

Prior Authorization List

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CPT/HCPCS Code	PROCEDURE DESCRIPTION / NOTES
15830	Abdominal Lipectomy - Excision excessive skin and subcutaneous tissue; abdomen; infraumbilical panniculectomy
15847	Abdominal Lipectomy - Excision excessive skin and subcutaneous tissue; abdomen (eg. abdominoplasty) (includes umbilical transposition and fascial plication)
S2083	Adjustment of gastric band diameter via subcutaneous port by injection or aspiration of saline.
41874	Alveoplasty - as a result of accident or injury
27702	Ankle Replacement
21120	Anterior horizontal mandibular osteotomy (chin)-genioplasty
21121	Anterior horizontal mandibular osteotomy (chin)-genioplasty
21122	Anterior horizontal mandibular osteotomy (chin)-genioplasty
21123	Anterior horizontal mandibular osteotomy (chin)-genioplasty
22857	Artificial Disc Placement - total disc arthroplasty, anterior approach, including diskectomy to prepare interspace;(other than for decompression), lumbar, single interspace
22862	Artificial Disc Placement - revision including replacement of total disc arthroplasty, lumbar, single interspace
22865	Artificial Disc Placement - removal of total disc arthroplasty, anterior approach, lumbar, single interspace
63090	Artificial Disc Placement - Vertebral corpectomy (vertebral body resection), partial or complete; transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; single segment
63091	Artificial Disc Placement - Vertebral corpectomy (vertebral body resection), partial or complete; transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; each additional segment
0090T	Artificial Disc Placement - total disc arthroplasty, anterior approach, including diskectomy to prepare interspace; cervical
0092T	Artificial Disc Placement - total disc arthroplasty, anterior approach, including diskectomy to prepare interspace; cervical - each additional interspace
0163T	Artificial Disc Placement - total disc arthroplasty, anterior approach, including diskectomy to prepare interspace (other than for decompression); lumbar, each additional interspace
62287	Aspiration or decompression procedure, percutaneous, of nucleus pulposus of intervertebral disk
19324	Augmentation of breast - mammoplasty, without prosthetic implant
19325	Augmentation of breast - mammoplasty, with prosthetic implant
27412	Autologous/Osteochondral allograft, knee, open
27415	Autologous/Osteochondral allograft, knee, open
29866	Autologous chondrocyte transplantation/Arthroscopy knee, surgical; osteochondral autograft(s) (eg. Mosaicplasty) (includes harvesting of the

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	autograft)
29867	Autologous chondrocyte transplantation/Arthroscopy knee, surgical; osteochondral autograft(s) (eg. Mosaicplasty) (includes harvesting of the autograft)
15820	Blepharoplasty - lower eyelid (Include visual fields – taped & untaped)
15821	Blepharoplasty - lower eyelid with extensive herniated fat pad (Include visual fields – taped & untaped)
15822	Blepharoplasty - upper eyelid (Include visual fields – taped & untaped)
15823	Blepharoplasty - upper eyelid; with excessive skin weighing down lid (Include visual fields – taped & untaped)
67900	Blepharoplasty - repair of brow ptosis (supraciliary, mid-forehead or coronal approach) (Include visual fields – taped & untaped)
67901	Blepharoplasty - repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia) (Include visual fields – taped & untaped)
67902	Blepharoplasty - repair of blepharoptosis; frontalis muscle technique with autologous facial sling (includes obtaining fascia) (Include visual fields – taped & untaped)
67903	Blepharoplasty - repair of blepharoptosis; (tarso) levator resection or advancement, internal approach (Include visual fields – taped & untaped)
67904	Blepharoplasty - repair of blepharoptosis; (tarso) levator resection or advancement, external approach (Include visual fields – taped & untaped)
67906	Blepharoplasty - repair of blepharoptosis; superior rectus technique with facial sling (includes obtaining fascia) (Include visual fields – taped & untaped)
67908	Blepharoplasty - repair of blepharoptosis; conjunctivo-tarso-Muller’s muscle-levator resection (eg, Fasanella-Servat type) (Include visual fields – taped & untaped)
20974	Bone Growth Stimulators – electrical stimulation to aid bone healing
20975	Bone Growth Stimulators – low intensity ultrasound stimulation to aid bone healing
E0747	Bone Growth Stimulators
E0748	Bone Growth Stimulators
E0760	Bone Growth Stimulators
0046T	Breast ductal lavage
0047T	Breast ductal lavage
77058	Breast MRI
77059	Breast MRI
19318	Breast Reduction (mammoplasty)
91110	Capsule Endoscopy
92971	Cardio Assist - External Counter Pulsation
G0166	Cardio Assist - External Counter Pulsation
64650	Chemodenervation of eccrine glands - possible botox
67345	Chemodenervation of extraocular muscle - possible botox

