

# Preauthorization Requirements Effective January 1, 2020 (Commercial)



EFFECTIVE DATE	APPROVED BY
1/1/2020	MPC (Medical Policy Committee)

## Overview

This list contains notification/preauthorization (PA) review requirements for inpatient and outpatient services. Updates to this list will be communicated through provider newsletters.

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

To provide notification/request preauthorization, please submit your question via phone or fax:

Medical Operations

Phone: 800-562-6833

Fax: 860-674-5893; toll free #800-923-2882 fax forms are available at:

<https://www.connecticare.com/provider/commercial/onlineforms.aspx>

**[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)**

**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>	
<b>AMBULANCE/MEDICAL TRANSPORTATION</b>	All non-emergency transportation requires prior authorization.
<b>ADVANCED RADIOLOGY</b> <i>Preauthorization is required for advanced outpatient imaging procedures:</i> <ul style="list-style-type: none"> <li>Certain CT, MRI, MRA and PET scans</li> <li>Nuclear medicine (including radiation therapy) and nuclear cardiology procedures</li> </ul> <i>The ordering physician must seek pre-authorization of these radiological procedures please contact NIA/Magellan at 1-877-607-2363 or at <a href="http://www1.radmd.com/radmd-home.aspx">http://www1.radmd.com/radmd-home.aspx</a></i>	33206, 33207, 33208, 33212, 33213, 33221, 33224, 33225, 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, 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, 74713, 75557, 75559, 75561, 75563, 75565, 75571, 75572, 75573, 75574, 75635, 76380, 76390, 76497, 76498, 77046, 77047, 77048, 77049, 77084, 77422, 78451, 78452, 78453, 78454, 78459, 78466, 78468, 78469, 78472, 78473, 78481, 78483, 78491, 78492, 78494, 78496, 78499, 78608, 78609, 78811, 78812, 78813, 78814, 78815, 78816, 93303, 93304, 93306, 93307, 93308, 93312, 93313, 93314, 93315, 93316, 93317, 93318, 93320, 93321, 93325, 93350, 93351, 93352, 93452, 93453, 93454, 93455, 93456, 93457,

**Preauthorization Requirements**  
**Effective January 1, 2020**  
**(Commercial)**



Preauthorization Category:	CPT Code:
	93458, 93459, 93460, 93461, 93462, 93463, 93464, 93565, 93566, 93567, 93568, C1821, G0235, G0252, G0297, S8037, S8037, S8092
<b>AMBULATORY ECG</b>	93228, 93229
<b>ARTHROPLASTY</b>	23470, 23472, 23473, 23474, 24360, 24361, 24362, 24363, 24370, 24371, 27120, 27122, 27125, 27130, 27132, 27134, 27137, 27138, 27437, 27438, 27440, 27441, 27442, 27443, 27445, 27446, 27447, 27486, 27487
<b>ARTHROSCOPY</b>	29805, 29806, 29807, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29827, 29828, 29830, 29834, 29835, 29836, 29837, 29838, 29840, 29843, 29844, 29845, 29846, 29847, 29848, 29860, 29861, 29862, 29863, 29870, 29871, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889, 29891, 29892, 29893, 29894, 29895, 29897, 29898, 29899, 29914, 29915, 29916
<b>BARIATRIC SURGERY</b>	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, 64590, 95980, 95981, 95982
<b>BONE GROWTH</b>	20975, 20979
<b>BREAST RECONSTRUCTION (NON-MASTECTOMY)</b> <i>Preauthorization is required for all diagnosis codes <b>except</b> for the following: 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</i>	19316, 19318, 19324, 19325, 19328, 19330, 19340, 19342, 19350, 19357, 19361, 19364, 19366, 19367, 19368, 19369, 19370, 19371, 19380, 19396
<b>CARTILAGE IMPLANTS</b>	27412, 29866, 29867, 29868
<b>CLINICAL TRIALS</b>	Notification and Patient consent form required
<b>COCHLEAR &amp; OTHER AUDITORY IMPLANTS</b>	69710, 69714, 69715, 69718, 69930
<b>CONGENITAL HEART DISEASE</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,

