

Preauthorization Requirements Effective January 1, 2023 (Medicare)



| Review Date | Approved by: |
|-------------|--|
| 12/28/2022 | <ul style="list-style-type: none"> 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.

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| To provide notification/request preauthorization, please submit your question via phone or fax: |
| <ul style="list-style-type: none"> Medical Operations Phone: 800-508-6157 |
| <ul style="list-style-type: none"> Fax: 860-678-5212; toll free #866-706-6929 fax forms are available at: |
| connecticare.com/providers/resources/provider-toolkit/forms-documents |

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

| Preauthorization Category/CPT CODE |
|--|
| <p>Admissions require Preauthorization:</p> <ul style="list-style-type: none"> Hospital admissions that are elective or not the result of an emergency, including Behavioral Health Services. Rehabilitation facility admissions Skilled nursing facility admissions Sub-acute care admissions Partial hospitalization programs (PHP) Residential treatment facilities Skilled nursing facility admissions |

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|--|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| ACUPUNCTURE | | | | | | | | | | | | | | |
| Acupuncture visits 13-20 require authorization | | | | | | | | | | | | | | |
| ADVANCED RADIOLOGY | | | | | | | | | | | | | | |
| <p>Preauthorization is required for advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> • Certain CT, MRI, MRA and PET scans • Nuclear medicine (including radiation therapy) and nuclear cardiology procedures <p>The ordering physician must seek pre- authorization of these radiological procedures please contact NIA/Magellan at 1-877-607-2363 or at http://www1.radmd.com/radmd-home.aspx</p> | | | | | | | | | | | | | | |
| 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 | 75635 | 76380 | 76390 | 76497 | 76498 | 77046 | 77047 | 77048 | 77049 | 77084 | 78429 | 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 | | | | | | |

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|--|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| AMBULANCE/MEDICAL TRANSPORTATION: | | | | | | | | | | | | | | |
| All non-emergency transportation requires prior authorization. (e.g. A0140, A0380, A0390, A0425, A0426, A0428, A0430, A0431, A0435, A0436) | | | | | | | | | | | | | | |
| <i>Effective 9/01/2021:</i> | | | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | | |
| <ul style="list-style-type: none"> • Fax: 860-678-5212 or toll free 866-706-6929 • Phone: Medicare members: 800-508-6157 | | | | | | | | | | | | | | |
| ARTHROPLASTY/ARTHROSCOPY | | | | | | | | | | | | | | |
| 23470 | 23472 | 24360 | 24361 | 24362 | 24363 | 27120 | 27122 | 27125 | 27130 | 27132 | 27134 | 27137 | 27138 | 27445 |
| 27446 | 27447 | 27486 | 27487 | 29914 | 29915 | 29916 | | | | | | | | |
| Bone Growth | | | | | | | | | | | | | | |
| 20974 | 20975 | 20979 | | | | | | | | | | | | |
| Bariatric Surgery | | | | | | | | | | | | | | |
| 43290 | 43291 | | | | | | | | | | | | | |
| BREAST RECONSTRUCTION (NON-MASTECTOMY) | | | | | | | | | | | | | | |
| <i>Preauthorization is required for <u>all diagnosis codes</u> 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 | | |