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46505	Chemodenervation of internal anal sphincter - possible botox
64612	Chemodenervation of muscle - possible botox
64613	Chemodenervation of muscle - possible botox
64614	Chemodenervation of muscle - possible botox
64653	Chemodenervation of other area - possible botox
21125	Chin Implants
69930	Cochlear Implants (need audiometry interpretation)
L8614	Cochlear Implants (need audiometry interpretation)
52648	Contact laser vaporization of prostate
64722	Decompression; unspecified nerve(s)
64600	Destruction by neurolytic agent - possible botox
64626	Destruction by neurolytic agent - possible botox
64627	Destruction by neurolytic agent - possible botox
64622	Destruction by neurolytic agent
64640	Destruction by neurolytic agent
72295	Discography
67917	Ectropion Repair
43257	Endoscopic treatment of GERD (Stretta or Endocinch)
91035	Esophageal pH wireless monitor
0101T	Extracorporeal shock wave therapy (Orthotripsy)
28890	Extracorporeal shock wave therapy (Orthotripsy)/Orthotripsy (heel) Ossatron
0019T	Extracorporeal shock wave therapy (Orthotripsy)/Orthotripsy (heel) Ossatron
15780	Facial dermabrasion or acid peel/Scar revision (of any kind)
0071T	Focused ultrasound ablation of uterine leiomyomata
0072T	Focused ultrasound ablation of uterine leiomyomata
21137	Forehead Reduction
21138	Forehead Reduction
21139	Forehead Reduction
43644	Gastric Bypass - gastroplasty - Need Letter Of Intent, must include BMI, psychiatric evaluation, and nutritional consult
43645	Gastric Bypass - gastroplasty - Need Letter Of Intent, must include BMI, psychiatric evaluation, and nutritional consult
43659	Gastric Bypass - gastroplasty - Need Letter Of Intent, must include BMI, psychiatric evaluation, and nutritional consult
43770	Gastric Bypass - gastroplasty - Need Letter Of Intent, must include BMI, psychiatric evaluation, and nutritional consult
43771	Gastric Bypass - gastroplasty - Need Letter Of Intent, must include BMI, psychiatric evaluation, and nutritional consult
43773	Gastric Bypass - gastroplasty - Need Letter Of Intent, must include BMI, psychiatric evaluation, and nutritional consult

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43842	Gastric Bypass - gastroplasty - Need Letter Of Intent, must include BMI, psychiatric evaluation, and nutritional consult
43843	Gastric Bypass - gastroplasty - Need Letter Of Intent, must include BMI, psychiatric evaluation, and nutritional consult
43845	Gastric Bypass - gastroplasty - Need Letter Of Intent, must include BMI, psychiatric evaluation, and nutritional consult
43846	Gastric Bypass - gastroplasty - Need Letter Of Intent, must include BMI, psychiatric evaluation, and nutritional consult
43847	Gastric Bypass - gastroplasty - Need Letter Of Intent, must include BMI, psychiatric evaluation, and nutritional consult
43848	Gastric Bypass - gastroplasty - Need Letter Of Intent, must include BMI, psychiatric evaluation, and nutritional consult
43886	Gastric Bypass - gastroplasty - Need Letter Of Intent, must include BMI, psychiatric evaluation, and nutritional consult
43888	Gastric Bypass - gastroplasty - Need Letter Of Intent, must include BMI, psychiatric evaluation, and nutritional consult
43647	Gastric Pacemaker
43648	Gastric Pacemaker
43881	Gastric Pacemaker
43882	Gastric Pacemaker
64590	Gastric Pacemaker
64595	Gastric Pacemaker
41599	Glossectomy – unlisted procedure, tongue, floor of mouth
0088T	Glossectomy – submucosal radiofrequency tissue volume reduction of tongue base, one or more sites, per session (i.e., for treatment of obstructive sleep apnea)
21235	Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)
21230	Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)
19300	Gynecomastia repair
15775	Hair transplant (hairplasty), punch graft, 1 to 15 punch grafts
15776	Hair transplant (hairplasty), punch graft, more than 15 punch grafts
58578	HALT procedure
47120	Hepatectomy, resection of liver; partial lobectomy
69714	Implantable hearing aids
77301	IMRT
77418	IMRT
0073T	IMRT
11950	Injection of collagen or other filling material
11951	Injection of collagen or other filling material

