, elevating legrests	HCPC	Include invoice of cost for item.
			History and Physical to Include the following: diagnosis; abilities and limitations as
			they relate to the equipment (e.g., degree of independence/ dependence, frequency
	Wheelchair accessory, manual semi-reclining back, (recline greater than 15		and nature of the activities the patient performs, duration of medical condition, Past
E1225	degrees, but less than 80 degrees), each	НСРС	experience if any using similar equipment, Evaluation of upper extremity strength
LILLS	acgrees, sucress than 60 acgrees), each	11010	experience if any asing similar equipment, Evaluation of apper extremity strength
			History and Physical to Include the following: diagnosis; abilities and limitations as
			they relate to the equipment (e.g., degree of independence/ dependence, frequency
			and nature of the activities the patient performs, duration of medical condition, Past
E1226	Wheelchair accessory, manual, fully reclining back (recline >80°), each	HCPC	experience if any using similar equipment, Evaluation of upper extremity strength
			Ulan and Discipline to the death of the standard discipline and the factors
			History and Physical to Include the following: diagnosis; abilities and limitations as
			they relate to the equipment (e.g., degree of independence/ dependence, frequency
E1229	Wheelshair pediatric size not atherwise specified	НСРС	and nature of the activities the patient performs, duration of medical condition, Past
E1223	Wheelchair, pediatric size, not otherwise specified	нсес	experience if any using similar equipment, Evaluation of upper extremity strength History and Physical to Include the following: diagnosis; abilities and limitations as
			they relate to the equipment (e.g., degree of independence/ dependence, frequency
			and nature of the activities the patient performs, duration of medical condition, Past
			experience if any using similar equipment, Evaluation of upper extremity strength,
	Power operated vehicle (three- or four-wheel nonhighway), specify brand		Documented inability to propel a manual chair
E1230	name and model number	HCPC	

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# **Prior Authorization Code List**

Code Name	Code Description	Code Type	Records Request
		7,00	
			History and Physical to Include the following: diagnosis; abilities and limitations as
			they relate to the equipment (e.g., degree of independence/ dependence, frequency
			and nature of the activities the patient performs, duration of medical condition, Past
E1231	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system	HCPC	experience if any using similar equipment, Evaluation of upper extremity strength
			History and Physical to Include the following: diagnosis; abilities and limitations as
			they relate to the equipment (e.g., degree of independence/ dependence, frequency
			and nature of the activities the patient performs, duration of medical condition, Past
E1232	Wheelchair; Pediatric size, tilt-in-space, folding, adjustable, with seating system	НСРС	experience if any using similar equipment, Evaluation of upper extremity strength
L1232	wheelchair, reductic size, the mispace, folding, adjustable, with seating system	псес	experience if any using similar equipment, Evaluation of upper extremity strength
			History and Physical to Include the following: diagnosis; abilities and limitations as
			they relate to the equipment (e.g., degree of independence/ dependence, frequency
			and nature of the activities the patient performs, duration of medical condition, Past
E1233	Pediatric size, tilt-in-space, rigid, adjustable, without seating system	HCPC	experience if any using similar equipment, Evaluation of upper extremity strength
			Ulas and and District to the death of all and an all annual addition and the second and the seco
			History and Physical to Include the following: diagnosis; abilities and limitations as
			they relate to the equipment (e.g., degree of independence/ dependence, frequency
	where the state of		and nature of the activities the patient performs, duration of medical condition, Past
E1234	Pediatric size, tilt-in-space, folding adjustable with seating system	НСРС	experience if any using similar equipment, Evaluation of upper extremity strength History and Physical to Include the following: diagnosis; abilities and limitations as
			they relate to the equipment (e.g., degree of independence/ dependence, frequency
			and nature of the activities the patient performs, duration of medical condition, Past
			experience if any using similar equipment, Evaluation of upper extremity strength.
			Include invoice of cost for item.
E1235	Pediatric size, folding, adjustable, with seating system	HCPC	History and Dhysical to Include the tellowing, diagnosis, chilities and limitations as
			History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency
			and nature of the activities the patient performs, duration of medical condition, Past
			experience if any using similar equipment, Evaluation of upper extremity strength.
			Include invoice of cost for item.
E1236	Wheelchair, pediatric size, folding, adjustable, with seating system	НСРС	
	Trice and personal control to the production of the control of the	11010	History and Physical to Include the following: diagnosis; abilities and limitations as
			they relate to the equipment (e.g., degree of independence/ dependence, frequency
			and nature of the activities the patient performs, duration of medical condition, Past
			experience if any using similar equipment, Evaluation of upper extremity strength.
			Include invoice of cost for item.
E1237	Pediatric size, rigid, adjustable, without seating system	HCPC	
			Letter of medical necessity containing the following information: Anticipated length o
			time patient will require the equipment, Description of medical condition requiring
			use of this equipment including mobility status, Surgical procedure description and
			Date if any performed.Include invoice of cost for item.
E1238	Pediatric size, folding, adjustable, without seating system	НСРС	Date if any performed include invoice of cost for item.
L1230	rediative size, iolality, adjustable, without seating system	псес	

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# **Prior Authorization Code List**