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|---|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| CPT Codes | | | | | | | | | | | | | | |
| 11920 | 11921 | 11922 | 19303 | 19316 | 19318 | 19324 | 19325 | 19328 | 19330 | 19340 | 19342 | 19350 | 19357 | 19361 |
| 19364 | 19366 | 19367 | 19368 | 19369 | 19370 | 19371 | 19380 | | | | | | | |
| CARDIAC REHABILITATION | | | | | | | | | | | | | | |
| 93668 | G0166 | | | | | | | | | | | | | |
| CARTILAGE IMPLANTS: | | | | | | | | | | | | | | |
| 27412 | 29866 | 29867 | 29868 | | | | | | | | | | | |
| CLINICAL TRIALS: Notification and Patient consent form required | | | | | | | | | | | | | | |
| COCHLEAR & OTHER AUDITORY IMPLANTS | | | | | | | | | | | | | | |
| 69714 | 69728 | 69729 | 69730 | 69930 | | | | | | | | | | |
| COSMETIC & RECONSTRUCTIVE SURGERY | | | | | | | | | | | | | | |
| 10040 | 11960 | 11971 | 15730 | 15769 | 15771 | 15772 | 15773 | 15774 | 15780 | 15781 | 15782 | 15783 | 15788 | 15789 |
| 15792 | 15793 | 15820 | 15821 | 15822 | 15823 | 15830 | 15847 | 17106 | 17107 | 17108 | 17380 | 17999 | 21086 | 21087 |
| 21172 | 21175 | 21179 | 21180 | 21181 | 21182 | 21183 | 21184 | 21230 | 21235 | 21256 | 21260 | 21261 | 21263 | 21267 |
| 21268 | 21275 | 21740 | 21742 | 21743 | 28344 | 30540 | 30545 | 30560 | 30620 | 40500 | 54401 | 54416 | 67900 | 67901 |
| 67902 | 67903 | 67904 | 67906 | 67908 | 67909 | 67912 | 67950 | 67961 | 67966 | | | | | |

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DURABLE MEDICAL EQUIPMENT, PROSTHETICS AND ORTHOTICS:

Effective 09/01/2021:

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

- Provider portal (preferred). The sign-in link is at connecticare.com/providers
- Fax: 860-678-5212 or toll free 866-706-6929
- Phone: Medicare members: 800-508-6157

| | | | | | | | | | | | | | | |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| A7025 | A7026 | E0194 | E0265 | E0266 | 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 | 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 | K1014 | K1015 | K1021 | K1022 |
| K1023 | K1024 | K1025 | K1027 | K1031 | K1032 | K1033 | 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 | L2006 | 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 |

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| L5683 | L5700 | L5701 | L5702 | L5703 | L5707 | L5724 | L5726 | L5728 | L5780 | L5781 | L5782 | L5795 | L5814 | L5818 |
| L5822 | L5824 | L5826 | L5828 | L5830 | L5840 | L5845 | L5848 | L5856 | 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 | L8033 | L8035 | L8040 | L8041 | L8042 | L8043 | L8044 | L8045 | L8046 | L8047 | L8049 | L8609 |
| L8614 | L8619 | L8627 | L8628 | L8631 | L8659 | L8679 | L8681 | L8682 | L8683 | L8689 | L8690 | | | |
| GENDER DYSPHORIA TREATMENT | | | | | | | | | | | | | | |
| <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 | | |
| Preauthorization is required for all diagnosis codes with procedures 55970 and 55980 | | | | | | | | | | | | | | |
| 14000 | 14001 | 14041 | 15734 | 15738 | 15750 | 15757 | 15758 | 15775 | 15776 | 21899 | 53410 | 53420 | 53425 | 53430 |
| 54125 | 54400 | 54405 | 54408 | 54520 | 54660 | 54690 | 55175 | 55180 | 55401 | 55866 | 55867 | 55970 | 55980 | 56625 |
| 56800 | 56805 | 57106 | 57110 | 57291 | 57292 | 57295 | 57296 | 57335 | 57426 | 58290 | 58291 | 58292 | 58940 | 64856 |
| 64892 | 64896 | | | | | | | | | | | | | |
| GENETIC TESTING | | | | | | | | | | | | | | |
| The ordering physician must seek pre-authorization of genetic testing procedures by calling EviCore at 1-888-835-2042 or going online at https://www.evicore.com/ | | | | | | | | | | | | | | |
| 81162 | 81163 | 81164 | 81165 | 81166 | 81167 | 81185 | 81186 | 81189 | 81190 | 81212 | 81215 | 81216 | 81217 | 81225 |
| 81226 | 81277 | 81292 | 81293 | 81294 | 81295 | 81296 | 81297 | 81298 | 81299 | 81300 | 81306 | 81307 | 81308 | 81313 |