**Preauthorization Requirements  
Effective January 1, 2020  
(Commercial)**



Preauthorization Category:	CPT Code:
	33676, 33677, 33681, 33684, 33688, 33690, 33692, 33694, 33697, 33702, 33710, 33720, 33722, 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, 93530, 93531, 93532, 93533, 93561, 93562, 93580, 93581
<b>COSMETIC &amp; RECONSTRUCTIVE SURGERY</b>	11960, 11971, 15780, 15781, 15782, 15783, 15788, 15789, 15792, 15793, 15820, 15821, 15822, 15823, 15830, 15847, 15877, 17106, 17107, 17108, 17999, 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, 67900, 67901, 67902, 67903, 67904, 67906, 67908, 67909, 67911, 67912, 67914, 67915, 67916, 67917, 67921, 67922, 67923, 67924, 67950, 67961, 67966
<p><b>DURABLE MEDICAL EQUIPMENT, PROSTHETICS AND ORTHOTICS</b></p> <ul style="list-style-type: none"> <li>Services for 90 days following an acute hospital admission would be handled by <b>CareCentrix</b>: Call 844-359-5388</li> <li>Services <b>greater than 90 days</b> would be handled by <b>ConnectiCare</b>: Call <b>1-800-508-6157 option 6</b>.</li> </ul>	A7025, A7026, E0194, E0277, E0300, E0302, E0304, E0328, E0329, E0466, E0470, E0471, E0483, E0486, E0601, E0620, E0651, E0652, E0655, E0656, E0666, E0667, E0668, E0669, E0673, E0675, E0676, 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, E1399, E1802, E1805, E1825, E1830, E1840, E2300, E2310, E2311, E2313, E2321, E2370, E2373, E2374, E2377, E2378, 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, L0112, L0220, L0462, L0464, L0480, L0482, L0484, L0486, L0636, L0637, L0638, L0639, L0650, L0651, L0700, L0710, L0810, L0820, L0830, L0859, L1000, L1005, L1200, L1300, L1640, L1680, L1685, L1690, L1700, L1710, L1720, L1730, L1755, L1844, L1846, L2005, L2020, L2034, L2036, L2037, L2038, L2126, L2128, L2136, L2330, L2525, L2627, L2628, 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, L5616, L5639, L5643, L5649, L5651, L5681, L5683, L5700, L5701, L5702, L5703, L5707, L5724, L5726, L5728, L5780, L5781, L5782, L5795, L5814, L5818, L5822, L5824, L5826, L5828, L5830, L5840, L5845, L5848, L5856,

**Preauthorization Requirements  
Effective January 1, 2020  
(Commercial)**



Preauthorization Category:	CPT Code:
	L5857, L5858, L5859, L5930, L5960, L5961, L5966, L5968, L5973, L5979, L5980, L5981, L5987, L5988, L5990, 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, L8035, L8040, L8041, L8042, L8043, L8044, L8045, L8046, L8047, L8049, L8609, L8614, L8619, L8627, L8628, L8631, L8659, L8679, L8681, L8682, L8683, L8689, L8690, L8691, L8693, S1040, V2629
<b>FOOT SURGERY</b>	28285, 28289, 28291, 28292, 28296, 28297, 28298, 28299
<b>FUNCTIONAL ENDOSCOPIC SINUS SURGERY (FESS)</b>	31240, 31253, 31254, 31255, 31256, 31257, 31259, 31267, 31276, 31287, 31288
<b>GENDER DYSPHORIA TREATMENT</b> <i>Requires a PA for all sites of service if submitted with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890</i>	14000, 14001, 14041, 15734, 15738, 15750, 15757, 15758, 19303, 19304, 20926, 53410, 53430, 54125, 54520, 54660, 54690, 55175, 55180, 55970, 55980, 56625, 56800, 56805, 57110, 57335, 58262, 58290, 58291, 58292, 58661, 58720, 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, 81269, 81277, 81283, 81286, 81289, 81291, 81292, 81293, 81294, 81295, 81296, 81297, 81298, 81299, 81300, 81302, 81303, 81304, 81306, 81307, 81308, 81313, 81317, 81318, 81319, 81321, 81322, 81323, 81325, 81326, 81327, 81328, 81335, 81336, 81337, 81346, 81350, 81355, 81361, 81362, 81363, 81364, 81400, 81401, 81402, 81403, 81404, 81405, 81406, 81407, 81408, 81410, 81411, 81412, 81413, 81414, 81415, 81416, 81417, 81422, 81425, 81426, 81427, 81430, 81431, 81432, 81433, 81434, 81435, 81436, 81437, 81438, 81439, 81440, 81442, 81443, 81445, 81448, 81450, 81455, 81460, 81465, 81470, 81471, 81479, 81490, 81493, 81500, 81503, 81504, 81518, 81519, 81520, 81521, 81522, 81525, 81528, 81535, 81536, 81538, 81539, 81540, 81541, 81542, 81545, 81551, 81552, 81595, 81596, 81599, 84999, 0001U, 0002M, 0003M, 0004M, 0005U, 0006M, 0007M, 0011M, 0012M, 0012U, 0013M, 0013U, 0014U, 0018U, 0019U, 0022U, 0026U, 0029U, 0030U, 0031U, 0032U, 0033U, 0034U, 0036U, 0037U, 0045U, 0047U, 0048U, 0050U, 0053U, 0055U, 0056U, 0057U, 0060U, 0067U, 0069U, 0070U, 0071U, 0072U, 0073U, 0074U, 0075U, 0076U, 0078U, 0079U, 0081U, 0084U, 0086U, 0087U, 0088U, 0089U, 0090U, 0094U, 0096U, 0097U, 0098U, 0099U, 0100U, 0101U, 0102U, 0103U, 0104U, 0111U, 0113U, 0114U, 0118U, 0120U, 0129U, 0130U, 0131U, 0132U, 0133U,