Code Name	Code Description	Code Type	Records Request
			History and Physical to Include the following: diagnosis; abilities and limitations as
			they relate to the equipment (e.g., degree of independence/ dependence, frequency
			and nature of the activities the patient performs, duration of medical condition, Past
	Lightweight wheelchair, detachable arms, (desk or full-length) swing-away		experience if any using similar equipment, Evaluation of upper extremity strength.
E1240	detachable, elevating legrest	HCPC	Include invoice of cost for item.
			History and Physical to Include the following: diagnosis; abilities and limitations as
			they relate to the equipment (e.g., degree of independence/ dependence, frequency
			and nature of the activities the patient performs, duration of medical condition, Past
F43F0	History in the control of the death of the control	Hene	experience if any using similar equipment, Evaluation of upper extremity strength.
E1250	Lightweight wheelchair, fixed full-length arms, swing-away detachable footrest	HCPC	Include invoice of cost for item. History and Physical to Include the following: diagnosis; abilities and limitations as
			they relate to the equipment (e.g., degree of independence/ dependence, frequency
			and nature of the activities the patient performs, duration of medical condition, Past
	Lightweight wheelchair, detachable arms (desk or full-length) swing-away		experience if any using similar equipment, Evaluation of upper extremity strength.
E1260	detachable footrest	HCPC	Include invoice of cost for item.
			History and Physical to Include the following: diagnosis; abilities and limitations as
			they relate to the equipment (e.g., degree of independence/ dependence, frequency
			and nature of the activities the patient performs, duration of medical condition, Past
	Lightweight wheelchair, fixed full-length arms, swing-away detachable		experience if any using similar equipment, Evaluation of upper extremity strength.
E1270	elevating legrests	HCPC	Include invoice of cost for item.
			History and Physical to Include the following: diagnosis; abilities and limitations as
			they relate to the equipment (e.g., degree of independence/ dependence, frequency
			and nature of the activities the patient performs, duration of medical condition, Past
			experience if any using similar equipment, Evaluation of upper extremity strength.
E1280	Heavy duty wheelchair; detachable arms, desk or full-length, elevating legrests	HCPC	Include invoice of cost for item.
			History and Physical to Include the following: diagnosis; abilities and limitations as
			they relate to the equipment (e.g., degree of independence/ dependence, frequency
			and nature of the activities the patient performs, duration of medical condition, Past
F420F	Here districts the labels found full learned arms and a second described for the second	Hene	experience if any using similar equipment, Evaluation of upper extremity strength.
E1285	Heavy-duty wheelchair, fixed full-length arms, swing-away detachable footrest	HCPC	Include invoice of cost for item. History and Physical to Include the following: diagnosis; abilities and limitations as
			they relate to the equipment (e.g., degree of independence/ dependence, frequency
			and nature of the activities the patient performs, duration of medical condition, Past
	Heavy-duty wheelchair, detachable arms (desk or full-length) swing-away		experience if any using similar equipment, Evaluation of upper extremity strength.
E1290	detachable footrest	НСРС	Include invoice of cost for item.
			History and Physical to Include the following: diagnosis; abilities and limitations as
			they relate to the equipment (e.g., degree of independence/ dependence, frequency
			and nature of the activities the patient performs, duration of medical condition, Past
			experience if any using similar equipment, Evaluation of upper extremity strength.
E1295	Heavy-duty wheelchair, fixed full-length arms, elevating legrest	HCPC	Include invoice of cost for item.
			Letter of medical necessity containing the following information: Anticipated length o
			time patient will require the equipment, Description of medical condition requiring
	Dynamic adjustable elbow extension/flexion device, includes soft interface		use of this equipment including mobility status, Surgical procedure description and
E1800	material	HCPC	Date if any performed

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# **Prior Authorization Code List**

Code Name	Code Description	Code Type	Records Request
			Letter of medical necessity containing the following information: Anticipated length of
			time patient will require the equipment, Description of medical condition requiring
	Static progressive stretch elbow device, extension and/or flexion, with or		use of this equipment including mobility status, Surgical procedure description and
E1801	without range of motion adjustment, includes all components and accessories	HCPC	Date if any performed
			Letter of medical necessity containing the following information: Anticipated length of
	Domination of the best formation for the strength of the basis of the strength		time patient will require the equipment, Description of medical condition requiring
F4003	Dynamic adjustable forearm pronation/supination device, includes soft	Hene	use of this equipment including mobility status, Surgical procedure description and
E1802	interface material	HCPC	Date if any performed  Letter of medical necessity containing the following information: Anticipated length of
			time patient will require the equipment, Description of medical condition requiring
	Dynamic adjustable wrist extension/flexion device, includes soft interface		use of this equipment including mobility status, Surgical procedure description and
E1805	material	НСРС	Date if any performed
			Letter of medical necessity containing the following information: Anticipated length of
			time patient will require the equipment, Description of medical condition requiring
	Static progressive stretch wrist device, flexion and/or extension, with or		use of this equipment including mobility status, Surgical procedure description and
E1806	without range of motion adjustment, includes all components and accessories	HCPC	Date if any performed
			Letter of medical necessity containing the following information: Anticipated length of
			time patient will require the equipment, Description of medical condition requiring
	Dynamic adjustable knee extension/flexion device, includes soft interface		use of this equipment including mobility status, Surgical procedure description and
E1810	material	НСРС	Date if any performed
			Letter of medical necessity containing the following information: Anticipated length of
	Charles and a state of the stat		time patient will require the equipment, Description of medical condition requiring
54044	Static progressive stretch knee device, extension and/or flexion, with or		use of this equipment including mobility status, Surgical procedure description and
E1811	without range of motion adjustment, includes all components and accessories	HCPC	Date if any performed  Letter of medical necessity containing the following information: Anticipated length of
			time patient will require the equipment, Description of medical condition requiring
			use of this equipment including mobility status, Surgical procedure description and
E1812	Dynamic knee, extension/flexion device with active resistance control	нсрс	Date if any performed
	2 y name in cey extension, nomen across and across to localities		Letter of medical necessity containing the following information: Anticipated length of
			time patient will require the equipment, Description of medical condition requiring
	Dynamic adjustable ankle extension/flexion device, includes soft interface		use of this equipment including mobility status, Surgical procedure description and
E1815	material	HCPC	Date if any performed
			Letter of medical necessity containing the following information: Anticipated length of
			time patient will require the equipment, Description of medical condition requiring
	Static progressive stretch ankle device, flexion and/or extension, with or		use of this equipment including mobility status, Surgical procedure description and
E1816	without range of motion adjustment, includes all components and accessories	HCPC	Date if any performed
			Letter of medical necessity containing the following information: Anticipated length of
	Charles and a short of the same and the standard and the		time patient will require the equipment, Description of medical condition requiring
54040	Static progressive stretch forearm pronation/supination device, with or	Hene	use of this equipment including mobility status, Surgical procedure description and
E1818	without range of motion adjustment, includes all components and accessories	HCPC	Date if any performed  Letter of medical necessity containing the following information: Anticipated length of
			time patient will require the equipment, Description of medical condition requiring
	Replacement soft interface material, dynamic adjustable extension/flexion		use of this equipment including mobility status, Surgical procedure description and
E1820	device	НСРС	Date if any performed
L1020	uevice	псгс	Date if any performed