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| 81317 | 81318 | 81319 | 81321 | 81322 | 81323 | 81335 | 81349 | 81351 | 81353 | 81400 | 81401 | 81402 | 81403 | 81404 |
| 81405 | 81406 | 81407 | 81408 | 81418 | 81419 | 81441 | 81445 | 81449 | 81450 | 81451 | 81456 | 81479 | 81490 | 81518 |
| 81519 | 81520 | 81522 | 81523 | 81528* | 81529 | 81539 | 81542 | 81546 | 81552 | 81554 | 81595 | 81596 | 81599 | 84999 |
| 0001U | 0002M | 0003M | 0004M | 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 |
| 0130U | 0131U | 0132U | 0133U | 0134U | 0135U | 0136U | 0137U | 0156U | 0157U | 0158U | 0159U | 0160U | 0161U | 0162U |
| 0169U | 0170U | 0171U | 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 | 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 |
| 0524U | G9143 | | | | | | | | | | | | | |
| <i>*No PA when provider is Exact Science- PA required for any other company</i> | | | | | | | | | | | | | | |
| HEART PROCEDURES | | | | | | | | | | | | | | |
| C9782 | C9783 | | | | | | | | | | | | | |

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|--|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| HEMOCARE Home Health Care | | | | | | | | | | | | | | |
| <u>Effective 09/01/2021:</u> | | | | | | | | | | | | | | |
| Providers should submit requests through one of the following intake channels: | | | | | | | | | | | | | | |
| <ul style="list-style-type: none"> • Provider portal (preferred). The sign-in link is at connecticare.com/providers • Fax: 860-678-5291 • Phone: Medicare members: 800-508-6157 | | | | | | | | | | | | | | |
| 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 |
| G0068 | G0069 | G0070 | G0071 | G0088 | G0089 | G0090 | G0151 | G0152 | G0153 | G0154 | G0155 | G0156 | G0157 | G0158 |
| G0159 | G0160 | G0161 | G0162 | G0163 | G0164 | G0299 | G0300 | G0490 | G0493 | G0494 | G0495 | G0496 | G2168 | G2169 |
| M0244 | M0246 | S5108 | S5109 | S5110 | S5111 | S5115 | S5116 | S5180 | S5181 | S5497 | S5501 | S5502 | S5518 | S5520 |
| S5521 | S5522 | S5523 | S9097 | S9098 | S9122 | S9123 | S9124 | S9127 | S9128 | S9129 | S9131 | S9152 | S9211 | S9212 |
| S9213 | S9214 | S9325 | S9326 | S9327 | S9328 | S9329 | S9330 | S9331 | S9336 | S9338 | S9339 | S9340 | S9341 | S9342 |
| S9343 | S9345 | S9346 | S9347 | S9348 | S9349 | S9351 | S9353 | S9355 | S9357 | S9359 | S9361 | S9363 | S9364 | S9365 |
| S9366 | S9367 | S9368 | S9370 | S9372 | S9373 | S9374 | S9375 | S9376 | S9377 | S9379 | S9474 | S9490 | S9494 | S9497 |
| S9501 | S9502 | S9503 | S9504 | S9537 | S9538 | S9542 | S9559 | S9560 | S9562 | S9590 | S9810 | T1000 | T1001 | T1002 |
| T1003 | T1004 | T1021 | T1022 | T1028 | T1030 | T1031 | | | | | | | | |
| HYSTERECTOMY | | | | | | | | | | | | | | |
| 58152 | 58267 | 58270 | 58275 | 58280 | 58293 | 58294 | | | | | | | | |
| IMMUNOTHERAPY | | | | | | | | | | | | | | |
| Q2043 | | | | | | | | | | | | | | |