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11952	Injection of collagen or other filling material
11954	Injection of collagen or other filling material
62282	Injection of neurolytic substance
62292	Injection procedure for chemonucleolysis, including diskography
62290	Injection procedure for diskography
E0784	Insulin Pump
22520	Kyphoplasty - Percutaneous vertebroplasty, one vertebral body, unilateral or bilateral injection; thoracic
22521	Kyphoplasty - Percutaneous vertebroplasty, one vertebral body, unilateral or bilateral injection; lumbar
22522	Kyphoplasty - Percutaneous vertebroplasty, one vertebral body, unilateral or bilateral injection; each additional thoracic or lumbar body
22523	Kyphoplasty - Percutaneous vertebral augmentation, including cavity creation using mechanical device, one vertebral body, unilateral or bilateral cannulation; thoracic
22524	Kyphoplasty - Percutaneous vertebral augmentation, including cavity creation using mechanical device, one vertebral body, unilateral or bilateral cannulation; lumbar
22525	Kyphoplasty - Percutaneous vertebral augmentation, including cavity creation using mechanical device, one vertebral body, unilateral or bilateral cannulation; each additional thoracic or lumbar vertebral body
22899	Kyphoplasty - unlisted procedure; spine
72291	Kyphoplasty - Radiological supervision and interpretation, percutaneous vertebroplasty or vertebral augmentation including cavity creation, per vertebral body; under fluoroscopic guidance
72292	Kyphoplasty - Radiological supervision and interpretation, percutaneous vertebroplasty or vertebral augmentation including cavity creation, per vertebral body; under CT guidance
S2360	Kyphoplasty - Percutaneous vertebroplasty, one vertebral body, unilateral or bilateral injection; cervical
S2361	Kyphoplasty - Percutaneous vertebroplasty, one vertebral body, unilateral or bilateral injection; each additional cervical (list separately in addition to primary procedure)
S2080	Laser-assisted uvulopalatoplasty
15833	Lipectomy (Liposuction procedures)
15834	Lipectomy (Liposuction procedures)
15835	Lipectomy (Liposuction procedures)
15836	Lipectomy (Liposuction procedures)
15837	Lipectomy (Liposuction procedures)
15838	Lipectomy (Liposuction procedures)
15839	Lipectomy (Liposuction procedures)
15876	Lipectomy (Liposuction procedures)

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15877	Lipectomy (Liposuction procedures)
15878	Lipectomy (Liposuction procedures)
15879	Lipectomy (Liposuction procedures)
15832	Lipectomy (Liposuction procedures)
76390	Magnetic Resonance Spectroscopy
95965	Magnetoencephalography (MEG)
95966	Magnetoencephalography (MEG)
95967	Magnetoencephalography (MEG)
15828	Malar (cheek) implants
21270	Malar (cheek) implants
21175	Mandibular Osteotomies, Reconstruction bifrontal, superior-lateral orbital rims and lower forehead
21179	Mandibular Osteotomies, Reconstruction entire or majority of forehead and/or supraorbial rims
21180	Mandibular Osteotomies, Reconstruction entire or majority of forehead and/or supraorbial rims
21141	Mandibular Osteotomies, Reconstruction Midface (LeFort)
21142	Mandibular Osteotomies, Reconstruction Midface (LeFort)
21143	Mandibular Osteotomies, Reconstruction Midface (LeFort)
21145	Mandibular Osteotomies, Reconstruction Midface (LeFort)
21146	Mandibular Osteotomies, Reconstruction Midface (LeFort)
21147	Mandibular Osteotomies, Reconstruction Midface (LeFort)
21150	Mandibular Osteotomies, Reconstruction Midface (LeFort)
21151	Mandibular Osteotomies, Reconstruction Midface (LeFort)
21154	Mandibular Osteotomies, Reconstruction Midface (LeFort)
21155	Mandibular Osteotomies, Reconstruction Midface (LeFort)
21159	Mandibular Osteotomies, Reconstruction Midface (LeFort)
21160	Mandibular Osteotomies, Reconstruction Midface (LeFort)
21196	Mandibular Osteotomies, Reconstruction Midface (LeFort)
21188	Mandibular Osteotomies, Reconstruction Midface (other than LeFort type)
21256	Mandibular Osteotomies, Reconstruction of orbit (includes obtaining auto grafts)
21172	Mandibular Osteotomies, Reconstruction superior-lateral orbital rim and lower forehead
21199	Mandibular Osteotomies, segmental with genioglossus advancement
21198	Mandibular Osteotomies, segmental
22505	Manipulation of spine under anesthesia
19316	Mastopexy
21210	Maxillary or Malar Osteotomies (nasal bone graft)