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# **Prior Authorization Code List**

Code Name		Code Type	
			Letter of medical necessity containing the following information: Anticipated length of
			time patient will require the equipment, Description of medical condition requiring
	Replacement soft interface material/cuffs for bi-directional static progressive		use of this equipment including mobility status, Surgical procedure description and
E1821	stretch device	HCPC	Date if any performed
			Letter of medical necessity containing the following information: Anticipated length o
			time patient will require the equipment, Description of medical condition requiring
	Dynamic adjustable finger extension/flexion device, includes soft interface		use of this equipment including mobility status, Surgical procedure description and
E1825	material	HCPC	Date if any performed
			Letter of medical necessity containing the following information: Anticipated length o
			time patient will require the equipment, Description of medical condition requiring
	Dynamic adjustable toe extension/flexion device, includes soft interface		use of this equipment including mobility status, Surgical procedure description and
E1830	material	HCPC	Date if any performed
			Letter of medical necessity containing the following information: Anticipated length of
			time patient will require the equipment, Description of medical condition requiring
	Static progressive stretch toe device, extension and/or flexion, with or without		use of this equipment including mobility status, Surgical procedure description and
E1831	range of motion adjustment, includes all components and accessories	HCPC	Date if any performed
			Letter of medical necessity containing the following information: Anticipated length o
			time patient will require the equipment, Description of medical condition requiring
	Dynamic adjustable shoulder flexion/abduction/rotation device, includes soft		use of this equipment including mobility status, Surgical procedure description and
E1840	interface material	HCPC	Date if any performed
			Letter of medical necessity containing the following information: Anticipated length of
			time patient will require the equipment, Description of medical condition requiring
	Static progressive stretch shoulder device, with or without range of motion		use of this equipment including mobility status, Surgical procedure description and
E1841	adjustment, includes all components and accessories	HCPC	Date if any performed
F2227	Manual observations are a second out on the colored	Hene	Letter of medical Necessity supporting need for the wheelchair accessory. Include
E2227	Manual wheelchair accessory, gear reduction drive wheel, each	HCPC	invoice of cost for item.  Letter of medical Necessity supporting need for the wheelchair accessory. Include
F2220	Manual substitution and the literature and last accordance and	Hene	
E2228 E2230	Manual wheelchair accessory, wheel braking system and lock, complete, each	HCPC HCPC	invoice of cost for item.
E223U	Manual wheelchair accessory, manual standing system	псрс	Letter of medical Necessity supporting need for the wheelchair accessory
E2291	Back, planar, for pediatric size wheelchair including fixed attaching hardware	НСРС	Letter of medical Necessity supporting need for the wheelchair accessory
LZZJI	back, plantar, for pediatric size wheelchair including fixed attaching hardware	TICI C	Letter of medical recessity supporting need for the wheelchair accessory
E2292	Seat, planar, for pediatric size wheelchair including fixed attaching hardware	НСРС	Letter of medical Necessity supporting need for the wheelchair accessory
LLLJL	Back, contoured, for pediatric size wheelchair including fixed attaching	iici c	tetter of medical recessity supporting need for the wheelerian decessory
E2293	hardware	HCPC	Letter of medical Necessity supporting need for the wheelchair accessory
	Seat, contoured, for pediatric size wheelchair including fixed attaching		zerter or medical recessity supporting need for the interestation decessory
E2294	hardware	HCPC	Letter of medical Necessity supporting need for the wheelchair accessory
	Manual wheelchair accessory, for pediatric size wheelchair, dynamic seating		
E2295	frame, allows coordinated movement of multiple positioning features	HCPC	Letter of medical Necessity supporting need for the wheelchair accessory
	Power wheelchair accessory, electronic connection between wheelchair		7
	controller and one power seating system motor, including all related		
	electronics, indicator feature, mechanical function selection switch, and fixed		
E2310	mounting hardware	HCPC	Letter of medical Necessity supporting need for the wheelchair accessory
			, ,, ,

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# **Prior Authorization Code List**

