

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
22856	Artificial Disc Placement - total disc arthroplasty, anterior approach, including discectomy with end plate preparation (includes osteophyctomy for nerve root or spinal cord decompression and microdissection), single interspace, cervical
22857	Artificial Disc Placement - total disc arthroplasty, anterior approach, including discectomy to prepare interspace;(other than for decompression), lumbar, single interspace
22861	Artificial Disc Placement - Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical
22862	Artificial Disc Placement - revision including replacement of total disc arthroplasty, lumbar, single interspace
22864	Artificial Disc - Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical
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
0092T	Artificial Disc Placement - total disc arthroplasty, anterior approach, including discectomy to prepare interspace; cervical - each additional interspace
0163T	Artificial Disc Placement - total disc arthroplasty, anterior approach, including discectomy to prepare interspace (other than for decompression); lumbar, each additional interspace
62287	Aspiration or decompression procedure, percutaneous, of nucleus pulposus of intervertebral disk

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CPT/HCPCS Code	PROCEDURE DESCRIPTION / NOTES
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 autograft)
S2112	Autologous chondrocyte transplantation/Arthroscopy knee, surgical harvesting of cartilage (chondrocyte cells)
29867	Autologous chondrocyte transplantation/Arthroscopy knee, surgical; osteochondral autograft(s) (eg. Mosaicplasty) (includes harvesting of the autograft)
J7330	Autologous cultured chondrocytes knee, implant
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
19499	Breast ductal lavage

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CPT/HCPCS Code	PROCEDURE DESCRIPTION / NOTES
77058	Breast MRI
77059	Breast MRI
C8903	Breast MRI
C8904	Breast MRI
C8905	Breast MRI
C8906	Breast MRI
C8907	Breast MRI
C8908	Breast MRI
19318	Breast Reduction (mammoplasty)
91110	Capsule Endoscopy
92971	Cardio Assist - External Counter Pulsation
G0166	Cardio Assist - External Counter Pulsation
64650	Chemodeneration of eccrine glands - possible botox
67345	Chemodeneration of extraocular muscle - possible botox
46505	Chemodeneration of internal anal sphincter - possible botox
64612	Chemodeneration of muscle - possible botox
64613	Chemodeneration of muscle - possible botox
64614	Chemodeneration of muscle - possible botox
64653	Chemodeneration 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
S2300	Electrothermal capsular shrinkage - Arthroscopy, shoulder, surgical; with thermally-induced capsulorrhaphy
	Electrothermal capsular shrinkage (i.e. thermal capsulorrhaphy, electrothermal capsulorrhaphy, thermal capsular shrinkage, electrothermal arthroscopy) as a technique for use in arthroscopic or open surgery for tightening the capsular or ligamentous structures of ankles, hips, knees, or wrists.
91035	Esophageal pH wireless monitor
0101T	Extracorporeal shock wave therapy (Orthotripsy)

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0102T	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 - 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 - Need Letter Of Intent, must include BMI, psychiatric evaluation, and nutritional consult
43770	Gastric Bypass - Need Letter Of Intent, must include BMI, psychiatric evaluation, and nutritional consult
43771	Gastric Bypass - revision of adjustable gastric restrictive device component only. Need Letter Of Intent, documenting medical necessity.
43772	Gastric Bypass - removal of adjustable gastric restrictive device component only. Need Letter Of Intent documenting medical necessity.
43773	Gastric Bypass - removal and replacement of adjustable gastric restrictive device component only. Need Letter Of Intent, documenting medical necessity.
43774	Gastric Bypass - removal of adjustable gastric restrictive device and subcutaneous port components. Need LOI documenting medical necessity.
43842	Gastric Bypass - Need Letter Of Intent, must include BMI, psychiatric evaluation, and nutritional consult
43843	Gastric Bypass - Need Letter Of Intent, must include BMI, psychiatric evaluation, and nutritional consult
43845	Gastric Bypass - Need Letter Of Intent, must include BMI, psychiatric evaluation, and nutritional consult
43846	Gastric Bypass - Need Letter Of Intent, must include BMI, psychiatric evaluation, and nutritional consult
43847	Gastric Bypass - Need Letter Of Intent, must include BMI, psychiatric evaluation, and nutritional consult
43848	Gastric Bypass - revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure). Need Letter Of Intent documenting medical necessity for the revision.