**Preauthorization Requirements  
Effective January 1, 2020  
(Commercial)**



Preauthorization Category:	CPT Code:
	0134U, 0135U, 0136U, 0137U, 0138U, 0139U, 0140U, 0141U, 0142U, 0143U, 0144U, 0145U, 0146U, 0147U, 0148U, 0149U, 0150U, 0151U, 0152U, 0153U, 0154U, 0155U, 0156U, 0157U, 0158U, 0159U, 0160U, 0161U, 0162U, G9143, S3800, S3840, S3841, S3842, S3844, S3845, S3846, S3850, S3852, S3854, S3861, S3865, S3866
<b>GYNECOMASTIA SURGERY</b>	19300
<b>HEMOCARE</b> <b>Home Health Care</b> <ul style="list-style-type: none"> <li>Initial Contact: 1-800-508-6157 option 6</li> <li>Additional services already in place- fax 860-678-5291</li> </ul> <b>Please note*</b> <ul style="list-style-type: none"> <li>Services for 90 days following an acute hospital admission would be handled by <b>CareCentrix</b>: Call 844-359-5388</li> <li>Services <b>greater than 90 days</b> would be handled by <b>ConnectiCare</b>: Call <b>1-800-508-6157 option 6</b>.</li> </ul>	All services in the place of service of home require prior authorization including, but not limited to: 99500, 99501, 99502, 99503, 99504, 99505, 99506, 99507, 99509, 99510, 99511, 99512, 99600, 99601, 99602
<b>HYSTERECTOMY</b>	58150, 58152, 58180, 58260, 58270, 58275, 58293, 58294, 58541, 58542, 58543, 58544, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573
<b>IMMUNE GLOBULIN</b>	90283, 90284
<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, S4017, S4018, S4020, S4021, S4022, S4023, S4025, S4026, S4028, S4037
<b>MENTAL HEALTH/BEHAVIORAL HEALTH SERVICES</b>  <i>Preauthorization is done through OptumHealth Behavioral Solutions (OHBS). Call 1-800-349-5365.</i>	All behavioral health services, including but not limited to: <ul style="list-style-type: none"> <li>Applied Behavioral Analysis (ABA) for the treatment of Autism Spectrum Disorder (ASD) (if a covered benefit)</li> <li>Extended outpatient behavioral health treatment visits beyond 45 – 50 minutes in duration with or without medication management</li> <li>Outpatient Electro-Convulsive Treatment (ECT)</li> <li>Outpatient behavioral health treatment provided in a member's home</li> <li>Outpatient treatment of opioid dependence</li> <li>Psychological and neuropsychological testing (see Psychological Testing and Neuropsychological Testing Policy for exceptions)</li> <li>Psychological testing over 4 hours</li> <li>Inpatient and outpatient services</li> <li>Partial hospitalizations</li> <li>Intensive outpatient services</li> <li>Residential treatment facility programs</li> <li>Vagus nerve stimulation for the treatment of depression</li> </ul>
<b>NEUROPSYCHOLOGICAL TESTING</b>	96105, 96116, 96121, 96130, 96131, 96132, 96133, 96136, 96137, 96138, 96139, 96146