	Code Description	Carla Tours	December December
Code Name	Code Description Electronic connection between wheelchair controller and two or more power	Code Type	Records Request
F2244	•	Hene	Lake of modical black in the control of the should be about a state of the state of
E2311	seating system motors, including all related electronics, indicator  Power wheelchair accessory, attendant control, proportional, including all	HCPC	Letter of medical Necessity supporting need for the wheelchair accessory
E2331	related electronics and fixed mounting hardware	нсрс	Letter of medical Necessity supporting need for the wheelchair accessory
E2331	Power wheelchair accessory, nonstandard seat frame width, 24-27 in	HCPC	Letter of medical Necessity supporting need for the wheelchair accessory
E2341	Non-standard seat frame depth, 20 or 21 inches	HCPC	Letter of medical Necessity supporting need for the wheelchair accessory
E2343	Power wheelchair accessory, nonstandard seat frame depth, 22-25 in	HCPC	Letter of medical Necessity supporting need for the wheelchair accessory
L2343	Power wheelchair accessory, electronic interface to operate speech generating	псгс	Letter of medical Necessity supporting need for the wheelthall accessory
E2351	device using power wheelchair control interface	HCPC	Letter of medical Necessity supporting need for the wheelchair accessory
L2331	Speech generating device, digitized speech, using pre-recorded messages, less	iici c	Letter of Medical Necessity including length of time equipment needed, functional
E2500	than or equal to eight minutes recording time	HCPC	status if applicable and description of medical condition
L2300	than or equal to eight minutes recording time	TICI C	status ii applicable and description of medical condition
	Speech generating device, digitized speech, using prerecorded messages,		Letter of Medical Necessity including length of time equipment needed, functional
E2502	greater than 8 minutes but less than or equal to 20 minutes recording time	HCPC	status if applicable and description of medical condition
LLJUL	greater than 6 minutes but less than or equal to 20 minutes recording time	11010	status ii applicasie ana aescription of incarcal condition
	Speech generating device, digitized speech, using prerecorded messages,		Letter of Medical Necessity including length of time equipment needed, functional
E2504	greater than 20 minutes but less than or equal to 40 minutes recording time	HCPC	status if applicable and description of medical condition
	Speech generating device, digitized speech, using prerecorded messages,		Letter of Medical Necessity including length of time equipment needed, functional
E2506	greater than 40 minutes recording time	НСРС	status if applicable and description of medical condition
	Speech generating device, synthesized speech, requiring message formulation		Letter of Medical Necessity including length of time equipment needed, functional
E2508	by spelling and access by physical contact with the device	НСРС	status if applicable and description of medical condition
	Speech generating device, synthesized speech, permitting multiple methods of		Letter of Medical Necessity including length of time equipment needed, functional
E2510	message formulation and multiple methods of device access	HCPC	status if applicable and description of medical condition
	Speech generating software program, for personal computer or personal digital		Letter of Medical Necessity including length of time equipment needed, functional
E2511	assistant	HCPC	status if applicable and description of medical condition
			Letter of Medical Necessity including length of time equipment needed, functional
E2512	Accessory for speech generating device, mounting system	HCPC	status if applicable and description of medical condition
			Letter of medical Necessity supporting need for the wheelchair accessory. Include
E2603	Skin protection wheelchair seat cushion, width less than 22 in., any depth	HCPC	invoice of cost for item.
			Letter of medical Necessity supporting need for the wheelchair accessory. Include
E2604	Width 22 in. or greater, any depth	HCPC	invoice of cost for item.
			Letter of medical Necessity supporting need for the wheelchair accessory. Include
E2605	Positioning wheelchair seat cushion, width less than 22 in., any depth	HCPC	invoice of cost for item.
			Letter of medical Necessity supporting need for the wheelchair accessory. Include
E2606	Width 22 in. or greater, any depth	HCPC	invoice of cost for item.
	Skin protection and positioning wheelchair seat cushion, width less than 22 in.,		Letter of medical Necessity supporting need for the wheelchair accessory. Include
E2607	any depth	HCPC	invoice of cost for item.
			Letter of medical Necessity supporting need for the wheelchair accessory. Include
E2608	Width 22 in. or greater, any depth	HCPC	invoice of cost for item.
			Letter of medical Necessity supporting need for the wheelchair accessory. Include
E2609	Custom fabricated wheelchair seat cushion, any size	HCPC	invoice of cost for item.
E2610	Wheelchair seat cushion, powered	HCPC	Letter of medical Necessity supporting need for the wheelchair accessory
	Positioning wheelchair back cushion, posterior, width less than 22 in., any		
E2613	height, including any type mounting hardware	HCPC	Letter of medical Necessity supporting need for the wheelchair accessory

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# **Prior Authorization Code List**

Code Name	Code Description	Code Type	Records Request
	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
E2614	Width 22 in. or greater, any height, including any type mounting hardware	HCPC	Letter of medical Necessity supporting need for the wheelchair accessory
	Posterior-lateral, width less than 22 in., any height, including any type		
E2615	mounting hardware	HCPC	Letter of medical Necessity supporting need for the wheelchair accessory
E2616	Width 22 in. or greater, any height, including any type mounting hardware	HCPC	Letter of medical Necessity supporting need for the wheelchair accessory
	Custom fabricated wheelchair back cushion, any size, includes any type		
E2617	mounting hardware	HCPC	Letter of medical Necessity supporting need for the wheelchair accessory
	Positioning wheelchair back cushion, planar back with lateral supports, width		
E2620	less than 22 in., any height, including any type mounting hardware	HCPC	Letter of medical Necessity supporting need for the wheelchair accessory
E2621	Width 22 in. or greater, any height, including any type mounting hardware	HCPC	Letter of medical Necessity supporting need for the wheelchair accessory
	Skin protection wheelchair seat cushion, adjustable, width less than 22 in, any		
E2622	depth	HCPC	Letter of medical Necessity supporting need for the wheelchair accessory
	Skin protection wheelchair seat cushion, adjustable, width 22 in or greater, any		Letter of medical Necessity supporting need for the wheelchair accessory. Include
E2623	depth Skin protection and positioning wheelchair seat cushion, adjustable, width less	HCPC	invoice of cost for item.  Letter of medical Necessity supporting need for the wheelchair accessory. Include
F2C24		Hene	, ,
E2624	than 22 in, any depth Skin protection and positioning wheelchair seat cushion, adjustable, width 22	HCPC	invoice of cost for item.  Letter of medical Necessity supporting need for the wheelchair accessory. Include
E2625	in or greater, any depth	НСРС	invoice of cost for item.
E2025	Percutaneous islet cell transplant, includes portal vein catheterization and	псес	If transplant approval on record: Date of Transplant If no Transplant approval:
G0341	infusion	нсрс	History and Physical, Transplant evaluation, and date of transplant
00341	Laparoscopy for islet cell transplant, includes portal vein catheterization and	псгс	If transplant approval on record: Date of Transplant If no Transplant approval:
G0342	infusion	HCPC	History and Physical, Transplant evaluation, and date of transplant
	Laparotomy for islet cell transplant, includes portal vein catheterization and		If transplant approval on record: Date of Transplant If no Transplant approval:
G0343	infusion	НСРС	History and Physical, Transplant evaluation, and date of transplant
			The state of the s
	Insertion or replacement of a permanent pacing cardioverter-defibrillator		
	system with transvenous lead(s), single or dual chamber with insertion of		
G0448	pacing electrode, cardiac venous system, for left ventricular pacing	HCPC	History and Physical, documentation of medical necessity and procedure report
			History and physical demonstrating reason for requested medication, lab work if
			applicable, dosage and duration of treatment, office notes related to condition,
J0129	Injection, abatacept, 10 mg	HCPC	medical necessity and documentation of previous therapies/treatments tried
			History and physical demonstrating reason for requested medication, lab work if
			applicable, dosage and duration of treatment, office notes related to condition,
J0215	Injection, alefacept, 0.5 mg	HCPC	medical necessity and documentation of previous therapies/treatments tried
J0490	Injection, belimumab, 10 mg	HCPC	History and physical, documentation of medical necessity, treatment plan
			History and physical indicating medical necessity. Documentation of previous
J0585	Botulinum toxin type A, per unit	HCPC	therapies/treatments tried and results of the treatments