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| MENTAL HEALTH/BEHAVIORAL HEALTH SERVICES | | | | | | | | | | | | | | |
| <i>Preauthorization is obtained through OptumHealth Behavioral Solutions (OHBS) if services are provided by a Behavioral Health Provider. Call 1-800-349-5365.</i> | | | | | | | | | | | | | | |
| <i>Preauthorization is obtained through ConnectiCare if services are provided by a Medical Healthcare Provider.</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> | | | | | | | | | | | | | | |
| 90867 | 90868 | 90869 | 90870 | 90899 | 96116 | 97151 | 97152 | 97153 | 97154 | 97155 | 97156 | 97157 | 97158 | 99484 |
| 99492 | 99493 | 99494 | 0362T | 0373T | G0129 | G0176 | G0177 | G0396 | G0397 | G0409 | G0410 | G0411 | G0459 | G2067 |
| G2068 | G2069 | G2070 | G2071 | G2072 | G2073 | G2074 | G2075 | G2076 | G2077 | G2078 | G2079 | G2080 | G2086 | G2087 |
| G2088 | H0020 | H0031 | H0032 | H0033 | H0047 | H2012 | H2014 | | | | | | | |
| SPINAL SURGERY/MSK/PAIN MANAGEMENT | | | | | | | | | | | | | | |
| <i>NIA/Magellan provides UM for our Musculoskeletal Program. Please contact NIA at 1-877-607-2363 or at https://www1.radmd.com/radmd-home.aspx</i> | | | | | | | | | | | | | | |
| 20939 | 22206 | 22207 | 22210 | 22212 | 22214 | 22220 | 22222 | 22224 | 22526 | 22532 | 22533 | 22548 | 22551 | 22552 |
| 22554 | 22556 | 22558 | 22586 | 22587 | 22590 | 22595 | 22600 | 22610 | 22612 | 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 | 63278 | 63280 | 63281 |
| 63282 | 63283 | 63285 | 63286 | 63287 | 63290 | 63304 | 64479 | 64483 | 64490 | 64493 | 64633 | 64635 | 0095T | 0274T |
| 0275T | G0260 | | | | | | | | | | | | | |

**Preauthorization Requirements
Effective January 1, 2023
(Medicare)**



| Preauthorization Category/CPT CODE | | | | | | | | | | | | | | |
|---|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 64628 & 64629 Require preauthorization. Note these codes are <u>not</u> managed by NIA, please contact ConnectiCare Medical Operations | | | | | | | | | | | | | | |
| *Please note 22526, 66287, 0202T, 0219T, 0220T, 0375T are <u>not</u> covered | | | | | | | | | | | | | | |
| *22899 follows unlisted code procedures and requires documentation to support. | | | | | | | | | | | | | | |
| NEURO-PSYCHOLOGICAL TESTING | | | | | | | | | | | | | | |
| Preauthorization is obtained through OptumHealth Behavioral Solutions (OHBS) if services are provided by a <u>Behavioral Health Provider</u> . Call 1-800-349-5365. | | | | | | | | | | | | | | |
| Preauthorization is obtained through ConnectiCare if services are provided by a <u>Medical Healthcare Provider</u> . | | | | | | | | | | | | | | |
| 96105 | | | | | | | | | | | | | | |
| ORTHOGNATHIC SURGERY | | | | | | | | | | | | | | |
| 21120 | 21121 | 21122 | 21123 | 21125 | 21127 | 21141 | 21142 | 21143 | 21145 | 21146 | 21147 | 21150 | 21151 | 21154 |
| 21155 | 21159 | 21160 | 21188 | 21193 | 21194 | 21195 | 21196 | 21198 | 21199 | 21206 | 21210 | 21215 | 21240 | 21242 |
| 21244 | 21245 | 21246 | 21247 | 21248 | 21249 | 21255 | 21299 | | | | | | | |
| OUT-OF-PLAN SERVICES | | | | | | | | | | | | | | |
| All out-of-plan services (non-emergency) | | | | | | | | | | | | | | |
| POTENTIALLY UNPROVEN SERVICES | | | | | | | | | | | | | | |
| 28890 | 36514 | 61850 | 61863 | 61864 | 61867 | 61868 | 61885 | 61886 | 64405 | 64555 | 64722 | 64744 | 66180 | 95965 |
| 95966 | 0584T | 0585T | 0586T | C9758 | | | | | | | | | | |
| PULMONARY REHABILITATION SERVICES | | | | | | | | | | | | | | |
| G0237 | G0238 | G0239 | 94625 | 94626 | | | | | | | | | | |
| RADIATION ONCOLOGY | | | | | | | | | | | | | | |
| NIA/Magellan provides UM for our Radiation Oncology Program. Please contact NIA by phone: 1-877-607-2363 or online: https://www1.radmd.com/radmd-home.aspx | | | | | | | | | | | | | | |