# Preauthorization Requirements

## Effective January 1, 2020

### (Commercial)



Preauthorization Category:	CPT Code:
<i>Preauthorization is done through OptumHealth Behavioral Solutions (OHBS). Call 1-800-349-5365</i>	
<b>OBSTRUCTIVE SLEEP APNEA DIAGNOSIS &amp; TREATMENT</b>	95782, 95783, 95800, 95801, 95805, 95806, 95807, 95808, 95810, 95811 *G codes should only be used for Medicare
<b>ORAL SURGERY</b>	21110, 21243
<b>OUT-OF-PLAN SERVICES</b>	All out-of-plan services (non-emergency)
<b>ORTHOGNATHIC SURGERY</b>	21121, 22123, 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/provider/commercial/providermanual/Pharmacy/PharmPreAuth.aspx">https://www.connecticare.com/provider/commercial/providermanual/Pharmacy/PharmPreAuth.aspx</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
<b>RADIATION ONCOLOGY</b> <i>NIA/Magellan provides UM for our Radiation Oncology Program. Please contact NIA by phone: 1-877-607-2363 or online: <a href="https://www1.radmd.com/radmd-home.aspx">https://www1.radmd.com/radmd-home.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, 77789, 77799, 77770, 77771, 77772, 77778, 0394T, 0395T, C2616, G0339, G6015, G0340, G6016, G6003, G6004, G6006, G6007, G6008, G6009, G6010, G6005, G6011, G6012, G6013, G6014
<b>SINUPLASTY</b>	31295, 31296, 31297, 31298
<b>SITE OF SERVICE: OFFICE</b>	10120, 10140, 11400, 11401, 11402, 11403, 11404, 11406, 11420, 11421, 11422, 11423, 11424, 11426, 11442, 19000, 31579, 45300, 45330, 46922, 55250, 57460, 64520
<b>SITE OF SERVICE: OUTPATIENT SURGICAL PROCEDURES</b>	13101, 13132, 14040, 14060, 14301, 20680, 21320, 21552, 21931, 30140, 30520, 42821, 42825, 42826, 42830, 43235, 43239, 43249, 45378, 45380, 45384, 45385, 47000, 49505, 49585, 49587, 49650, 49651, 49652, 49653, 49654, 49655, 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, 69631
<b>STIMULATORS (NEUROSTIMULATION)</b>	64553, 64570, 61885, 64568
<b>SPINAL SURGERY/MSK/PAIN MANAGEMENT</b> <i>NIA/Magellan provides UM for our Musculoskeletal Program. Please contact NIA at by phone: 1-877-607-2363 or online: <a href="https://www1.radmd.com/radmd-home.aspx">https://www1.radmd.com/radmd-home.aspx</a></i>	22206, 22207, 22208, 22210, 22212, 22214, 22216, 22220, 22222, 22224, 22226, 22526, 22527, 22532, 22533, 22548, 22551, 22552, 22554, 22556, 22558, 22586, 22590, 22595, 22600, 22610, 22612, 22614, 22630, 22632, 22633, 22634, 22800, 22802, 22804, 22808, 22810, 22812, 22830, 22856, 22857, 22858, 22861, 22862, 22864, 22865, 22867, 22869, 27096, 27279, 27280, 62263, 62264, 62287, 62320, 62321,

**Preauthorization Requirements  
Effective January 1, 2020  
(Commercial)**



Preauthorization Category:	CPT Code:
	62322, 62323, 62350, 62351, 62355, 62360, 62361, 62362, 62380, 63001, 63003, 63005, 63012, 63015, 63012, 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, 63278, 63280, 63281, 63282, 63283, 63285, 63286, 63287, 63290, 63295, 64479, 64483, 64490, 64492, 64493, 64494, 64633, 64635, 0095T, 0098T, 0164T, 0213T, 0215T, 0217T, 0219T, 0221T, 0228T, 0230T, 0274T, G0260, M0076  *Please note 22526, 66287, 0202T, 0219T, 0220T, 0222T, 0274T, 0275T, 0375T are not covered.
<b>TRANSPLANT SERVICES</b>	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
<b>TRANSPLANT SERVICES</b> <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>	38206, 38999
<b>VEIN PROCEDURES</b>	36465, 36466, 36468, 36470, 36471, 36473, 36474, 36475, 36476, 36478, 36479, 36482, 36483, 37500, 37700, 37718, 37722, 37735, 37760, 37761, 37765, 37766, 37780, 37785, 37799
<b>VENTRICULAR ASSIST DEVICE (VAD)</b>	33927, 33928, 33929, 33975, 33976, 33977, 33978, 33979, 33980, 33981, 33982, 33983, 33991, 33993, 93750

**Revision history**

DATE	REVISION
10/1/2019	• Policy Created