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# **Prior Authorization Code List**

Code Name	Code Description	Code Type	Records Request
			History and physical demonstrating reason for requested medication, lab work if
			applicable, dosage and duration of treatment, office notes related to condition,
J0586	Injection, abobotulinumtoxinA, 5 units	HCPC	medical necessity and documentation of previous therapies/treatments tried
			History and physical demonstrating reason for requested medication, lab work if
			applicable, dosage and duration of treatment, office notes related to condition,
J0587	Botulinum type B, per 100 units	НСРС	medical necessity and documentation of previous therapies/treatments tried
30307	botamiam type B, per 100 ams	11010	medical necessity and documentation of previous therapies, a cathletts thed
			History and physical demonstrating reason for requested medication, lab work if
			applicable, dosage and duration of treatment, office notes related to condition,
J0588	Injection, incobotulinumtoxinA, 1 unit	HCPC	medical necessity and documentation of previous therapies/treatments tried
	Injection, certolizumab pegol, 1 mg (code may be used for Medicare when drug		
	administered under the direct supervision of a physician, not for use when		History and Physical, clinical notes related to a condition being treated,
J0717	drug is self administered)	HCPC	documentation of previous therapies tried and failed.
			History and Physical, Office notes related to a condition being treated, documentation
J0718	Injection, certolizumab pegol, 1 mg	HCPC	of previous therapies tried and failed.
			Effective DOS 6/1/2012 submit chart notes from the ordering physician including
			history and physical with Hgb level and transferrin saturation or ferritin level within 1
J0881	Injection, darbepoetin alfa, 1 mcg (non-ESRD use)	HCPC	month of initiating ESA and monthly. Allow under age 18.
			Effective DOS 6/1/2012 submit chart notes from the ordering physician including
			history and physical with Hgb level and transferrin saturation or ferritin level within 1
J0882	Injection, darbepoetin alfa, 1 mcg (for ESRD on dialysis)	HCPC	month of initiating ESA and monthly. Allow under age 18.
			Effective DOS 6/1/2012 submit chart notes from the ordering physician including
			history and physical with Hgb level and transferrin saturation or ferritin level within 1
J0885	Injection, epoetin alfa, (for non-ESRD use), 1000 units	HCPC	month of initiating ESA and monthly. Allow under age 18.
			Effective DOS 6/1/2012 submit chart notes from the ordering physician including
			history and physical with Hgb level and transferrin saturation or ferritin level within 1
10886	Injection, epoetin alfa, 1000 units (for ESRD on dialysis)	HCPC	month of initiating ESA and monthly. Allow under age 18.
			History and physical demonstrating reason for requested medication, lab work if
			applicable, dosage and duration of treatment, office notes related to condition,
J1325	Injection, epoprostenol, 0.5 mg	нсрс	medical necessity and documentation of previous therapies/treatments tried
11323	Injection, epoplosterior, 0.5 mg Injection, immune globulin (Privigen), intravenous, nonlyophilized (e.g., liquid),	псгс	medical necessity and documentation of previous therapies, treatments thed
J1459	500 mg	НСРС	History and Physical and recent lab work
31433	Injection, immune globulin, (Gammaplex), intravenous, nonlyophilized (e.g.,	ner c	mistory and r mysical and recent lab work
J1557	liquid), 500 mg	HCPC	History and Physical and recent lab work
J1559	Injection, immune globulin (Hizentra), 100 mg	HCPC	History and Physical and recent lab work
	Injection, immune globulin, (Gamunex), intravenous, nonlyophilized (e.g.,		, , , , , , , , , , , , , , , , , , , ,
J1561	liquid), 500 mg	HCPC	History and Physical and recent lab work
J1562	Injection, immune globulin (Vivaglobin), 100 mg	HCPC	History and Physical and recent lab work
	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not		
J1566	otherwise specified, 500 mg	HCPC	History and Physical and recent lab work
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# **Prior Authorization Code List**

