

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:
Admissions require preauthorization: <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 	
AMBULANCE/MEDICAL TRANSPORTATION	All non-emergency transportation requires prior authorization. (e.g. A0140, A0380, A0384, A0390, A0396, A0424, A0425, A0426, A0428, A0430, A0431, A0435, A0436)
ADVANCED RADIOLOGY <i>Preauthorization is required for advanced outpatient imaging procedures:</i> <ul style="list-style-type: none"> Certain CT, MRI, MRA and PET scans Nuclear medicine (including radiation therapy) and nuclear cardiology procedures <i>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</i>	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, 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,

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	77047, 77048, 77049, 77084, 78429, 78430, 78431, 78432, 78433, 78451, 78452, 78453, 78454, 78459, 78466, 78468, 78469, 78472, 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, 93352, 93452, 93453, 93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461, 75557, G0235, G0252, S8037, S8092
AMBULATORY ECG	93228, 93229
ARTHROPLASTY	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
ARTHROSCOPY	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
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, 64590, 95980, 95981, 95982
BONE GROWTH	20975, 20979
BREAST RECONSTRUCTION (NON-MASTECTOMY) <i>Preauthorization is required for all diagnosis codes except 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
CARTILAGE IMPLANTS	27412, 29866, 29867, 29868
CLINICAL TRIALS	Notification and Patient consent form required
COCHLEAR & OTHER AUDITORY IMPLANTS	69710, 69714, 69715, 69718, 69930
HEART PROCEDURES	33251, 33254, 33255, 33256, 33257, 33258, 33259, 33261, 33404, 33414, 33415, 33416, 33417, 33476, 33478, 33500,

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	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, 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, C9758
COSMETIC & RECONSTRUCTIVE SURGERY	11960, 11971, 15769, 15771, 15772, 15773, 15774, 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>DURABLE MEDICAL EQUIPMENT, PROSTHETICS AND ORTHOTICS</p> <ul style="list-style-type: none"> Services for 90 days following an acute hospital admission would be handled by CareCentrix: Call 844-359-5388 Services <u>greater than 90 days</u> would be handled by ConnectiCare: Call 1-800-508-6157 option 6. 	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, 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,

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	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, 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, L8691, L8693, S1040, V2629
FOOT SURGERY	28285, 28289, 28291, 28292, 28296, 28297, 28298, 28299
FUNCTIONAL ENDOSCOPIC SINUS SURGERY (FESS)	31240, 31253, 31254, 31255, 31256, 31257, 31259, 31267, 31276, 31287, 31288
GENDER DYSPHORIA TREATMENT <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, 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
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, 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, 0060U, 0067U, 0069U, 0070U, 0071U, 0072U, 0073U, 0074U, 0075U, 0076U, 0078U, 0079U, 0084U, 0086U, 0087U, 0088U,

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	0089U, 0090U, 0094U, 0096U, 0097U, 0098U, 0099U, 0100U, 0101U, 0102U, 0103U, 0111U, 0113U, 0114U, 0118U, 0120U, 0129U, 0130U, 0131U, 0132U, 0133U, 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, 0169U, 0170U, 0171U, 0172U, 0173U, 0175U, 0179U, G9143, S3800, S3840, S3841, S3842, S3844, S3845, S3846, S3850, S3852, S3854, S3861, S3865, S3866
GYNECOMASTIA SURGERY	19300
HOMECARE Home Health Care <ul style="list-style-type: none"> Initial Contact: 1-800-508-6157 option 6 Additional services already in place- fax 860-678-5291 Please note* <ul style="list-style-type: none"> Services for 90 days following an acute hospital admission would be handled by CareCentrix: Call 844-359-5388 Services greater than 90 days would be handled by ConnectiCare: Call 1-800-508-6157 option 6. 	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, 99601, 99602, G0068, G0069, G0070, G0071, G0151, G0152, G0153, G0154, G0155, G0156, G0157, G0158, G0159, G0160, G0161, G0162, G0163, G0164, G0299, G0300, G0490, G0493, G0494, G0495, G0496, H1000, H1001, H1002, H0003, H1005, S5497, S9325, S9326, S9327, S9328, S9329, S9329, S9330, S9331, S9336, S9338, S9342, S9342, S9345, S9346, S9347, S9348, S9349, S9351, S9353, S9355, S9357, S9359, S9361, S9164, S9370, S9372, S9373, S9374, S9374, S9375, S9376, S9377, S9379, S9490, S9494, S9497, S9504, S9537, S9542, S9559, S9562, S9590, S9810
HYSTERECTOMY	58150, 58152, 58180, 58260, 58263, 58267, 58270, 58275, 58280, 58293, 58294, 58541, 58542, 58543, 58544, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573
IMMUNE GLOBULIN	90283, 90284
INFERTILITY	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
MENTAL HEALTH/BEHAVIORAL HEALTH SERVICES <i>Preauthorization is done through OptumHealth Behavioral Solutions (OHBS). Call 1-800-349-5365.</i>	90837, 90867, 90868, 90869, 90870, 90899, 96105, 96116, 96121, 96130, 96130, 96131, 96132, 96133, 96136, 96137, 96138, 96139, 96146, 99344, 99345, 99350, 99499, H0031, H0032, H2012, H2014, G2019 (97151, 97152, 97153, 97154, 97155, 97156, 97157, 97158, 0362T, 0373T – ABA Therapy codes accepted 3/30/2020) 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.
OBSTRUCTIVE SLEEP APNEA DIAGNOSIS & TREATMENT	95782, 95783, 95800, 95801, 95805, 95806, 95807, 95808, 95810, 95811 *G codes should only be used for Medicare
ORAL SURGERY	21110, 21243