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21206	Maxillary Osteotomies
29868	Meniscal Transplantation
E1399	Misc/Unlisted DME code
77058	MRI - Breast
77059	MRI - Breast
21083	Nasal (dorsal-external) implants (except for Dx 170.0, 170.1, 756.0, 802.0 - 804.9)
21087	Nasal (dorsal-external) implants (except for Dx 170.0, 170.1, 756.0, 802.0 - 804.9)
21335	Nasal reconstruction
64714	Neuroplasty – Major peripheral nerve, arm or leg; lumbar plexus
63650	Neurostimulator Implantation, sacral nerves (must be requested by surgeon, not DME provider)
63685	Neurostimulator Implantation, sacral nerves (must be requested by surgeon, not DME provider)
64553	Neurostimulator Implantation, sacral nerves (must be requested by surgeon, not DME provider)
64555	Neurostimulator Implantation, sacral nerves (must be requested by surgeon, not DME provider)
64561	Neurostimulator Implantation, sacral nerves (must be requested by surgeon, not DME provider)
64573	Neurostimulator Implantation, sacral nerves (must be requested by surgeon, not DME provider)
64581	Neurostimulator Implantation, sacral nerves (must be requested by surgeon, not DME provider)
64590	Neurostimulator Implantation, sacral nerves (must be requested by surgeon, not DME provider)
L8680	Neurostimulator Implantation, sacral nerves (must be requested by surgeon, not DME provider)
L8681	Neurostimulator Implantation, sacral nerves (must be requested by surgeon, not DME provider)
L8682	Neurostimulator Implantation, sacral nerves (must be requested by surgeon, not DME provider)
L8683	Neurostimulator Implantation, sacral nerves (must be requested by surgeon, not DME provider)
L8685	Neurostimulator Implantation, sacral nerves (must be requested by surgeon, not DME provider)
L8686	Neurostimulator Implantation, sacral nerves (must be requested by surgeon, not DME provider)

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L8687	Neurostimulator Implantation, sacral nerves (must be requested by surgeon, not DME provider)
L8688	Neurostimulator Implantation, sacral nerves (must be requested by surgeon, not DME provider)
E0745	Neuromuscular Stimulator - Electronic Shock Unit
28899	Orthotripsy (heel) - Ossatron
21208	Osteoplasty, facial bones
21209	Osteoplasty, facial bones
69300	Otoplasty
42145	Palatopharyngoplasty - UPPP, LAUP's, and somnoplasty
41120	Partial Resection of tongue
22526	Percutaneous Intradiscal Electrothermal Annuloplasty
22527	Percutaneous Intradiscal Electrothermal Annuloplasty
62263	Percutaneous Lysis of Epidural Adhesions using Solution Injection or Mechanical means including Radiologic Localization, Multiple Adhesiolysis Sessions
0062T	Percutaneous Intradiscal Annuloplasty
0063T	Percutaneous Intradiscal Annuloplasty
41870	Periodontal Mucosal Grafting
77520	Proton Beam Therapy
77522	Proton Beam Therapy
77523	Proton Beam Therapy
77525	Proton Beam Therapy
S8030	Proton Beam Therapy
36475	Radiofrequency ablation of varicose veins
36476	Radiofrequency ablation of varicose veins
36478	Radiofrequency ablation of varicose veins
36479	Radiofrequency ablation of varicose veins
19328	Removal of breast implant/material (periprosthetic capsulectomy
19330	Removal of breast implant/material (periprosthetic capsulectomy
19370	Removal of breast implant/material (periprosthetic capsulectomy
19371	Removal of breast implant/material (periprosthetic capsulectomy
22999	Repair of disastasis recti
30400	Rhinoplasty
30410	Rhinoplasty
30420	Rhinoplasty
30430	Rhinoplasty
30435	Rhinoplasty
30450	Rhinoplasty
15824	Rhytidectomy - brow or face lift