Code Name	Code Description	Code Type	Records Request
	Injection, immune globulin, (Octagam), intravenous, nonlyophilized (e.g.,	,,,	
J1568	liquid), 500 mg	HCPC	History and Physical and recent lab work
	Injection, immune globulin, (Gammagard liquid), intravenous, nonlyophilized,		· ·
J1569	(e.g., liquid), 500 mg	HCPC	History and Physical and recent lab work
	Injection, immune globulin, (Flebogamma/Flebogamma Dif), intravenous,		· · ·
J1572	nonlyophilized (e.g., liquid), 500 mg	HCPC	History and Physical and recent lab work
	Injection, immune globulin, intravenous, nonlyophilized (e.g., liquid), not		
J1599	otherwise specified, 500 mg	HCPC	History and Physical and recent lab work
			History and Physical, clinical notes related to a condition being treated,
J1602	Injection, golimumab, 1 mg, for intravenous use	HCPC	documentation of previous therapies tried and failed.
			History and physical including prior treatments and results. Do not send infusion
J1745	Injection infliximab, 10 mg	HCPC	records!
J2170	Injection, mecasermin, 1 mg	HCPC	History and Physical, including prior treatments and proposed treatment plan
			History and physical demonstrating reason for requested medication, lab work if
			applicable, dosage and duration of treatment, office notes related to condition,
J2357	Injection, omalizumab, 5 mg	HCPC	medical necessity and documentation of previous therapies/treatments tried
			History and physical demonstrating reason for requested medication, lab work if
			applicable, dosage and duration of treatment, office notes related to condition,
J2503	Injection, pegaptanib sodium, 0.3 mg	НСРС	medical necessity and documentation of previous therapies/treatments tried
			History and why sized demonstrating reason for required modification, John work if
			History and physical demonstrating reason for requested medication, lab work if
	- · · · · · · · · · · · · · · · · · · ·		applicable, dosage and duration of treatment, office notes related to condition,
J2778	Treatment for Age Related Macular Degeneration (AMD)	HCPC	medical necessity and documentation of previous therapies/treatments tried History and physical demonstrating reason for requested medication, dosage and
12262	Introduce Analtherman American	Hene	, , ,
J3262	Injection, tocilizumab, 1 mg (Actemra)	HCPC	duration of treatment, office notes related to condition
			History and physical demonstrating reason for requested medication, lab work if
			applicable, dosage and duration of treatment, office notes related to condition,
J3285	Injection, treprostinil, 1 mg	НСРС	medical necessity and documentation of previous therapies/treatments tried
J3357	Injection, treprostini, 1 mg	HCPC	History and Physical, clinical notes from ordering provider, treatment plan
3337	injection, ustermuniab, 1 mg	псес	History and Physical including prior treatments and proposed treatment plan. Please
J9035	Injection, bevacizumab, 10 mg	НСРС	do not send infusion records. Allow if billed with diagnosis code 362.52.
J9055	Injection, cetuximab, 10 mg	HCPC	History and Physical, including prior treatments and proposed treatment plan
33033	injection, ectaximus, 20 mg	iici c	Thistory and this season medianing prior decarries and proposed decarries pain
			PHARMACY: Fax BA to Pharmacy review @ 888-260-9836. Submit office notes related
			to condition, medical necessity and documentation of previous therapies/treatments
J9213	Injection, interferon, alfa-2a, recombinant, 3 million units	НСРС	tried,dosage and duration of treatment. Review Pegasys only.
	ngestern, meet et en au Eu, recombinant, e million ante	11010	and an action of decement netters i charge only
			PHARMACY: Fax BA to Pharmacy review @ 888-260-9836. Submit office notes related
			to condition, medical necessity and documentation of previous therapies/treatments
J9214	Injection, interferon, alfa-2b, recombinant, 1 million units	НСРС	tried, dosage and duration of treatment. Review Peg-Intron only.
			, , , , , , , , , , , , , , , , , , , ,

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# **Prior Authorization Code List**

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			History and physical demonstrating reason for requested medication, lab work if
			applicable, dosage and duration of treatment, office notes related to condition,
	ction, gemtuzumab ozogamicin, 5 mg	HCPC	medical necessity and documentation of previous therapies/treatments tried
J9303 Inje	ction, panitumumab, 10 mg	HCPC	History and Physical, including prior treatments and proposed treatment plan
			History and physical demonstrating reason for requested medication, dosage and
J9310 Inje	ction, rituximab, 100 mg	HCPC	duration of treatment, office notes related to condition. Do not send infusion records!  History and physical demonstrating reason for requested medication, and lab work
10255	ation to attend to the second second	HCDC	, , , , , , , , , , , , , , , , , , , ,
J9355 Inje	ction, trastuzumab, 10 mg	HCPC	demonstrating HER-2/neu over expression. Do not send infusion records! History and Physical to Include the following: diagnosis; abilities and limitations as
			they relate to the equipment (e.g., degree of independence/ dependence, frequency
			and nature of the activities the patient performs, duration of medical condition, Past
			experience if any using similar equipment, Evaluation of upper extremity strength.
			Include invoice of cost for item.
K0003 Ligh	tweight wheelchair	HCPC	
			History and Physical to Include the following: diagnosis; abilities and limitations as
			they relate to the equipment (e.g., degree of independence/ dependence, frequency
			and nature of the activities the patient performs, duration of medical condition, Past
K0004 High	n strength, lightweight wheelchair	HCPC	experience if any using similar equipment, Evaluation of upper extremity strength
			Distance of Observation to the death of the state of the
			History and Physical to Include the following: diagnosis; abilities and limitations as
			they relate to the equipment (e.g., degree of independence/ dependence, frequency
KOOOL III	attalia	HCDC	and nature of the activities the patient performs, duration of medical condition, Past
K0005 Ultra	alight weight wheelchair	HCPC	experience if any using similar equipment, Evaluation of upper extremity strength History and Physical to Include the following: diagnosis; abilities and limitations as
			they relate to the equipment (e.g., degree of independence/ dependence, frequency
			and nature of the activities the patient performs, duration of medical condition). Past
			experience if any using similar equipment,
K0008 Cust	tom manual wheelchair base	HCPC	
			History and Physical to Include the following: diagnosis; abilities and limitations as
			they relate to the equipment (e.g., degree of independence/ dependence, frequency
			and nature of the activities the patient performs, duration of medical condition, Past
K0009 Oth	er manual wheelchair/base	HCPC	experience if any using similar equipment, Evaluation of upper extremity strength
			History and Physical to Include the following: diagnosis; abilities and limitations as
			they relate to the equipment (e.g., degree of independence/ dependence, frequency
			and nature of the activities the patient performs, duration of medical condition, Past
			experience if any using similar equipment, Evaluation of upper extremity strength,
K0010 Stan	ndard – weight frame motorized/power wheelchair	HCPC	Documented inability to propel a manual chair

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# **Prior Authorization Code List**

Code Name	Code Description	Code Type	Records Request
K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	НСРС	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength, Documented inability to propel a manual chair  History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength, Documented inability to propel a manual chair
K0012	Lightweight portable motorized/power wheelchair	НСРС	
			History and Physical, Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition). Past experience if any using similar equipment.
K0013	Custom motorized/power wheelchair base	HCPC	, , , , , , , , , , , , , , , , , , , ,
K0014	Other motorized/power wheelchair base	нсрс	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength, Documented inability to propel a manual chair
K0108	Wheelchair component or accessory, not otherwise specified	HCPC	Letter of medical Necessity supporting need for the wheelchair accessory
	Automatic external defibrillator, with integrated electrocardiogram analysis,	11010	2010. O. mountain reseasing supporting need for the infectional accessory
к0606	garment type	HCPC	Recent History and Physical, plan of care, and documentation of medical necessity
К0669	Wheelchair accessory, wheelchair seat or back cushion, does not meet specific code criteria or no written coding verification from SADMERC	НСРС	Letter of medical Necessity supporting need for the wheelchair accessory
ко800	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds	НСРС	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
ко801	Power operated vehicle, group 1 heavy-duty, patient weight capacity 301 to 450 pounds	нсрс	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength