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OUT-OF-PLAN SERVICES	Out-of-plan services to be covered at an in-network level of benefit (non-emergency).
ORTHOGNATHIC SURGERY	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
PHARMACY Pharmacy and Injectable Medications including Chemotherapy services please see <i>Pharmacy Preauthorization Criteria</i> .	https://www.connecticare.com/provider/commercial/providermanual/Pharmacy/PharmPreAuth.aspx
POTENTIALLY UNPROVEN SERVICES	26340, 33361, 33362, 33363, 33364, 33365, 33366, 33369, 33477, 36514, 61863, 61864, 61867, 61868, 61886, 64555, 64595, 64722
RHINOPLASTY	30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 30465
RADIATION ONCOLOGY <i>NIA/Magellan provides UM for our Radiation Oncology Program. Please contact NIA by phone: 1-877-607-2363 or online:</i> https://www1.radmd.com/radmd-home.aspx	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, 77770, 77771, 77772, 77778, 77789, 77799, 0394T, 0395T, A9590, C2616, G0339, G0340, G6003, G6004, G6005, G6006, G6007, G6008, G6009, G6010, G6011, G6012, G6013, G6014, G6015, G6016
SINUPLASTY	31295, 31296, 31297, 31298
SITE OF SERVICE: OFFICE	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	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
STIMULATORS (NEUROSTIMULATION)	64553, 64570, 61885, 64568

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(Commercial)**



Preauthorization Category:	CPT Code:
SPINAL SURGERY/MSK/PAIN MANAGEMENT <i>NIA/Magellan provides UM for our Musculoskeletal Program. Please contact NIA at by phone: 1-877-607-2363 or online: https://www1.radmd.com/radmd-home.aspx</i>	20930, 20936, 20938, 20939, 22100, 22102, 22110, 22114, 22206, 22207, 22208, 22210, 22212, 22214, 22216, 22220, 22222, 22224, 22226, 22526, 22527, 22532, 22533, 22548, 22551, 22552, 22554, 22558, 22586, 22590, 22595, 22600, 22610, 22612, 22614, 22630, 22632, 22633, 22634, 22800, 22802, 22804, 22808, 22810, 22812, 22830, 22840, 22841, 22843, 22845, 22846, 22848, 22856, 22857, 22858, 22861, 22862, 22864, 22865, 22867, 22869, 27096, 27279, 27280, 62263, 62264, 62287, 62320, 62321, 62323, 62350, 62351, 62355, 62360, 62361, 62362, 63001, 63003, 63005, 63012, 63015, 63016, 63017, 63020, 63030, 63035, 63040, 63042, 63044, 63045, 63046, 63047, 63048, 63050, 63055, 63056, 63057, 63064, 63066, 63075, 63076, 63077, 63078, 63082, 63085, 63087, 63090, 63101, 63265, 63266, 63267, 63268, 63270, 63271, 63272, 63273, 63275, 63276, 63277, 63278, 63280, 63281, 63282, 63283, 63285, 63286, 63287, 63290, 63301, 63304, 63306, 63709, 64479, 64483, 64490, 64492, 64493, 64494, 64633, 64635, 0095T, 0098T, 0164T, 0213T, 0215T, 0217T, 0219T, 0221T, 0228T, 0230T, 0274T, 0275T, 0375T, G0260 *Please note 22526, 66287, 0202T, 0219T, 0220T, 0274T, 0275T, 0375T are not covered. *22899 follows unlisted code procedures and requires documentation to support.
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 <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
VEIN PROCEDURES	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
VENTRICULAR ASSIST DEVICE (VAD)	33927, 33928, 33929, 33975, 33976, 33977, 33978, 33979, 33980, 33981, 33982, 33983, 33991, 33993, 93750

Revision history

DATE	REVISION
10/1/2019	• Policy Created
08/31/2020	• Updated for new codes created 04/01/2020 and 07/01/2020