

# Preauthorization Requirements Effective January 1, 2024 (Commercial)



Review Date	Approved by:
4/17/2024	o MPC (Medical Policy Committee)

## Overview:

This list contains notification/preauthorization (PA) review requirements for inpatient and outpatient services. This is cumulative document updated with changes as needed. Updates to this list will be communicated through provider newsletters and are detailed in [Revision History](#).

*Note: Some of the services listed below may be benefit exclusions for some of our ConnectiCare Plans. Please verify member eligibility and benefits.*

<b>To provide notification/request preauthorization, please submit your question via phone or Provider Portal:</b>
<ul style="list-style-type: none"> <li>• Medical Operations Phone: 800-562-6833</li> <li>• Preauthorization requests can be submitted via the <a href="#">Provider Portal</a></li> </ul>
<a href="http://www.connecticare.com/providers/resources/provider-sign-in">www.connecticare.com/providers/resources/provider-sign-in</a>

## Revision History

**Notification/prior authorization is not required for emergency or urgent care.**

Preauthorization Category/CPT CODE
<b>Admissions require Preauthorization:</b> <ul style="list-style-type: none"> <li>• Hospital admissions that are elective or not the result of an emergency, including Behavioral Health Services.</li> <li>• Rehabilitation facility admissions</li> <li>• Skilled nursing facility admissions</li> <li>• Sub-acute care admissions</li> </ul>

# Preauthorization Requirements Effective January 1, 2024 (Commercial)



## Preauthorization Category/CPT CODE

- Partial hospitalization programs (PHP)
- Residential treatment facilities
- Skilled nursing facility admissions

### AMBULANCE/MEDICAL TRANSPORTATION:

All non-emergency transportation requires prior authorization. (e.g. A0140, A0380, A0390, A0424, A0425, A0426, A0428, A0430, A0431, A0435, A0436)

**If the member requires non-emergency transport to transfer from acute care to the next lower level of care, please request at time of PAC facility request.**

- Phone: Commercial members: 800-562-6833

### ADVANCED RADIOLOGY

Preauthorization is required for advanced outpatient imaging procedures:

- Certain CT, MRI, MRA and PET scans
- Nuclear medicine (including radiation therapy) and nuclear cardiology procedures

The ordering physician must seek pre-authorization of these radiological procedures please contact Evolent (formerly NIA) at

#1-877-607-2363

or at <https://www.radmd.com/RadMD/Common/Login.aspx>

33206	33207	33208	33212	33213	33221	33224	33230	33231	33240	33249	70336	70450	70460	70470
70480	70481	70482	70486	70487	70488	70490	70491	70492	70496	70498	70540	70542	70543	70544
70545	70546	70547	70548	70549	70551	70552	70553	70554	70555	71250	71260	71270	71271	71275
71550	71551	71552	71555	72125	72126	72127	72128	72129	72130	72131	72132	72133	72141	72142
72146	72147	72148	72149	72156	72157	72158	72159	72191	72192	72193	72194	72195	72196	72197
72198	73200	73201	73202	73206	73218	73219	73220	73221	73222	73223	73225	73700	73701	73702
73706	73718	73719	73720	73721	73722	73723	73725	74150	74160	74170	74174	74175	74176	74177
74178	74181	74182	74183	74185	74261	74262	74263	74712	75557	75559	75561	75563	75565	75571
75572	75573	75574	75580	75635	76380	76390	76497	76498	77046	77047	77048	77049	77084	78429

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Preauthorization Category/CPT CODE														
78430	78431	78432	78433	78451	78452	78453	78454	78459	78466	78468	78469	78472	78473	78481
78483	78491	78492	78494	78499	78608	78811	78812	78813	78814	78815	78816	93303	93304	93306
93307	93308	93312	93313	93314	93315	93316	93317	93318	93350	93351	93452	93453	93454	93455
93456	93457	93458	93459	93460	93461	0042T	0742T	G0235	G0252	S8037	S8092			
BARIATRIC SURGERY														
43283	43338	43644	43645	43647	43648	43659	43770	43771	43772	43773	43774	43775	43842	43843
43845	43846	43847	43848	43860	43865	43881	43882	43886	43887	43888	95980	95981	95982	
Bone Growth														
20975	20979													
BREAST RECONSTRUCTION (NON-MASTECTOMY)														
<i>Preauthorization is required for all diagnosis codes except for the following:</i>														
C50.019	C50.011	C50.012	C50.111	C50.112	C50.119	C50.211	C50.212	C50.219	C50.311	C50.312	C50.319	C50.411	C50.412	C50.419
C50.511	C50.512	C50.519	C50.611	C50.612	C50.619	C50.811	C50.812	C50.819	C50.911	C50.912	C50.919	C50.029	C50.021	C50.022
C50.121	C50.122	C50.129	C50.221	C50.222	C50.229	C50.321	C50.322	C50.329	C50.421	C50.422	C50.429	C50.521	C50.522	C50.529
C50.621	C50.622	C50.629	C50.821	C50.822	C50.829	C50.921	C50.922	C50.929	C79.81	D05.90	D05.00	D05.01	D05.02	D05.10
D05.11	D05.12	D05.80	D05.81	D05.82	D05.91	D05.92	Z85.3	Z90.10	Z90.11	Z90.12	Z90.13	Z42.1		
CPT Codes														
19316	19318	19325	19328	19330	19340	19342	19350	19357	19361	19364	19367	19368	19369	19370
19371	19380	19396												
CARTILAGE IMPLANTS:														
27412	29866	29867	29868											