**Preauthorization Requirements
Effective January 1, 2023
(Medicare)**



| Preauthorization Category/CPT CODE | | | | | | | | | | | | | | |
|---|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 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 | A9590 | C1821 | C2616 | G0339 | G0340 | G6003 | G6004 | G6005 | G6006 | G6007 | G6008 |
| G6009 | G6010 | G6011 | G6012 | G6013 | G6014 | G6015 | G6016 | | | | | | | |
| RHINOPLASTY | | | | | | | | | | | | | | |
| 30400 | 30410 | 30420 | 30430 | 30435 | 30450 | 30460 | 30462 | 30465 | | | | | | |
| SLEEP APNEA PROCEDURES & SERVICES | | | | | | | | | | | | | | |
| 21685 | 41512 | 41530 | 41599 | 42145 | | | | | | | | | | |
| SLEEP STUDIES | | | | | | | | | | | | | | |
| 95782 | 95783 | 95805 | 95807 | 95808 | 95810 | 95811 | | | | | | | | |
| SITE OF SERVICE – OFFICE: | | | | | | | | | | | | | | |
| <i>Authorization is required for any place of service outside of POS 11 (effective 3/1/2021)</i> | | | | | | | | | | | | | | |
| 10120 | 10140 | 11400 | 11401 | 11402 | 11403 | 11404 | 11406 | 11420 | 11421 | 11422 | 11423 | 11424 | 11426 | 11442 |
| 19000 | 31579 | 45300 | 45330 | 46922 | 55250 | 57460 | 64520 | | | | | | | |
| SITE OF SERVICE – OUTPATIENT SURGICAL PROCEDURES | | | | | | | | | | | | | | |
| <i>Authorization is required for any place of service outside of an ASC/POS24 or Office/POS 11 (effective 3/1/2021)</i> | | | | | | | | | | | | | | |
| 13101 | 13132 | 14040 | 14060 | 14301 | 20680 | 21320 | 21552 | 21931 | 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 | 69631 | | | | | | | | | | | | | |

**Preauthorization Requirements
Effective January 1, 2023
(Medicare)**



| Preauthorization Category/CPT CODE | | | | | | | | | | | | | | |
|--|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| TRANSPLANT SERVICES | | | | | | | | | | | | | | |
| 32850 | 32851 | 32852 | 32853 | 32854 | 32855 | 32856 | 33930 | 33933 | 33935 | 33940 | 33944 | 33945 | 38206 | 38208 |
| 38209 | 38210 | 38212 | 38213 | 38214 | 38215 | 38232 | 38240 | 38241 | 38242 | 38999 | 44132 | 44133 | 44135 | 44136 |
| 44137 | 44715 | 44720 | 44721 | 47133 | 47135 | 47140 | 47141 | 47142 | 47143 | 47144 | 47145 | 47146 | 47147 | 48551 |
| 48552 | 48554 | 50300 | 50320 | 50323 | 50325 | 50340 | 50360 | 50365 | 50370 | 50380 | 50547 | | | |
| VAGUS NERVE STIMULATION | | | | | | | | | | | | | | |
| 63664 | 64568 | | | | | | | | | | | | | |
| VEIN PROCEDURES | | | | | | | | | | | | | | |
| 36473 | 36474 | 36475 | 36476 | 36478 | 36479 | 36482 | 36483 | 37700 | 37718 | 37722 | 37780 | | | |
| VENTRICULAR ASSIST DEVICE (VAD) | | | | | | | | | | | | | | |
| 33927 | 33928 | 33929 | 33975 | 33976 | 33979 | 33981 | 33982 | 33983 | | | | | | |

Revision history

| DATE | REVISION |
|------------|---|
| 12/28/2022 | <ul style="list-style-type: none"> • Added new codes effective 1/01/2023: <ul style="list-style-type: none"> ○ <u>Advanced Radiology:</u> 0742T ○ <u>Bariatric Surgery:</u> 43290, 43291 ○ <u>Cochlear & Other Auditory Implants:</u> 69728, 69729 and 69730 ○ <u>Gender Dysphoria:</u> 55867 ○ <u>Genetic Testing:</u> 0355U, 0356U, 0362U, 0363U, 81418, 81441, 81449, 81451 and 81456 ○ <u>Spinal Surgery/Msk/Pain Management:</u> 22860 • Removed <i>Deleted Codes</i> effective 1/01/2023: <ul style="list-style-type: none"> ○ <u>Site of Service – Outpatient Surgical:</u> 49585, 49587, 49652, 49653, 49654 and 49655 |

