

# Preauthorization Requirements Effective January 1, 2024 (Commercial)



| Review Date | Approved by:                     |
|-------------|----------------------------------|
| 3/26/2024   | 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  |
|---|
| <p><b>Admissions require Preauthorization:</b></p> <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> |

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## 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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|---|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| 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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|--|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| <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>   |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| <b>Effective 09/01/2021:</b>   |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 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> |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| A6584  | A6593 | A6594 | A6595 | A6596 | A6597 | A6598 | A6599 | A6600 | A6601 | A6602 | A6603 | A6604 | A6605 | A6606 |
| A6607  | A6608 | A6609 | 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 |

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|------------------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| E0770                              | E0784 | E0984 | E0986 | E1002 | E1003 | E1004 | E1005 | E1006 | E1007 | E1008 | E1010 | E1012 | E1016 | E1018 |
| E1028                              | E1236 | E1238 | 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 |

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|--|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|---------|-------|-------|
| L8042  | L8043 | L8044 | L8045 | L8046 | L8047 | L8049 | L8609 | L8614 | L8619 | L8627 | L8628 | L8631   | L8659 | L8679 |
| L8681  | L8682 | L8683 | L8689 | L8690 | L8691 | L8693 | S1040 | V2629 |       |       |       |         |       |       |
| <p><b>DURABLE MEDICAL EQUIPMENT, PROSTHETICS AND ORTHOTICS:</b><br/> <i>Preauthorization <u>not</u> required for the following codes with a diagnosis of varicose veins, lymphedema, history of deep vein thrombosis, or lymphedema related to cancer or cancer related surgery. Preauthorization required for all other diagnosis</i></p> |       |       |       |       |       |       |       |       |       |       |       |         |       |       |
| 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 | A6570 | A6571   | A6572 | A6573 |
| A6582  | A6583 | A6585 | A6586 | A6587 | A6610 |       |       |       |       |       |       |         |       |       |
| <p><b>DURABLE MEDICAL EQUIPMENT, PROSTHETICS AND ORTHOTICS:</b><br/> <i>Preauthorization <u>not</u> required for the following codes with a diagnosis of lymphedema or lymphedema related to cancer or cancer related surgery. Preauthorization required for all other diagnosis</i></p>   |       |       |       |       |       |       |       |       |       |       |       |         |       |       |
| A6568  | A6569 | A6574 | A6575 | A6576 | A6577 | A6578 | A6579 | A6580 | A6581 | A6588 | A6589 |         |       |       |
| 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 |       |       |
| 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 |       |       |       |       |       |       |       |       |       |         |       |       |

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## Preauthorization Category/CPT CODE

### 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 | 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 |
| 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 |

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|--|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 0434U  | 0437U | 0438U | 0439U | 0440U | 0444U | 0448U | 0449U | G9143 | S3800 | S3840 | S3841 | S3842 | S3844 | S3845 |
| S3846  | S3850 | S3852 | S3854 | S3861 | S3865 | S3866 |       |       |       |       |       |       |       |       |
| *No PA when provider is Exact Science  |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| GYNECOMASTIA SURGERY   |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 19300  |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| HEART PROCEDURES   |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 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 |       |       |       |       |       |       |       |       |       |       |       |
| <b>HEMECARE Home Health Care</b><br><b>Effective 09/01/2021:</b><br>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> |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| <b>All services in the place of service of home require prior authorization including, but not limited to:</b><br><b>See Revision History for Codes with PA requirement removed effective 1/01/2024</b>  |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 99500  | 99501 | 99502 | 99503 | 99504 | 99505 | 99506 | 99507 | 99509 | 99510 | 99511 | 99512 | 99600 | G0151 | G0152 |



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



| Preauthorization Category/CPT CODE  |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
|---|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 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 |       |       |       |       |       |       |       |       |       |       |       |
| <b>HEMOCARE – Home Infusion Therapy</b>   |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| Providers should submit requests to Care Continuum (CCUM)   |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| <b>Fax/Electronic: #888-631-8817, 8 a.m. to 7 p.m., Monday through Friday</b>   |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| <b>Phone: #877-391-7821, 8 a.m. to 7 p.m., Monday through Friday</b>  |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| <b><i>Home Infusion Therapy Drugs, please see <a href="#">Home Infusion Therapy Drug Pre-Authorization criteria</a></i></b> |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 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 |       |       |       |       |       |       |       |       |       |       |       |       |       |
| <b>IMMUNE GLOBULIN</b>  |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 90283   | 90284 |       |       |       |       |       |       |       |       |       |       |       |       |       |
| <b>IMMUNOTHERAPY</b>  |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| Q2043   |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| <b>INTRAUTERINE FETAL SURGERY Effective 1/01/2024</b>   |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| S9897   | S2400 | S2401 | S2402 | S2403 | S2404 | S2405 | S2409 | S2411 |       |       |       |       |       |       |
| <b>INFERTILITY</b>  |       |       |       |       |       |       |       |       |       |       |       |       |       |       |

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



| Preauthorization Category/CPT CODE  |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
|---|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 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 |       |       |       |       |       |
| <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>  |       |       |       |       |       |       |       |       |       |       |       |       |       |       |