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Preauthorization Category/CPT CODE														
<b>CLINICAL TRIALS:</b>														
Notification and Patient consent form required														
<b>COCHLEAR &amp; OTHER AUDITORY IMPLANTS</b>														
69710	69714	69930	69728	69729	69730									
<b>COSMETIC &amp; RECONSTRUCTIVE SURGERY</b>														
10040	11960	11971	15730	15769	15771	15772	15773	15774	15780	15781	15782	15783	15788	15789
15792	15793	15820	15821	15822	15823	15830	15847	15877	17106	17107	17108	17380	17999	21086
21087	21137	21138	21139	21172	21175	21179	21180	21181	21182	21183	21184	21230	21235	21256
21260	21261	21263	21267	21268	21275	21280	21282	21295	21740	21742	21743	28344	30540	30545
30560	30620	40500	54401	54416	67900	67901	67902	67903	67904	67906	67908	67909	67911	67912
67914	67915	67916	67917	67921	67922	67923	67924	67950	67961	67966				
<b>DURABLE MEDICAL EQUIPMENT, PROSTHETICS AND ORTHOTICS:</b>														
<i>Effective 09/01/2021:</i>														
Providers should submit requests through one of the following intake channels:														
<ul style="list-style-type: none"> <li>• <a href="#">Provider portal</a> (preferred)</li> <li>• Phone: Commercial members: 800-562-6833</li> </ul>														
A7025	A7026	E0194	E0265	E0266	E0277	E0300	E0302	E0304	E0328	E0329	E0466	E0468	E0470	E0471
E0483	E0486	E0601	E0620	E0651	E0652	E0655	E0656	E0666	E0667	E0668	E0669	E0673	E0675	E0676
E0678	E0679	E0680	E0681	E0682	E0745	E0747	E0748	E0749	E0760	E0764	E0766	E0770	E0784	E0984
E0986	E1002	E1003	E1004	E1005	E1006	E1007	E1008	E1010	E1012	E1016	E1018	E1028	E1236	E1238

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Preauthorization Category/CPT CODE														
E1399	E1802	E1805	E1825	E1830	E1840	E2001	E2298	E2310	E2311	E2313	E2321	E2370	E2373	E2374
E2377	E2378	E2398	E2402	E2502	E2504	E2506	E2508	E2510	E2511	E2512	E2599	E2609	E2612	E2617
K0005	K0008	K0012	K0013	K0014	K0606	K0800	K0801	K0802	K0806	K0807	K0808	K0812	K0822	K0823
K0825	K0835	K0836	K0848	K0849	K0850	K0851	K0852	K0853	K0854	K0855	K0856	K0857	K0858	K0859
K0860	K0861	K0862	K0863	K0864	K0868	K0869	K0870	K0871	K0877	K0878	K0879	K0880	K0884	K0885
K0886	K0890	K0891	K1027	K1037	L0112	L0220	L0462	L0464	L0480	L0482	L0484	L0486	L0636	L0637
L0638	L0639	L0650	L0651	L0700	L0710	L0810	L0820	L0830	L0859	L1000	L1005	L1200	L1300	L1320
L1640	L1680	L1685	L1690	L1700	L1710	L1720	L1730	L1755	L1844	L1846	L2005	L2006	L2020	L2034
L2036	L2037	L2038	L2126	L2128	L2136	L2330	L2525	L2627	L2628	L3161	L3251	L3253	L3485	L3765
L3766	L3900	L3901	L3904	L3961	L3967	L3971	L3973	L3975	L3976	L3977	L3978	L4000	L4631	L5010
L5020	L5050	L5060	L5100	L5105	L5150	L5160	L5200	L5210	L5220	L5230	L5250	L5270	L5280	L5301
L5312	L5321	L5331	L5341	L5400	L5420	L5500	L5505	L5510	L5520	L5530	L5535	L5540	L5560	L5570
L5580	L5585	L5590	L5595	L5600	L5610	L5611	L5613	L5614	L5615	L5616	L5639	L5643	L5649	L5651
L5681	L5683	L5700	L5701	L5702	L5703	L5707	L5724	L5726	L5728	L5780	L5781	L5782	L5783	L5795
L5814	L5818	L5822	L5824	L5826	L5828	L5830	L5840	L5841	L5845	L5848	L5856	L5857	L5858	L5859
L5926	L5930	L5960	L5961	L5966	L5968	L5973	L5979	L5980	L5981	L5987	L5988	L5990	L5991	L6000
L6010	L6020	L6026	L6050	L6055	L6100	L6110	L6120	L6130	L6200	L6205	L6250	L6300	L6310	L6320
L6350	L6360	L6370	L6380	L6382	L6384	L6400	L6450	L6500	L6550	L6570	L6580	L6582	L6584	L6586
L6588	L6590	L6621	L6624	L6638	L6646	L6648	L6693	L6696	L6697	L6707	L6709	L6712	L6713	L6714
L6715	L6721	L6722	L6880	L6881	L6882	L6883	L6884	L6885	L6900	L6905	L6910	L6920	L6925	L6930
L6935	L6940	L6945	L6950	L6955	L6960	L6965	L6970	L6975	L7007	L7008	L7009	L7040	L7045	L7170
L7180	L7181	L7185	L7186	L7190	L7191	L7259	L7499	L8033	L8035	L8040	L8041	L8042	L8043	L8044
L8045	L8046	L8047	L8049	L8609	L8614	L8619	L8627	L8628	L8631	L8659	L8679	L8681	L8682	L8683