Preauthorization Requirements Effective January 1, 2023 (Medicare)



| DATE | REVISION |
|------------|---|
| 11/30/2022 | <ul style="list-style-type: none"> Updated <u>Homecare</u> to include additional codes effective 12/01/2022: G2168, G2169, M0244, M0246, S5108, S5109, S9152, T1021 and T1000 |
| 9/29/2022 | <ul style="list-style-type: none"> Added new codes effective 10/01/2022: <ul style="list-style-type: none"> <u>Genetic Testing</u>: 0332U, 0333U, 0334U, 0335U, 0336U, 0339U, 0340U, 0341U, 0343U, 0345U, 0347U, 0348U, 0349U and 0350U Removed deleted codes effective 10/01/2022: <ul style="list-style-type: none"> <u>Genetic Testing</u>: 0012U, 0013U, 0014U and 0056U |
| 8/08/2022 | <ul style="list-style-type: none"> Removed following codes effective 1/01/2022: <ul style="list-style-type: none"> <u>Home Health Care</u>: H1000, H1001, H1002, H1003 and H1005 |
| 7/19/2022 | <ul style="list-style-type: none"> Added codes with new PA requirement effective 11/15/2022: <ul style="list-style-type: none"> <u>Cosmetic & Reconstructive Surgery</u>: 10040, 15730, 17380, 40500, 21086 and 21087 |
| 6/29/2022 | <ul style="list-style-type: none"> Added new codes effective 7/01/2022: <ul style="list-style-type: none"> <u>Genetic Testing</u>: 0326U, 0329U and 0331U |
| 6/16/2022 | <ul style="list-style-type: none"> Updated to include 2 Codes – effective 11/01/2022 <ul style="list-style-type: none"> <u>SPINAL SURGERY/MSK/PAIN MANAGEMENT</u>: 64628 and 64629 <i>Note: These 2 codes are not managed by NIA</i> |
| 6/09/2022 | <ul style="list-style-type: none"> Corrected to align with NIA 2022 Preauthorization List <ul style="list-style-type: none"> <u>Advanced Radiology</u>: 71271 |
| 4/18/2022 | <ul style="list-style-type: none"> Removed Code(s) Effective 5/01/2022: <ul style="list-style-type: none"> <u>Mental Health/Behavioral Health Services</u>: 90837 |
| 4/06/2022 | <ul style="list-style-type: none"> Removed Code(s) Effective 1/01/2022: <ul style="list-style-type: none"> <u>Sleep Studies</u>: 95806, G0398, G0399 and G0400 Removed Code(s) Effective 4/05/2022: <ul style="list-style-type: none"> <u>Ambulance non-emergency transportation</u>: A0384, A0396 and A0424 |
| 3/28/2022 | <ul style="list-style-type: none"> Removed Code(s) Effective 4/01/2022: <ul style="list-style-type: none"> <u>Genetic Testing</u>: 0097U – <i>deleted code</i> Added new Codes Effective 4/01/2022: <ul style="list-style-type: none"> <u>DME</u>: K1031, K1032 and K1033 <u>Genetic Testing</u>: 0306U, 0307U, 0313U, 0314U, 0315U, 0317U, 0318U, 0319U and 0320U <u>Heart Procedures</u>: C9782 & C9783 |
| 3/22/2022 | <ul style="list-style-type: none"> 11/2021 Revision history clarification; 45330 was <u>not</u> removed from <u>SOS Office</u> |