**Preauthorization Requirements  
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| Preauthorization Category/CPT CODE   |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
|--|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| <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 |       |       |       |       |       |       |
| <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:</i> |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| <a href="https://www.radmd.com/RadMD/Common/Login.aspx">https://www.radmd.com/RadMD/Common/Login.aspx</a>                                |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 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 |       |       |       |       |       |       |       |       |       |       |

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



| Preauthorization Category/CPT CODE  |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
|---|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| <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 |
| 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><br/> <b>*22899 follows unlisted code procedures and requires documentation to support.</b></p>  |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| <b>TRANSPLANT SERVICES</b>  |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 32850   | 32851 | 32852 | 32853 | 32854 | 32855 | 32856 | 33930 | 33933 | 33935 | 33940 | 33944 | 33945 | 38208 | 38209 |

**Preauthorization Requirements  
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(Commercial)**



| Preauthorization Category/CPT CODE  |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
|---|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 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 |       |       |       |       |
| <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 | 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  |
|-----------|---|
| 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> |

# Preauthorization Requirements Effective January 1, 2024 (Commercial)



| DATE       | REVISION  |
|------------|---|
| 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>o 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>o <u>Obstructive Sleep Apnea</u>: 33276, 33277, 33278, 33279, 33280, 33281, 33287 and 33288</li> <li>o <u>Stimulator/Neurostimulator</u>: 61889, 61891, 61892, 64596, 64597 and 64598</li> <li>o <u>Advanced Radiology</u>: 75580</li> <li>o <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>o <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, A6610, E0678, E0679, E0680, E0681, E0682, E2001, L3161, L5615 and L5926</li> </ul> <p><b>Removed deleted codes effective 1/01/2024:</b></p> <p><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>o <u>Home Health Care</u>: Q5001 and Q5002</li> </ul>  |
| 10/20/2023 | <ul style="list-style-type: none"> <li>o 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>o Added New Codes <b>Effective 10/01/2023</b>: <ul style="list-style-type: none"> <li>o <u>DME/Prosthetics/Orthotics</u>: L5991</li> <li>o <u>Genetic Testing</u>: 0403U, 0405U, 0409U, 0410U, 0411U, 0413U, 0414U, 0417U, 0418U and 0419U</li> <li>o <u>Home Infusion Therapy</u>: B4148</li> </ul> </li> <li>o Removed Deleted Codes <b>Effective 10/01/2023</b>: <ul style="list-style-type: none"> <li>o <u>Genetic Testing</u>: 0386U and 0397U</li> </ul> </li> </ul>  |

# Preauthorization Requirements Effective January 1, 2024 (Commercial)



| DATE      | REVISION  |
|-----------|---|
| 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>  |
| 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>Added new codes <b>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>Removed Codes <b>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>o Policy updated – <b>Effective 2/1/2022</b> <ul style="list-style-type: none"> <li>o Cosmetic &amp; Reconstructive: 54401 &amp; 54416</li> <li>o Gender Dysphoria: 54405</li> <li>o Immunotherapy: Q2043</li> <li>o Stimulators/Neurostimulators: 63664</li> </ul> </li> </ul>  |
| 12/28/2021 | <ul style="list-style-type: none"> <li>o Added new codes <b>effective 1/01/2022:</b> <ul style="list-style-type: none"> <li>o 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>o Removed deleted codes <b>effective 1/01/2022:</b> <ul style="list-style-type: none"> <li>o Cochlear Implants: 69715 and 69718</li> <li>o Heart Procedures: 33722, 93530, 93532, 93533, 93561 and 93562</li> </ul> </li> </ul> |
| 12/2021    | <ul style="list-style-type: none"> <li>o Removed K0582 (deleted code) from DME</li> </ul>   |
| 10/2021    | <ul style="list-style-type: none"> <li>o Updated to include new codes <b>effective 10/01/2021</b> <ul style="list-style-type: none"> <li>o <u>Genetic Testing</u>: 0260U, 0262U, 0264U, 0265U, 0266U, 0267U, 0268U, 0269U, 0270U, 0271U, 0272U, 0273U, 0274U, 0276U, 0277U, 0278U &amp; 0282U</li> <li>o <u>DME</u>: K1021, K1022, K1023, K1024, K1025 &amp; K1027</li> </ul> </li> </ul>   |
| 9/07/2021  | <ul style="list-style-type: none"> <li>o Post-acute care for ConnectiCare members will be managed by ConnectiCare instead of CareCentrix.</li> <li>o Removed CareCentrix information from DME &amp; Home Care Services and added new CCI intake information.</li> <li>o 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>o Added Office/POS 11 to Site of Service: Outpatient Surgical Procedures</li> </ul>  |
| 7/20/2021  | <ul style="list-style-type: none"> <li>o 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>o Added clarification to Mental Health/Behavioral Health Services for obtaining preauthorization.</li> </ul>   |
| 5/03/2021  | <ul style="list-style-type: none"> <li>o 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>o Updated with new codes effective 01/01/2021: 81351, 81353, 81419, 81529.</li> <li>o Removed codes effective 01/01/2020: 19324, 19366, 58293, 81545, 0228T, 0230T</li> </ul>  |
| 10/27/2020 | <ul style="list-style-type: none"> <li>o Updated with new codes effective 10/01/2020: 0203U-0205U, 0208U-0209U, 0211U-0222U</li> <li>o Added CPT code 19318 to Gender Dysphoria Treatment</li> </ul>  |
| 8/31/2020  | <ul style="list-style-type: none"> <li>o 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 |