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Preauthorization Category/CPT CODE														
L8689	L8690	L8691	L8693	S1040	V2629									
<b>GENDER DYSPHORIA TREATMENT</b>														
<i>Requires a PA for all sites of service if submitted with these diagnosis codes ONLY:</i>							F64.0	F64.1	F64.2	F64.8	F64.9	Z87.890		
14000	14001	14041	15734	15738	15750	15757	15758	19303	53410	53430	54125	54405	54520	54660
54690	55175	55180	55867	55970	55980	56625	56800	56805	57110	57335	58290	58291	58292	58940
64856	64892	64896												
<b>GENETIC TESTING</b>														
The ordering physician must seek pre-authorization of genetic testing procedures by calling EviCore at 1-888-835-2042 or going online at <a href="https://www.evicore.com/">https://www.evicore.com/</a>														
81162	81163	81164	81165	81166	81167	81173	81174	81185	81186	81189	81190	81201	81202	81203
81212	81215	81216	81217	81225	81226	81227	81230	81231	81232	81238	81248	81249	81252	81253
81257	81258	81259	81300	81302	81303	81304	81306	81307	81308	81313	81317	81318	81319	81321
81322	81323	81325	81326	81327	81328	81335	81336	81337	81346	81349	81350	81351	81353	81355
81361	81362	81363	81364	81400	81401	81402	81403	81404	81405	81406	81407	81408	81410	81411
81412	81413	81414	81415	81416	81417	81418	81419	81422	81425	81426	81427	81430	81431	81432
81433	81434	81435	81436	81437	81438	81439	81440	81441	81442	81443	81445	81448	81449	81450
81451	81455	81456	81457	81458	81459	81460	81462	81463	81464	81465	81470	81471	81479	81490
81493	81500	81503	81504	81518	81519	81520	81521	81522	81523	81525	81528*	81529	81535	81536
81538	81539	81540	81541	81542	81545	81546	81551	81552	81554	81595	81596	81599	84999	0001U
0002M	0003M	0004M	0005U	0006M	0007M	0011M	0012M	0013M	0016M	0017M	0018U	0019U	0022U	0026U
0029U	0030U	0031U	0032U	0033U	0034U	0036U	0037U	0045U	0047U	0048U	0050U	0053U	0055U	0057U
0060U	0067U	0069U	0070U	0071U	0072U	0073U	0074U	0075U	0076U	0078U	0079U	0081U	0084U	0086U
0087U	0088U	0089U	0090U	0094U	0096U	0101U	0102U	0103U	0111U	0113U	0114U	0118U	0120U	0129U

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Preauthorization Category/CPT CODE														
0130U	0131U	0132U	0133U	0134U	0135U	0136U	0137U	0172U	0173U	0175U	0179U	0203U	0204U	0205U
0208U	0209U	0211U	0212U	0213U	0214U	0215U	0216U	0217U	0218U	0220U	0228U	0229U	0230U	0231U
0232U	0233U	0234U	0235U	0236U	0237U	0238U	0239U	0242U	0244U	0245U	0246U	0250U	0252U	0253U
0254U	0258U	0260U	0262U	0264U	0265U	0266U	0267U	0268U	0269U	0270U	0271U	0272U	0273U	0274U
0276U	0277U	0278U	0282U	0285U	0286U	0287U	0288U	0289U	0290U	0291U	0292U	0293U	0294U	0296U
0297U	0298U	0299U	0300U	0306U	0307U	0313U	0314U	0315U	0317U	0318U	0319U	0320U	0326U	0329U
0331U	0332U	0333U	0334U	0335U	0336U	0339U	0340U	0341U	0343U	0345U	0347U	0348U	0349U	0350U
0355U	0356U	0362U	0363U	0364U	0368U	0379U	0380U	0388U	0392U	0400U	0403U	0405U	0409U	0410U
0411U	0413U	0414U	0417U	0418U	0419U	0420U	0421U	0422U	0423U	0424U	0425U	0426U	0428U	0433U
0434U	0437U	0438U	0439U	0440U	0444U	0448U	0449U	G9143	S3800	S3840	S3841	S3842	S3844	S3845
S3846	S3850	S3852	S3854	S3861	S3865	S3866								
<i>*No PA when provider is Exact Science</i>														
<b>GYNECOMASTIA SURGERY</b>														
19300														
<b>HEART PROCEDURES</b>														
33251	33254	33255	33256	33257	33258	33259	33261	33404	33414	33415	33416	33417	33476	33478
33500	33501	33502	33503	33504	33505	33506	33507	33600	33602	33606	33608	33610	33611	33612
33615	33617	33619	33641	33645	33647	33660	33665	33670	33675	33676	33677	33681	33684	33688
33690	33692	33694	33697	33702	33710	33720	33724	33726	33730	33732	33735	33736	33737	33750
33755	33762	33764	33766	33767	33768	33770	33771	33774	33775	33776	33777	33778	33779	33780
33781	33786	33788	33802	33803	33820	33822	33840	33845	33851	33852	33853	33917	33920	33924
93581	C9758	C9782	C9783											

# Preauthorization Requirements Effective January 1, 2024 (Commercial)



## Preauthorization Category/CPT CODE

### HEMOCARE Home Health Care

**Effective 09/01/2021:**

Providers should submit requests through one of the following intake channels:

- [Provider portal](#) (preferred).
- Phone: Commercial members: 800-562-6833

**All services in the place of service of home require prior authorization including, but not limited to:**

***See Revision History for Codes with PA requirement removed effective 1/01/2024***

99500	99501	99502	99503	99504	99505	99506	99507	99509	99510	99511	99512	99600	G0151	G0152
G0153	G0155	G0156	G0157	G0158	G0159	G0160	G0161	G0162	G0299	G0300	G0490	G0493	G0494	G0495
G0496	G2168	G2169	H1004	M0244	M0246	Q5009	S5108	S5109	S5110	S5111	S5115	S5116	S5180	S5181
S9001	S9097	S9098	S9122	S9123	S9124	S9127	S9128	S9129	S9131	S9152	S9339	S9370	S9372	S9474
S9537	S9538	S9542	S9559	S9560	S9562	S9590	S9810	T1000	T1001	T1002	T1003	T1004	T1021	T1022
T1028	T1030	T1031	T5102											