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43886	Gastric restrictive procedure open; revision of subcutaneous port component only. Need Letter Of Intent documenting medical necessity for the revision.
43887	Gastric restrictive procedure open; removal of subcutaneous port component only. Need Letter Of Intent documenting medical necessity.
43888	Gastric restrictive procedure open; removal and replacement of subcutaneous port component only - Need Letter Of Intent documenting medical necessity.
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
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
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

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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)
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

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CPT/HCPCS Code	PROCEDURE DESCRIPTION / NOTES
21175	Mandibular Osteotomies, Reconstruction bifrontal, superior-lateral orbital rims and lower forehead
21179	Mandibular Osteotomies, Reconstruction entire or majority of forehead and/or supraorbital rims
21180	Mandibular Osteotomies, Reconstruction entire or majority of forehead and/or supraorbital 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)
21206	Maxillary Osteotomies
29868	Meniscal Transplantation
E1399	Misc/Unlisted DME code
77058	MRI – Breast
77059	MRI – Breast
C8903	MRI – Breast
C8904	MRI – Breast
C8905	MRI – Breast

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CPT/HCPCS Code	PROCEDURE DESCRIPTION / NOTES
C8906	MRI – Breast
C8907	MRI – Breast
C8908	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 - Percutaneous implantation of neurostimulator electrode array, epidural (must be requested by surgeon, not DME provider)
63685	Neurostimulator Implantation - Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling (must be requested by surgeon, not DME provider)
64553	Neurostimulator Implantation - Percutaneous implantation of neurostimulator electrodes; cranial nerve (must be requested by surgeon, not DME provider)
64555	Neurostimulator Implantation - Percutaneous implantation of neurostimulator electrodes; peripheral nerve (excludes sacral nerve) (must be requested by surgeon, not DME provider)
64561	Neurostimulator Implantation - Percutaneous implantation of neurostimulator electrodes; sacral nerve (transforaminal placement) (must be requested by surgeon, not DME provider)
64573	Neurostimulator Implantation - Incision for implantation of neurostimulator electrodes; cranial nerve (must be requested by surgeon, not DME provider)
64581	Neurostimulator Implantation - Incision for implantation of neurostimulator electrodes; sacral nerve (transforaminal placement) (must be requested by surgeon, not DME provider)
64590	Neurostimulator Implantation - Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling (must be requested by surgeon, not DME provider)
L8680	Neurostimulator Implantation – Implantable Neurostimulator Electrode (must be requested by surgeon, not DME provider)
L8681	Neurostimulator Implantation - Patient Programmer (external) for use with Implantable Programmable Neurostimulator Pulse Generator, replacement only (must be requested by surgeon, not DME provider)
L8682	Neurostimulator Implantation - Implantable Neurostimulator Radiofrequency Receiver (must be requested by surgeon, not DME provider)
L8683	Neurostimulator Implantation - Radiofrequency Transmitter (external) For Use With Implantable Neurostimulator Radiofrequency Receiver (must be requested by surgeon, not DME provider)

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CPT/HCPCS Code	PROCEDURE DESCRIPTION / NOTES
L8685	Neurostimulator Implantation - Implantable Neurostimulator Pulse Generator, single array, rechargeable, includes extension (must be requested by surgeon, not DME provider)
L8686	Neurostimulator Implantation - Implantable Neurostimulator Pulse Generator, single array, non-rechargeable, includes extension (must be requested by surgeon, not DME provider)
L8687	Neurostimulator Implantation - Implantable Neurostimulator Pulse Generator, dual array, rechargeable, includes extension (must be requested by surgeon, not DME provider)
L8688	Neurostimulator Implantation - Implantable Neurostimulator Pulse Generator, dual array, non-rechargeable, includes extension (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	Palatopharynoplasty - 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)

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22999	Repair of disastasis recti
30400	Rhinoplasty
30410	Rhinoplasty
30420	Rhinoplasty
30430	Rhinoplasty
30435	Rhinoplasty
30450	Rhinoplasty
15824	Rhytidectomy - brow or face lift
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
81.00	Spinal fusion - Not otherwise specified
81.04	Spinal fusion - Dorsal and dorsolumbar fusion, anterior technique
81.05	Spinal fusion - Dorsal and dorsolumbar fusion, posterior technique
81.06	Spinal fusion - Lumbar and lumbosacral fusion, anterior technique