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# **Prior Authorization Code List**

Code Name	Code Description	Code Type	Records Request
K0802	Power operated vehicle, group 1 very heavy-duty, patient weight capacity 451 to 600 pounds	нсрс	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
к0806	Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds	нсрс	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
к0807	Power operated vehicle, group 2 heavy-duty, patient weight capacity 301 to 450 pounds	НСРС	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
ковов	Power operated vehicle, group 2 very heavy-duty, patient weight capacity 451 to 600 pounds	нсрс	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
K0812	Power operated vehicle, not otherwise classified	нсрс	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
K0813	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds	нсрс	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
K0814	Power wheelchair, group 1 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds	нсрс	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength

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# **Prior Authorization Code List**

Code Name	Code Description	Code Type	Records Request
K0815	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds	нсрс	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
K0816	Power wheelchair, group 1 standard, captain's chair, patient weight capacity up to and including 300 pounds	НСРС	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
к0820	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds	НСРС	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
K0821	Power wheelchair, group 2 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds	нсрс	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
K0822	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	нсрс	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
K0823	Power wheelchair, group 2 standard, captain's chair, patient weight capacity up to and including 300 pounds	нсрс	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
K0824	Power wheelchair, group 2 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	НСРС	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength

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# **Prior Authorization Code List**

Code Name	Code Description	Code Type	Records Request
K0825	Power wheelchair, group 2 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds	нсрс	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
K0826	Power wheelchair, group 2 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	нсрс	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
к0827	Power wheelchair, group 2 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds	нсрс	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
K0828	Power wheelchair, group 2 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more	нсрс	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
K0829	Power wheelchair, group 2 extra heavy-duty, captain's chair, patient weight 601 pounds or more	нсрс	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
к0830	Power wheelchair, group 2 standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds	нсрс	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
K0831	Power wheelchair, group 2 standard, seat elevator, captain's chair, patient weight capacity up to and including 300 pounds	нсрс	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength

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# **Prior Authorization Code List**

Code Name	Code Description	Code Type	Records Request
K0835	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	нсрс	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
к0836	Power wheelchair, group 2 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	НСРС	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
к0837	Power wheelchair, group 2 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	нсрс	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
K0838	Power wheelchair, group 2 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds	нсрс	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
к0839	Power wheelchair, group 2 very heavy-duty, single power option sling/solid seat/back, patient weight capacity 451 to 600 pounds	нсрс	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
K0840	Power wheelchair, group 2 extra heavy-duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more	нсрс	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
K0841	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	нсрс	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength

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# **Prior Authorization Code List**

Code Name	Code Description	Code Type	Records Request
K0842	Power wheelchair, group 2 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds	нсрс	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
K0843	Power wheelchair, group 2 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	НСРС	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
к0849	Power wheelchair, group 3 standard, captain's chair, patient weight capacity up to and including 300 pounds	нсрс	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
ко850	Power wheelchair, group 3 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	нсрс	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
K0851	Power wheelchair, group 3 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds	нсрс	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
K0852	Power wheelchair, group 3 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	нсрс	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
K0853	Power wheelchair, group 3 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds	НСРС	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength

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# **Prior Authorization Code List**

Code Name	Code Description	Code Type	Records Request
K0854	Power wheelchair, group 3 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more	нсрс	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
K0855	Power wheelchair, group 3 extra heavy duty, captain's chair, patient weight capacity 601 pounds or more	нсрс	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
к0856	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	нсрс	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
K0857	Power wheelchair, group 3 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	нсрс	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
K0858	Power wheelchair, group 3 heavy-duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds	нсрс	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
К0859	Power wheelchair, group 3 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds	нсрс	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
К0860	Power wheelchair, group 3 very heavy-duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	нсрс	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength

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# **Prior Authorization Code List**

Code Name	Code Description	Code Type	Records Request
K0861	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	НСРС	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
K0862	Power wheelchair, group 3 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	НСРС	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
к0863	Power wheelchair, group 3 very heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	нсрс	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
K0864	Power wheelchair, group 3 extra heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more	нсрс	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
K0868	Power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	НСРС	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
к0869	Power wheelchair, group 4 standard, captain's chair, patient weight capacity up to and including 300 pounds	НСРС	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
К0870	Power wheelchair, group 4 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	НСРС	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength

List updated 07/31/2014

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# **Prior Authorization Code List**

Code Name	Code Description	Code Type	Records Request
K0871	Power wheelchair, group 4 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	НСРС	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
к0877	Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	нсрс	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
к0879	Power wheelchair, group 4 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	нсрс	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
ко880	Power wheelchair, group 4 very heavy-duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds	нсрс	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
K0884	Power wheelchair, group 4 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	НСРС	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
K0885	Power wheelchair, group 4 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds	НСРС	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
ко886	Power wheelchair, group 4 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	НСРС	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength

List updated 07/31/2014

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# **Prior Authorization Code List**

	Power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	нсрс	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
	Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	нсрс	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
K0898 F	Power wheelchair, not otherwise classified	НСРС	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength
	·		History and Physical, Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition). Past experience if any using similar equipment.
	Customized durable medical equipment, other than wheelchair	HCPC	
	Knee orthotic, double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control,		Letter of Medical Necessity including length of time equipment needed, functional
L1846 v	with or without varus/valgus adjustment, custom fabricated	HCPC	status if applicable and description of medical condition
	Addition, endoskeletal knee-shin system, stance flexion feature, adjustable Addition to lower extremity prosthesis, endoskeletal knee-shin system,	НСРС	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition
r L5856 s	microprocessor control feature, swing and stance phase, includes electronic sensor(s), any type	НСРС	Letter of Medical Necessity including length of time equipment needed,functional status if applicable and description of medical condition
r	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronic sensor(s), any type	нсрс	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition
,	Addition to lower extremity prosthesis, endoskeletal knee shin system, nicroprocessor control feature, stance phase only, includes electronic	ПСРС	Letter of Medical Necessity including length of time equipment needed, functional
L5858 s	sensor(s), any type Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion	НСРС	status if applicable and description of medical condition. No review is needed for FEP. Letter of Medical Necessity including length of time equipment needed, functional
	and/or plantar flexion control, includes power source	НСРС	status if applicable and description of medical condition
	mplantable neurostimulator electrode, each	нсрс	Recent History and Physical, plan of care, and documentation of medical necessity
	Patient programmer (external) for use with implantable programmable		Letter of Medical Necessity including length of time equipment needed, functional

List updated 07/31/2014

Items on this list will require prior authorization (via pre-service review) for medical necessity, contract limitations and exclusions, experimental or investigational services.