### HEMOCARE – Home Infusion Therapy

Providers should submit requests to Care Continuum (CCUM)

**Fax/Electronic: #888-631-8817, 8 a.m. to 7 p.m., Monday through Friday**

**Phone: #877-391-7821, 8 a.m. to 7 p.m., Monday through Friday**

***Home Infusion Therapy Drugs, please see [Home Infusion Therapy Drug Pre-Authorization criteria](#)***

99601	99602	B4148	S5497	S5498	S5501	S5502	S5518	S5520	S5521	S5522	S5523	S9208	S9209	S9211
S9212	S9213	S9214	S9325	S9326	S9327	S9328	S9329	S9330	S9331	S9336	S9338	S9340	S9341	S9342
S9343	S9345	S9346	S9347	S9348	S9349	S9351	S9353	S9355	S9357	S9359	S9361	S9363	S9364	S9365
S9366	S9367	S9368	S9373	S9374	S9375	S9376	S9377	S9379	S9490	S9494	S9497	S9500	S9501	S9502
S9503	S9504													



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Preauthorization Category/CPT CODE														
<b>IMMUNE GLOBULIN</b>														
90283	90284													
<b>IMMUNOTHERAPY</b>														
Q2043														
<b>INTRAUTERINE FETAL SURGERY Effective 1/01/2024</b>														
59897	S2400	S2401	S2402	S2403	S2404	S2405	S2409	S2411						
<b>INFERTILITY</b>														
55870	58321	58322	58323	58345	58752	58760	58970	58974	58976	76948	89250	89251	89253	89254
89255	89257	89258	89259	89260	89261	89264	89268	89272	89280	89281	89290	89291	89352	89353
89356	S4011	S4013	S4014	S4015	S4016	S4017	S4018	S4020	S4021	S4022	S4023	S4025	S4028	S4035
S4037														
<b>MENTAL HEALTH/BEHAVIORAL HEALTH SERVICES</b>														
<i>Preauthorization is obtained <b>through OptumHealth Behavioral Solutions (OHBS)</b> if services are provided by a <b>Behavioral Health Provider</b>. Call 1-800-349-5365.</i>														
<i>Preauthorization is obtained <b>through ConnectiCare</b> if services are provided by a <b>Medical Healthcare Provider</b>.</i>														
<i>Hospital admissions that are elective or not the result of an emergency, including: acute hospital admissions, partial hospitalization programs (PHP), rehabilitation facility admissions, residential treatment facilities, skilled nursing facility admissions, and sub-acute care admissions.</i>														
90868	90869	90870	90899	96105	97158	99484	99492	99493	99494	G0396	G0397	G0409	G0410	G0411
G2067	G2068	H0020	H0033	H0047	H2012	H2014								
<b>ABA Therapy codes accepted 3/30/2020:</b>														
97151	97152	97153	97154	97155	97156	97157	97158	0362T	0373T					

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Preauthorization Category/CPT CODE														
<b>OBSTRUCTIVE SLEEP APNEA DIAGNOSIS &amp; TREATMENT</b>														
<i>*G codes should only be used for Medicare</i>														
33276	33277	33278	33279	33280	33281	33287	33288	95782	95783	95805	95807	95808	95810	95811
<b>ORAL SURGERY</b>														
21110	21243													
<b>OUT-OF-PLAN SERVICES</b>														
<i>Out-of-plan services to be covered at an in-network level of benefit (non-emergency).</i>														
<b>ORTHOGNATHIC SURGERY</b>														
21121	21125	21127	21141	21142	21143	21145	21146	21147	21150	21151	21154	21155	21159	21160
21188	21193	21194	21195	21196	21198	21199	21206	21208	21209	21210	21215	21240	21242	21244
21245	21246	21247	21248	21249	21255	21270	21296	21299						
<b>PHARMACY</b>														
Pharmacy and Injectable Medications including Chemotherapy services please see <i>Pharmacy Preauthorization Criteria</i> .														
<a href="https://www.connecticare.com/providers/our-policies/pharmacy">https://www.connecticare.com/providers/our-policies/pharmacy</a>														
<b>POTENTIALLY UNPROVEN SERVICES</b>														
26340	33361	33362	33363	33364	33365	33366	33369	33477	36514	61863	61864	61867	61868	61886
64555	64595	64722												
<b>RHINOPLASTY</b>														
30400	30410	30420	30430	30435	30450	30460	30462	30465						