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81.07	Spinal fusion - Lumbar and lumbosacral fusion, lateral transverse process technique
81.08	Spinal fusion - Lumbar and lumbosacral fusion, posterior technique
0195T	Spinal fusion - Arthrodesis, pre-sacral interbody technique, including instrumentation, imaging (when performed), and discectomy to prepare interspace, lumbar; single interspace
0196T	Spinal fusion - Arthrodesis, pre-sacral interbody technique, including instrumentation, imaging (when performed), and discectomy to prepare interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)
22533	Spinal fusion - Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar
22558	Spinal fusion - Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar
22612	Spinal fusion - Arthrodesis, posterior or posterolateral technique, single level; lumbar (with or without lateral transverse technique)
22630	Spinal fusion - Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar
80.50	Spinal surgery - Excision or destruction of intervertebral disc, unspecified
80.51	Spinal surgery - Excision of intervertebral disc, unspecified
63005	Spinal surgery - Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; lumbar, except for spondylolisthesis
63012	Spinal surgery - Laminectomy with removal of abnormal facets and/or pars inter-articularis with decompression of cauda equina and nerve roots for spondylolisthesis, lumbar (Gill type procedure)
63017	Spinal surgery - Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; lumbar
63030	Spinal surgery - Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, including open and endoscopically-assisted approaches; 1 interspace, lumbar
63042	Spinal surgery - Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar
63047	Spinal surgery - Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar
80.59	Spinal surgery - Other excision or destruction of intervertebral disc, unspecified
03.09	Spinal surgery - Other exploration and decompression of spinal canal

Prior Authorization List

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CPT/HCPCS Code	PROCEDURE DESCRIPTION / NOTES
63056	Spinal surgery - Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; lumbar (including transfacet, or lateral extraforaminal approach) (eg, far lateral herniated intervertebral disc)
61796	Stereotactic Radiosurgery (Particle beam, Gamma Ray or Linear Accelerator); Cyberknife; 1 simple cranial lesion
61797	Stereotactic Radiosurgery (Particle beam, Gamma Ray or Linear Accelerator); Cyberknife; each additional cranial lesion, simple
61798	Stereotactic Radiosurgery (Particle beam, Gamma Ray or Linear Accelerator); Cyberknife; 1 complex cranial lesion
61799	Stereotactic Radiosurgery (Particle beam, Gamma Ray or Linear Accelerator); Cyberknife; each additional cranial lesion, complex
61800	Stereotactic Radiosurgery - Application of stereotactic headframe
63620	63620 - Stereotactic Radiosurgery
63620	Stereotactic Radiosurgery (Particle beam, Gamma Ray or Linear Accelerator); Cyberknife; 1 spinal lesion
63621	Stereotactic Radiosurgery (Particle beam, Gamma Ray or Linear Accelerator); Cyberknife; each additional spinal lesion
43257	Stretta procedure, Endoscopic treatment of GERD
43499	Stretta procedure, Endoscopic treatment of GERD
41512	Tongue base suspension, permanent suture technique
41530	Tongue - Submucosal ablation of the tongue base, radiofrequency, one or more sites per session
32664	Thoracic Sympathectomy (for hyperhidrosis)
71250	Ultra fast CT
71260	Ultra fast CT
71270	Ultra fast CT
76499	Ultra fast CT
0144T	Ultra fast CT
0146T	Ultra fast CT
0147T	Ultra fast CT
0148T	Ultra fast CT
0149T	Ultra fast CT
S8092	Ultra fast CT
Unlisted CPT codes	Unlisted CPT codes
19499	Unlisted Breast Procedure
76499	Unlisted Diagnostic Radiographic Procedure
42145	UPPP
37204	Uterine artery embolization

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CPT/HCPCS Code	PROCEDURE DESCRIPTION / NOTES
75894	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
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
76376	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound or other tomographic modality; not requiring image postprocessing on an independent workstation
76377	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound or other tomographic modality; requiring image postprocessing on an independent workstation