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17106	Rosacea treatment - destruction of cutaneous vascular proliferative lesions by laser
17107	Rosacea treatment - destruction of cutaneous vascular proliferative lesions by laser
17108	Rosacea treatment - destruction of cutaneous vascular proliferative lesions by laser
30120	Rosacea treatment - excision or surgical planing of skin of nose for rhinophyma
15781	Scar revision (of any kind) - dermabrasion; segmental, face
15782	Scar revision (of any kind) - dermabrasion; regional, other than face
15783	Scar revision (of any kind) - dermabrasion; superficial, any site (eg. tattoo removal)
15786	Scar revision (of any kind) - abrasion; single lesion (eg. keratosis, scar)
15787	Scar revision (of any kind) - abrasion, each additional four lesions or less
15788	Scar revision (of any kind) - chemical peel, facial; epidermal
15789	Scar revision (of any kind) - chemical peel, facial; dermal
15792	Scar revision (of any kind) - chemical peel, nonfacial; epidermal
15793	Scar revision (of any kind) - chemical peel, nonfacial; dermal
36468	Sclerotherapy - Limb or Trunk * History & physical and ultrasound evaluation required
36469	Sclerotherapy - Face * History & physical and ultrasound evaluation required
36470	Sclerotherapy - * History & physical and ultrasound evaluation required
36471	Sclerotherapy - * History & physical and ultrasound evaluation required
S2202	Sclerotherapy - * History & physical and ultrasound evaluation required
A9276	Sensor/Transmitter for Continuous Glucose Monitoring System
A9277	Sensor/Transmitter for Continuous Glucose Monitoring System
30420	Septo-Rhinoplasty
42299	Somnoplasty for snoring
61793	Stereotactic Radiosurgery (Particlebeam, Gamma Ray or Linear Accelerator), one or more sessions; Cyberknife
43258	Stretta or Endocinch procedure, Endoscopic treatment of GERD
43499	Stretta or Endocinch procedure, Endoscopic treatment of GERD
32664	Thoracic Sympathectomy (for hyperhidrosis)
71250	Ultra fast chest CT
71270	Ultra fast chest CT
76499	Ultra fast chest CT
0147T	Ultra fast chest CT
0149T	Ultra fast chest CT
71250	Ultra fast CT
71260	Ultra fast CT
71270	Ultra fast CT

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0144T	Ultra fast CT
0146T	Ultra fast CT
0147T	Ultra fast CT
0148T	Ultra fast CT
0149T	Ultra fast CT
Unlisted CPT codes	Unlisted CPT codes
19499	Unlisted Breast Procedure
76499	Unlisted Diagnostic Radiographic Procedure
42145	UPPP
37204	Uterine artery embolization
75894	Uterine artery embolization
S2250	Uterine artery embolization
61885	Vagal Nerve Stimulators
61886	Vagal Nerve Stimulators
64553	Vagal Nerve Stimulators
64573	Vagal Nerve Stimulators
E0745	Vagal Nerve Stimulators
E0747	Vagal Nerve Stimulators
E0760	Vagal Nerve Stimulators
76376	Virtual Colonoscopy
76377	Virtual Colonoscopy
0066T	Virtual Colonoscopy
0067T	Virtual Colonoscopy
97605	Wound Vac - Negative pressure wound therapy (e.g., vacuum assisted drainage collection), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters
97606	Wound Vac - Negative pressure wound therapy (e.g., vacuum assisted drainage collection), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters
A6550	Wound care set, for negative pressure wound therapy electrical pump, includes all supplies and accessories
E2402	Wound Vac - Negative pressure wound therapy electrical pump, stationary or portable