**Preauthorization Requirements  
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Preauthorization Category/CPT CODE														
<b>RADIATION ONCOLOGY</b>														
<i>Evolent (formerly NIA) provides UM for our Radiation Oncology Program. Please contact Evolent by phone: 1-877-607-2363 or online: <a href="https://www.radmd.com/RadMD/Common/Login.aspx">https://www.radmd.com/RadMD/Common/Login.aspx</a></i>														
77371	77372	77373	77385	77386	77401	77402	77407	77412	77423	77424	77425	77520	77522	77523
77525	77600	77605	77610	77615	77620	77761	77762	77763	77767	77768	77770	77771	77772	77778
77789	77799	0394T	0395T	C2616	G0339	G0340	G6003	G6004	G6005	G6007	G6008	G6009	G6010	G6011
G6012	G6013	G6014	G6015	G6016										
<b>SINUPLASTY</b>														
31295	31296	31297	31298											
<b>STIMULATORS (NEUROSTIMULATORS)</b>														
61885	61889	61891	61892	63664	64553	64568	64570	64590	64596	64597	64598			
<b>SPINAL SURGERY/MSK/PAIN MANAGEMENT</b>														
<i>Evolent (formerly NIA) provides UM for our Musculoskeletal Program. Please contact Evolent by phone: 1-877-607-2363 or online: <a href="https://www.radmd.com/RadMD/Common/Login.aspx">https://www.radmd.com/RadMD/Common/Login.aspx</a></i>														
20939	22206	22207	22208	22210	22212	22214	22216	22220	22222	22224	22226	22526	22527	22532
22533	22548	22551	22552	22554	22556	22558	22590	22595	22600	22610	22612	22614	22630	22632
22633	22634	22800	22802	22804	22808	22810	22812	22830	22856	22857	22858	22860	22861	22862
22864	22865	22867	22869	27096	27279	27280	62263	62264	62287	62320	62321	62322	62323	62350
62351	62355	62360	62361	62362	62380	63001	63003	63005	63012	63015	63016	63017	63020	63030
63035	63040	63042	63044	63045	63046	63047	63048	63050	63051	63055	63056	63057	63064	63066
63075	63076	63077	63078	63265	63266	63267	63268	63270	63271	63272	63273	63275	63276	63277

**Preauthorization Requirements  
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Preauthorization Category/CPT CODE														
63278	63280	63281	63282	63283	63285	63286	63287	63290	63304	64479	64483	64490	64493	64633
64635	0095T	0098T	0213T	0274T	0275T	G0260								
<p><b>*Please note 66287, 0202T, 0219T, 0220T, 0221T, 0375T are not covered</b>  <b>*22899 follows unlisted code procedures and requires documentation to support.</b></p>														
TRANSPLANT SERVICES														
32850	32851	32852	32853	32854	32855	32856	33930	33933	33935	33940	33944	33945	38208	38209
38210	38212	38213	38214	38215	38232	38240	38241	38242	44132	44133	44135	44136	44137	44715
44720	44721	47133	47135	47140	47141	47142	47143	47144	47145	47147	48551	48552	48554	50300
50320	50323	50340	50360	50365	50370	50380	50547	0584T	0585T	0586T				
TRANSPLANT SERVICES														
<p><i>Requires a PA for all sites of service if code submitted with these diagnosis codes ONLY: C81.00-C88.9 and C91.00-C91.02</i></p>														
38206	38999													
VEIN PROCEDURES														
36465	36466	36468	36470	36471	36475	36476	36478	36479	36482	36483	37500	37700	37718	37722
37735	37760	37761	37765	37766	37780	37785	37799							
VENTRICULAR ASSIST DEVICE (VAD)														
33927	33928	33929	33975	33976	33977	33978	33979	33980	33981	33982	33983	33991	33993	93750

# Preauthorization Requirements Effective January 1, 2024 (Commercial)



## Revision history

DATE	REVISION
4/17/2024	<p><b>Following HCPCS Codes Removed:</b></p> <ul style="list-style-type: none"> <li>○ <u>DME</u>: A6520, A6521, A6522, A6523, A6524, A6525, A6526, A6527, A6528, A6529, A6552, A6553, A6554, A6555, A6556, A6557, A6558, A6559, A6560, A6561, A6562, A6563, A6564, A6565, A6566, A6567, A6568, A6569, A6570, A6571, A6572, A6573, A6574, A6575, A6576, A6577, A6578, A6579, A6580, A6581, A6582, A6583, A6584, A6585, A6586, A6587, A6588, A6589, A6593, A6594, A6595, A6596, A6597, A6598, A6599, A6600, A6601, A6602, A6603, A6604, A6605, A6606, A6607, A6608, A6609 and A6610</li> </ul>
3/26/2024	<p><b>Added new codes effective 4/01/2024:</b></p> <ul style="list-style-type: none"> <li>○ <u>DME</u>: E0468, E2298, K1037, L1320, L5783 and L5841</li> <li>○ <u>Genetic Testing</u>: 0439U, 0440U, 0444U, 0448U and 0449U</li> </ul> <p><b>Removed deleted code effective 4/01/2024:</b></p> <p><u>DME</u>: E2300</p>
3/2024	<p><b>Fax lines for preauthorization requests are being disconnected May 1, 2024.</b></p> <ul style="list-style-type: none"> <li>○ <b>Removed preauthorization request fax numbers – providers should submit preauthorization requests via Provider Portal; hyperlinks included where applicable.</b></li> <li>○ <b>No changes to existing fax/telephone contact information for our vendors</b></li> </ul>
2/20/2024	<p><b>Updated vendor contact name for following categories Advanced Radiology, Radiation Oncology and Spinal Surgery/MSK/Pain Management:</b></p> <ul style="list-style-type: none"> <li>○ Evolent formerly NIA (National Imaging Associates) effective 1/01/2024</li> </ul>
12/28/2023	<p><b>Added new codes effective 1/01/2024:</b></p> <ul style="list-style-type: none"> <li>○ <u>Obstructive Sleep Apnea</u>: 33276, 33277, 33278, 33279, 33280, 33281, 33287 and 33288</li> <li>○ <u>Stimulator/Neurostimulator</u>: 61889, 61891, 61892, 64596, 64597 and 64598</li> <li>○ <u>Advanced Radiology</u>: 75580</li> <li>○ <u>Genetic Testing</u>: 81457, 81458, 81459, 81462, 81463, 81464, 0420U, 0421U, 0422U, 0423U, 0424U, 0425U, 0426U, 0428U, 0433U, 0434U, 0437U and 0438U</li> <li>○ <u>DME</u>: A6520, A6521, A6522, A6523, A6524, A6525, A6526, A6527, A6528, A6529, A6552, A6553, A6554, A6555, A6556, A6557, A6558, A6559, A6560, A6561, A6562, A6563, A6564, A6565, A6566, A6567, A6568, A6569, A6570, A6571, A6572, A6573, A6574, A6575, A6576, A6577, A6578, A6579, A6580, A6581, A6582, A6583, A6584, A6585, A6586, A6587, A6588, A6589, A6593, A6594, A6595, A6596, A6597, A6598, A6599,</li> </ul>