# **Prior Authorization Code List**

Code Name	Code Description	Code Type	
			Letter of Medical Necessity including length of time equipment needed, functional
L8682	Implantable neurostimulator radiofrequency receiver	НСРС	status if applicable and description of medical condition
-5555	Radiofrequency transmitter (external) for use with implantable		Letter of Medical Necessity including length of time equipment needed, functional
L8683	neurostimulator radiofrequency receiver	HCPC	status if applicable and description of medical condition
25555	The analysis of the analysis o		oracion approache una accomption of medical condition
	Radiofrequency transmitter (external) for use with implantable sacral root		Letter of Medical Necessity including length of time equipment needed, functional
L8684	neurostimulator receiver for bowel and bladder management, replacement	НСРС	status if applicable and description of medical condition
20004	Implantable neurostimulator pulse generator, single array, rechargeable,	ner e	Letter of Medical Necessity including length of time equipment needed, functional
L8685	includes extension	нсрс	status if applicable and description of medical condition
20003	Implantable neurostimulator pulse generator, single array, nonrechargeable,	TICI C	Letter of Medical Necessity including length of time equipment needed, functional
L8686	includes extension	НСРС	status if applicable and description of medical condition
18080	Implantable neurostimulator pulse generator, dual array, rechargeable,	псгс	Letter of Medical Necessity including length of time equipment needed, functional
L8687	includes extension	НСРС	status if applicable and description of medical condition
L0007	Implantable neurostimulator pulse generator, dual array, nonrechargeable,	псес	Letter of Medical Necessity including length of time equipment needed, functional
10000		HCDC	
L8688	includes extension	HCPC	status if applicable and description of medical condition
	External recharging system for battery (internal) for use with implantable		Letter of Medical Necessity including length of time equipment needed, functional
L8689	neurostimulator	HCPC	status if applicable and description of medical condition
			Pre Operative Evaluation, Operative Report, Previous use of hearing aids, Level of
L8691	Auditory osseointegrated device, external sound processor, replacement	HCPC	hearing Impairment
			Pre Operative Evaluation, Operative Report, Previous use of hearing aids, Level of
L8693	Auditory osseointegrated device abutment, any length, replacement only	HCPC	hearing Impairment
	External recharging system for battery (external) for use with implantable		Peer Reviewed Literature supporting requested procedure, Recent History and
L8695	neurostimulator, replacement only	HCPC	Physical
P9020	Platelet rich plasma, each unit	HCPC	History and Physical, plan of care description of wound location, depth, size
	Sipuleucel-t, minimum of 50 million autologous cd54+ cells activated with pap-		
	gm-csf, including leukapheresis and all other preparatory procedures, per		History and physical, clinical notes related to a condition being treated, treatment
Q2043	infusion	HCPC	plan
			If transplant approval on record: Date of Transplant If no Transplant approval:
S0088	Imatinib, 100 mg	HCPC	History and Physical, Transplant evaluation, and date of transplant
S2080	Laser-assisted uvulopalatoplasty (LAUP)	HCPC	History and Physical, including Sleep study results, results of CPAP trial
			If transplant approval on record: Date of Transplant If no Transplant approval:
S2102	Islet cell tissue transplant from pancreas; allogeneic	HCPC	History and Physical, Transplant evaluation, and date of transplant
S2103	Adrenal tissue transplant to brain	HCPC	Recent History and Physical, plan of care, and documentation of medical necessity
			If transplant approval on record: Date of Transplant If no Transplant approval:
S2140	Cord blood harvesting for transplantation, allogeneic	HCPC	History and Physical, Transplant evaluation, and date of transplant
			If transplant approval on record: Date of Transplant If no Transplant approval:
S2142	Cord blood-derived stem-cell transplantation, allogeneic	HCPC	History and Physical, Transplant evaluation, and date of transplant
	Implantation of magnetic component of semi-implantavle hearing device on		
S2230	ossicles in middle ear	HCPC	History and Physical, Operative report
	Percutaneous vertebroplasty, one vertebral body, unilateral or bilateral		
S2360	injection; cervical	HCPC	Pre Operative Evaluation, History and Physical, and Operative report
	Each additional cervical vertebral body (list separately in addition to code for		
S2361	primary procedure)	нсрс	Pre Operative Evaluation, History and Physical, and Operative report
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**Note:** This list is searchable by typing CNTRL + F, or by selecting the Edit menu, then Find.

#### Effective 01/01/2014

List updated 07/31/2014

Items on this list will require prior authorization (via pre-service review) for medical necessity, contract limitations and exclusions, experimental or investigational services.

# **Prior Authorization Code List**

Code Name	Code Description	Code Type	Records Request
S8130	Interferential current stimulator, 2 channel	HCPC	History and Physical, plan of care
S8131	Interferential current stimulator, 4 channel	HCPC	History and Physical, plan of care
S9055	Procuren or other growth factor preparation to promote wound healing	НСРС	History and Physical, including previous conservative treatments and surgeries tried
	Ambulance service, conventional air services, nonemergency transport, one		Submit progress notes for last 24 hours prior to transport, physician order including
S9960	way (fixed wing)	HCPC	medical records supporting rationale for transport
	Ambulance service, conventional air service, nonemergency transport, one way		Submit progress notes for last 24 hours prior to transport, physician order including
S9961	(rotary wing)	HCPC	medical records supporting rationale for transport
V5095	Semi-implantable middle ear hearing prosthesis	HCPC	History and Physical, Operative report