Preauthorization Requirements Effective January 1, 2023 (Medicare)



| DATE | REVISION |
|------------|--|
| 2/07/2022 | <ul style="list-style-type: none"> • Removed Codes Effective 7/01/2021 <ul style="list-style-type: none"> ○ NEURO-PSYCHOLOGICAL TESTING: 96121, 96130, 96131, 96132, 96133, 96136, 96137, 96138, 96139 & 96146 • Corrected/removed codes from Site of Service Office: 27096, 64633, 64635. <i>Listed under MUSCULOSKELETAL PROCEDURES.</i> |
| 1/20/2022 | <ul style="list-style-type: none"> • Updated contact information for preauthorization requests • Ambulance: Updated contact information • DME: Updated contact information • Homecare: Updated contact information |
| 1/13/2022 | <ul style="list-style-type: none"> • Removed 58558 Effective 1/01/2022 |
| 12/30/2021 | <ul style="list-style-type: none"> • Updated with codes requiring preauthorization effective 2/01/2022: <ul style="list-style-type: none"> ○ Cosmetic & Reconstructive Surgery: 54401 & 54416 ○ Immunotherapy: Q2043 ○ Vagus Nerve Stimulation: 63664 |
| 12/28/2021 | <ul style="list-style-type: none"> • Updated with new codes effective 1/01/2022: <ul style="list-style-type: none"> ○ Genetic Testing: 81349, 81523, 0285U, 0286U, 0287U, 0288U, 0289U, 0290U, 0291U, 0292U, 0293U, 0294U, 0296U, 0297U, 0298U, 0299U and 0300U ○ Pulmonary Rehab: 94625 and 94626 • Removed deleted codes effective 1/01/2022: <ul style="list-style-type: none"> ○ Cochlear Implants: 69715 and 69718 ○ Pulmonary Rehab: G0424 |
| 11/2021 | <ul style="list-style-type: none"> • Corrected to include below (effective 3/01/2021): <ul style="list-style-type: none"> ○ <u>Site of Service</u> – Office: 27096, 58558, 64633 & 64635. <i>Removed 45330</i> ○ <u>Site of Service</u> – Outpatient Surgical Procedures: 42820, 57522, 58353, 58565 |
| 10/2021 | <ul style="list-style-type: none"> • Updated with new codes effective 10/01/2021 <ul style="list-style-type: none"> ○ <u>Genetic Testing</u>: 0258U, 0260U, 0262U, 0264U, 0265U, 0266U, 0267U, 0268U, 0269U, 0270U, 0271U, 0272U, 0273U, 0274U, 0276U, 0277U, 0278U & 0282U ○ <u>DME</u>: K1021, K1022, K1023, K1024, K1025 & K1027 |
| 9/07/2021 | <ul style="list-style-type: none"> • Post-acute care for ConnectiCare members will be managed by ConnectiCare instead of CareCentrix. • Removed CareCentrix information from DME & Home Care Services and added new CCI intake information. • Ambulance/Medical Transportation: Additional transport/transfer information added <p>Effective 09/01/2021</p> |

Preauthorization Requirements Effective January 1, 2023 (Medicare)



| DATE | REVISION |
|------------|--|
| 8/16/2021 | <ul style="list-style-type: none"> Added Office/POS 11 to Site of Service: Outpatient Surgical Procedures |
| 7/20/2021 | <ul style="list-style-type: none"> Added new codes effective 07/01/2021 to Genetic Testing-0250U, 0252U, 0253U & 0254U |
| 5/13/2021 | <ul style="list-style-type: none"> Added clarification to Mental Health/Behavioral Health Services and Neuropsychological Testing for obtaining preauthorization |
| 5/03/2021 | <ul style="list-style-type: none"> New codes added effective 04/01/2021 0242U, 0244U, 0245U, 0246U, K1014, K1015 |
| 1/27/2021 | <ul style="list-style-type: none"> New codes added effective 01/01/2020: 0228U, 0229U, 0230U, 0231U, 0232U, 0233U, 0234U, 0235U, 0236U, 0237U, 0238U, 0239U, 81351, 81353, 81419, 81529, 81554. Added Site or Service section: Office and Outpatient Surgical Procedures-effective 3/1/2021 |
| 8/31/2020 | <ul style="list-style-type: none"> Code list updated with new codes effective 04/01/2020 and 07/01/2020 Listed more examples for homecare |
| 2/18/2020 | <ul style="list-style-type: none"> Listed codes in Behavioral Health instead of categories |
| 10/01/2019 | <ul style="list-style-type: none"> Policy Created |