# Preauthorization Requirements Effective January 1, 2024 (Commercial)



DATE	REVISION
	<p>A6600, A6601, A6602, A6603, A6604, A6605, A6606, A6607, A6608, A6609, A6610, E0678, E0679, E0680, E0681, E0682, E2001, L3161, L5615 and L5926</p> <p><b>Removed deleted codes effective 1/01/2024:</b>  <u>DME</u>: K1014, K1015, K1021, K1022, K1023, K1024, K1025, K1031, K1032 and K1033</p>
10/24/2023	<p>PA requirement removed <b>effective 1/01/2024:</b></p> <ul style="list-style-type: none"> <li>○ <u>Home Health Care</u>: Q5001 and Q5002</li> </ul>
10/20/2023	<ul style="list-style-type: none"> <li>○ Added <u>Intrauterine Fetal Surgery</u> <b>Effective 1/01/2024:</b> 59897, S2400, S2401, S2402, S2403, S2404, S2405, S2409 and S2411</li> </ul>
9/26/2023	<ul style="list-style-type: none"> <li>○ Added New Codes <b>Effective 10/01/2023:</b> <ul style="list-style-type: none"> <li>○ <u>DME/Prosthetics/Orthotics</u>: L5991</li> <li>○ <u>Genetic Testing</u>: 0403U, 0405U, 0409U, 0410U, 0411U, 0413U, 0414U, 0417U, 0418U and 0419U</li> <li>○ <u>Home Infusion Therapy</u>: B4148</li> </ul> </li> <li>○ Removed Deleted Codes <b>Effective 10/01/2023:</b> <ul style="list-style-type: none"> <li>○ <u>Genetic Testing</u>: 0386U and 0397U</li> </ul> </li> </ul>
9/26/2023	<ul style="list-style-type: none"> <li>○ Updated to clarify following CPT Codes require PA as part of Home Infusion Therapy (moved from Home Health Care category to Home Infusion Therapy category): S9208, S9209, S9211, S9212, S9213 and S9214</li> </ul>
8/15/2023	<ul style="list-style-type: none"> <li>○ Updated <ul style="list-style-type: none"> <li>○ <u>Cosmetic &amp; Reconstructive Surgery</u>: Correction to 6/22/2023 - Removed 15834 (See our Cosmetic &amp; Reconstructive Surgery Medical Policy)</li> </ul> </li> </ul>
8/2/2023	<ul style="list-style-type: none"> <li>○ Removed codes to align with medical policy <b>Effective 1/1/2023:</b> <ul style="list-style-type: none"> <li>○ <u>Bariatric Surgery</u>: 43290 and 43291</li> </ul> </li> </ul>

# Preauthorization Requirements Effective January 1, 2024 (Commercial)



DATE	REVISION
6/22/2023	<ul style="list-style-type: none"> <li>○ Added New codes <b>Effective 7/1/2023:</b> <ul style="list-style-type: none"> <li>○ <u>Genetic Testing</u>: 0388U, 0392U, 0397U and 0400U</li> </ul> </li> <li>○ Added New PA Requirement <b>Effective 10/13/2023:</b> <ul style="list-style-type: none"> <li>○ <u>Cosmetic &amp; Reconstructive Surgery</u>: 15834</li> </ul> </li> </ul>
5/30/2023	<ul style="list-style-type: none"> <li>○ Updated to clarify following CPT Codes require PA as part of Home Infusion Therapy (moved from Home Health Care category to Home Infusion Therapy category): <ul style="list-style-type: none"> <li>○ S5497, S5498, S5501, S5502, S5518, S5520, S5521, S5522, S5523, S9325, S9326, S9327, S9328, S9329, S9330, S9331, S9336, S9340, S9341, S9342, S9343, S9345, S9346, S9347, S9348, S9349, S9351, S9353, S9355, S9357, S9359, S9361, S9363, S9364, S9365, S9366, S9367, S9368, S9373, S9374, S9375, S9376, S9377, S9379, S9490, S9494, S9497, S9500, S9501, S9502, S9503 and S9504</li> </ul> </li> </ul>
4/5/2023	<ul style="list-style-type: none"> <li>○ Updated with new codes effective 4/1/2023: <ul style="list-style-type: none"> <li>○ <u>Genetic Testing</u>: 0364U, 0368U, 0379U, 0380U and 0386U</li> </ul> </li> </ul>
3/22/2023	<ul style="list-style-type: none"> <li>○ Updated <u>Home Health Care</u> to include link to Home Infusion Therapy Drug Preauthorization criteria</li> <li>○ Updated to include Care Continuum Contact information for <u>Home Health Care – Home Infusion Therapy</u></li> </ul>
2/8/2023	<ul style="list-style-type: none"> <li>○ PA requirement removed from following codes <b>effective 4/1/2023:</b> <ul style="list-style-type: none"> <li>○ <u>Arthroplasty</u>: 23473, 23474, 24360, 24361, 24362, 24363, 24370, 24371, 27120, 27122, 27437, 27440, 27441 and 27443</li> <li>○ <u>Arthroscopy</u>: 29830, 29835, 29837, 29840, 29843, 29847, 29860, 29899, 29914, 29915 and 29916</li> <li>○ <u>Hysterectomy</u>: 58152, 58270, 58275, 58280 and 58294</li> </ul> </li> </ul>

# Preauthorization Requirements Effective January 1, 2024 (Commercial)



DATE	REVISION
1/30/2023	<ul style="list-style-type: none"> <li>○ PA requirement removed from following codes <b>effective 4/1/2023</b>:               <ul style="list-style-type: none"> <li>○ <u>Arthroplasty</u>: 23470, 23472, 27125, 27130, 27132, 27134, 27137, 27138, 27438, 27442, 27445, 27446, 27447, 27486 and 27487</li> <li>○ <u>Arthroscopy</u>: 29861, 29862, 29863, 29885 and 29886</li> <li>○ <u>Hysterectomy</u>: 58267</li> <li>○ <u>Site of Service – Office</u>: 10120, 10140, 11400, 11401, 11402, 11403, 11404, 11406, 11420, 11421, 11422, 11423, 11424, 11426, 11442, 19000, 21320, 21552, 21931, 31579, 45300, 45330, 46922, 55250, 57460 and 64520</li> <li>○ <u>Site of Service – Outpatient Surgical</u>: 13101, 13132, 14040, 14060, 14301, 20680, 30140, 30520, 42821, 42825, 42826, 42830, 43235, 43239, 43249, 45378, 45380, 45384, 45385, 47000, 49505, 49650, 49651, 50590, 52000, 52005, 52204, 52224, 52234, 52235, 52260, 52281, 52310, 52332, 52351, 52352, 52353, 52356, 54161, 55040, 55700, 57288, 64721, 65426, 65730, 65855, 66170, 66761, 66821, 66982, 66984, 67028, 67036, 67040, 67228, 67311, 67312, 69436 and 69631</li> </ul> </li> </ul>
12/28/2022	<ul style="list-style-type: none"> <li>○ Added new codes <b>effective 1/01/2023</b>:               <ul style="list-style-type: none"> <li>○ <u>Advanced Radiology</u>: 0742T</li> <li>○ <u>Bariatric Surgery</u>: 43290, 43291</li> <li>○ <u>Cochlear &amp; Other Auditory Implants</u>: 69728, 69729 and 69730</li> <li>○ <u>Gender Dysphoria</u>: 55867</li> <li>○ <u>Genetic Testing</u>: 0355U, 0356U, 0362U, 0363U, 81418, 81441, 81449, 81451 and 81456</li> <li>○ <u>Spinal Surgery/Msk/Pain Management</u>: 22860</li> </ul> </li> <li>• Removed <i>Deleted Codes</i> <b>effective 1/01/2023</b>:               <ul style="list-style-type: none"> <li>○ <u>Site of Service – Outpatient Surgical</u>: 49585, 49587, 49652, 49653, 49654 and 49655</li> </ul> </li> </ul>
11/30/2022	<ul style="list-style-type: none"> <li>○ Updated <u>Homecare</u> to include additional codes <b>effective 12/01/2022</b>: G0151, G0152, G0153, G0154, G0155, G0156, G0157, G0158, G0159, G0160, G0161, G0162, G0299, G0300, G0493, G0494, G0495, G0496, G2168, G2169, M0244, M0246, S5108, S5109, S9152, T1021 and T1000</li> </ul>
10/12/2022	<ul style="list-style-type: none"> <li>○ Corrected <u>Gender Dysphoria</u>, removed: 19318</li> </ul>
9/29/2022	<ul style="list-style-type: none"> <li>○ Added new codes <b>effective 10/01/2022</b>:               <ul style="list-style-type: none"> <li>○ <u>Genetic Testing</u>: 0332U, 0333U, 0334U, 0335U, 0336U, 0339U, 0340U, 0341U, 0343U, 0345U, 0347U, 0348U, 0349U and 0350U</li> </ul> </li> <li>○ Removed deleted codes <b>effective 10/01/2022</b> <ul style="list-style-type: none"> <li>○ <u>Genetic Testing</u>: 0012U, 0013U, 0014U and 0056U</li> </ul> </li> <li>• Corrected SPINAL SURGERY/MSK/PAIN MANAGEMENT to include: 62322</li> </ul>



# Preauthorization Requirements Effective January 1, 2024 (Commercial)



DATE	REVISION
7/19/2022	<ul style="list-style-type: none"> <li>○ Added codes with new PA requirement <b>effective 11/15/2022:</b> <ul style="list-style-type: none"> <li>○ <u>Cosmetic &amp; Reconstructive Surgery:</u> 10040, 15730, 17380, 40500, 21086 and 21087</li> </ul> </li> </ul>
6/29/2022	<ul style="list-style-type: none"> <li>○ Added new codes <b>effective 7/01/2022:</b> <ul style="list-style-type: none"> <li>○ <u>Genetic Testing:</u> 0326U, 0329U and 0331U</li> </ul> </li> </ul>
6/09/2022	<ul style="list-style-type: none"> <li>○ Corrected to align with NIA 2022 Preauthorization List           <ul style="list-style-type: none"> <li>○ <u>Advanced Radiology:</u> 71271</li> </ul> </li> </ul>
5/13/2022	<ul style="list-style-type: none"> <li>○ Recategorized 64590 from Bariatric to Neurostimulators</li> </ul>
4/18/2022	<ul style="list-style-type: none"> <li>○ <i>Removed Code(s) Effective 5/01/2022:</i> <ul style="list-style-type: none"> <li>○ <u>Mental Health/Behavioral Health Services:</u> 90837</li> </ul> </li> </ul>
4/06/2022	<ul style="list-style-type: none"> <li>○ <i>Removed Code(s) Effective 1/01/2022:</i> <ul style="list-style-type: none"> <li>○ <u>Obstructive Sleep Apnea:</u> 95806</li> </ul> </li> <li>○ <i>Removed Code(s) Effective 4/05/2022:</i> <ul style="list-style-type: none"> <li>○ <u>Ambulance non-emergency transportation:</u> A0384, A0396 and A0424</li> </ul> </li> </ul>
3/28/2022	<ul style="list-style-type: none"> <li>○ <i>Removed Code(s) Effective 4/01/2022:</i> <ul style="list-style-type: none"> <li>○ <u>Genetic Testing:</u> 0097U (deleted code)</li> </ul> </li> <li>● <b>Added new codes effective 4/01/2022:</b> <ul style="list-style-type: none"> <li>○ <u>DME:</u> K1031, K1032 and K1033</li> <li>○ <u>Genetic Testing:</u> 0306U, 0307U, 0313U, 0314U, 0315U, 0317U, 0318U, 0319U and 0320U</li> <li>○ <u>Heart Procedures:</u> C9782 &amp; C9783</li> </ul> </li> </ul>
3/2022	<ul style="list-style-type: none"> <li>○ Correction to 12/28/2021 revision – removed 94625 and 94626.</li> </ul>
2/07/2022	<ul style="list-style-type: none"> <li>○ <b>Removed Codes Effective 7/01/2021:</b> <ul style="list-style-type: none"> <li>○ Mental Health/Behavioral Health Services: 96116, 96121, 96130, 96131, 96132, 96133, 96136, 96137, 96138, 96139, 96146, H0031 &amp; H0032</li> </ul> </li> </ul>
1/20/2022	<ul style="list-style-type: none"> <li>○ Policy Updated – Effective <b>1/01/2022</b> <ul style="list-style-type: none"> <li>○ Hysterectomy: 58572 &amp; 58573</li> </ul> </li> <li>● DME: Updated Fax# for requests</li> <li>● Homecare: Updated Fax# for requests</li> </ul>
1/13/2022	<ul style="list-style-type: none"> <li>○ Removed 58558 Effective <b>1/01/2022</b></li> </ul>

# Preauthorization Requirements Effective January 1, 2024 (Commercial)



DATE	REVISION
12/30/2021	<ul style="list-style-type: none"> <li>Policy updated – <b>Effective 2/1/2022</b> <ul style="list-style-type: none"> <li>Cosmetic &amp; Reconstructive: 54401 &amp; 54416</li> <li>Gender Dysphoria: 54405</li> <li>Immunotherapy: Q2043</li> <li>Stimulators/Neurostimulators: 63664</li> </ul> </li> </ul>
12/28/2021	<ul style="list-style-type: none"> <li>Added new codes <b>effective 1/01/2022:</b> <ul style="list-style-type: none"> <li>Genetic Testing: 81349, 81523, 94625, 94626, 0285U, 0286U, 0287U, 0288U, 0289U, 0290U, 0291U, 0292U, 0293U, 0294U, 0296U, 0297U, 0298U, 0299U and 0300U.</li> </ul> </li> <li>Removed deleted codes <b>effective 1/01/2022:</b> <ul style="list-style-type: none"> <li>Cochlear Implants: 69715 and 69718</li> <li>Heart Procedures: 33722, 93530, 93532, 93533, 93561 and 93562</li> </ul> </li> </ul>
12/2021	<ul style="list-style-type: none"> <li>Removed K0582 (deleted code) from DME</li> </ul>
10/2021	<ul style="list-style-type: none"> <li>Updated to include new codes <b>effective 10/01/2021</b> <ul style="list-style-type: none"> <li><u>Genetic Testing</u>: 0260U, 0262U, 0264U, 0265U, 0266U, 0267U, 0268U, 0269U, 0270U, 0271U, 0272U, 0273U, 0274U, 0276U, 0277U, 0278U &amp; 0282U</li> <li><u>DME</u>: K1021, K1022, K1023, K1024, K1025 &amp; K1027</li> </ul> </li> </ul>
9/07/2021	<ul style="list-style-type: none"> <li>Post-acute care for ConnectiCare members will be managed by ConnectiCare instead of CareCentrix.</li> <li>Removed CareCentrix information from DME &amp; Home Care Services and added new CCI intake information.</li> <li>Ambulance/Medical Transportation: Additional transport/transfer information added <b>Effective 09/01/2021</b></li> </ul>
8/16/2021	<ul style="list-style-type: none"> <li>Added Office/POS 11 to Site of Service: Outpatient Surgical Procedures</li> </ul>
7/20/2021	<ul style="list-style-type: none"> <li>Added new codes effective 07/01/2021 to Genetic Testing-0250U, 0252U, 0253U &amp; 0254U</li> </ul>
5/14/2021	<ul style="list-style-type: none"> <li>Added clarification to Mental Health/Behavioral Health Services for obtaining preauthorization.</li> </ul>
5/03/2021	<ul style="list-style-type: none"> <li>Updated with new codes effective 04/01/2021:0242U, 0244U, 0245U, 0246U, K1014, K1015</li> </ul>
1/25/2021	<ul style="list-style-type: none"> <li>Updated with new codes effective 01/01/2021: 81351, 81353, 81419, 81529.</li> <li>Removed codes effective 01/01/2020: 19324, 19366, 58293, 81545, 0228T, 0230T</li> </ul>
10/27/2020	<ul style="list-style-type: none"> <li>Updated with new codes effective 10/01/2020: 0203U-0205U, 0208U-0209U, 0211U-0222U</li> <li>Added CPT code 19318 to Gender Dysphoria Treatment</li> </ul>
8/31/2020	<ul style="list-style-type: none"> <li>Updated for new codes created 04/01/2020 and 07/01/2020</li> </ul>

**Preauthorization Requirements  
Effective January 1, 2024  
(Commercial)**



DATE	REVISION
10/01/2019	○ Policy Created