

The creation of the list is inclusive of EH's Medical Policies, MedTech Data base, Provider Manual, Vendor Management and Place of Service policies. Preauthorization is required for all inpatient types of care including Medical, Surgical, Hospice, Skilled Nursing Care, Rehabilitation care, in addition to DME and Homecare services. In addition to the defined services we have identified specific CPT/HCPCS codes that require Preauthorization. Including:
 All non-emergency inpatient hospital admissions (acute, rehabilitation, behavioral health and skilled nursing facility care)
 Home health care (nursing, PT, OT, ST, home infusion therapy)

Note on City of New York: The EmblemHealth preauthorized service list will not apply to PPO CNY members who will migrate 1/1/20 except for any items on the P&A list related to: Home Health Care, Home Infusion, Nutritional Supplements & Enteral Therapy and High Tech radiology (Evicore). Preauth for CNY PPO members for all other services is managed for CNY by Empire BCBS.

****This list contains all PA codes, including codes that have site of service rules and diagnosis code rules.**

Commercial Line of Business: Pre-Authorization Rules Starting on 1/1/20

Pre-Authorization Codes		Site of Service Rules			Diagnosis Codes			
CPT Codes	Description	Commercial - Does Site of Service Rule Apply?	Commercial - Site of Service Rule REQUIRES PA for the following sites of service:	Commercial - Site of Service Rule Does NOT require a PA when procedure conducted in the following sites of service:	Commercial - Does Diagnosis Code Rule Apply?	Commercial - Diagnosis Code Rule REQUIRES PA for the following diagnosis codes:	Commercial - Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes:	Category / Procedure & Services
10120	Incision and removal of foreign body, subcutaneous tissues; simple	Yes	19,22,24	11	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Dermatologic
10140	Incision and drainage of hematoma, seroma or fluid collection	Yes	19,22,24	11	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Dermatologic
11400	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.5 cm or less	Yes	19,22,24	11	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Dermatologic
11401	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.6 to 1.0 cm	Yes	19,22,24	11	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Dermatologic
11402	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 1.1 to 2.0 cm	Yes	19,22,24	11	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Dermatologic
11403	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 2.1 to 3.0 cm	Yes	19,22,24	11	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Dermatologic
11404	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 3.1 to 4.0 cm	Yes	19,22,24	11	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Dermatologic
11406	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter over 4.0 cm	Yes	19,22,24	11	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Dermatologic
11420	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less	Yes	19,22,24	11	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Dermatologic
11421	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm	Yes	19,22,24	11	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Dermatologic
11422	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm	Yes	19,22,24	11	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Dermatologic
11423	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm	Yes	19,22,24	11	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Dermatologic
11424	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm	Yes	19,22,24	11	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Dermatologic
11426	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm	Yes	19,22,24	11	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Dermatologic

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11442	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 1.1 to 2.0 cm	Yes	19,22,24	11	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Dermatologic
11971	Removal of tissue expander(s) without insertion of prosthesis	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
13101	Repair, complex, trunk; 2.6 cm to 7.5 cm	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
13132	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 2.6 cm to 7.5 cm	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
14000	Adjacent tissue transfer or rearrangement, trunk; defect 10 sq cm or less	No	Diagnosis Code Rule Applies		Yes	Requires a PA for all sites of service if submitted code with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890	If submitted with other diagnosis codes, then does not require a PA.	Gender dysphoria treatment
14001	Adjacent tissue transfer or rearrangement, trunk; defect 10.1 sq cm to 30.0 sq cm	No	Diagnosis Code Rule Applies		Yes	Requires a PA for all sites of service if submitted code with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890	If submitted with other diagnosis codes, then does not require a PA.	Gender dysphoria treatment
14040	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
14041	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10.1 sq cm to 30.0 sq cm	No	Diagnosis Code Rule Applies		Yes	Requires a PA for all sites of service if submitted code with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890	If submitted with other diagnosis codes, then does not require a PA.	Gender dysphoria treatment
14060	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive
14301	Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq cm to 60.0 sq cm	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive
15734	Muscle, myocutaneous, or fasciocutaneous flap; trunk	No	Diagnosis Code Rule Applies		Yes	Requires a PA for all sites of service if submitted code with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890	If submitted with other diagnosis codes, then does not require a PA.	Gender dysphoria treatment
15738	Muscle, myocutaneous, or fasciocutaneous flap; lower extremity	No	Diagnosis Code Rule Applies		Yes	Requires a PA for all sites of service if submitted code with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890	If submitted with other diagnosis codes, then does not require a PA.	Gender dysphoria treatment
15750	Flap; neurovascular pedicle	No	Diagnosis Code Rule Applies		Yes	Requires a PA for all sites of service if submitted code with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890	If submitted with other diagnosis codes, then does not require a PA.	Gender dysphoria treatment
15757	Free skin flap with microvascular anastomosis	No	Diagnosis Code Rule Applies		Yes	Requires a PA for all sites of service if submitted code with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890	If submitted with other diagnosis codes, then does not require a PA.	Gender dysphoria treatment

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15758	Free fascial flap with microvascular anastomosis	No	Diagnosis Code Rule Applies		Yes	Requires a PA for all sites of service if submitted code with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890	If submitted with other diagnosis codes, then does not require a PA.	Gender dysphoria treatment
15820	Blepharoplasty, lower eyelid	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
15822	Blepharoplasty, upper eyelid	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
15847	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen (eg, abdominoplasty) (includes umbilical transposition and fascial plication) (List separately in addition to code for primary procedure)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
15877	Suction assisted lipectomy; trunk	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
17106	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
17107	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
17108	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
17999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
19000	Puncture aspiration of cyst of breast;	Yes	19,22,24	11	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		General surgery
19300	Removal of Breast Tissue	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Gynecomastia Surgery

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19303	Mastectomy, simple, complete	No	Diagnosis Code Rule Applies		Yes		Prior authorization not required for the following diagnosis codes: 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, F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890	Gender dysphoria treatment
19304	Mastectomy, subcutaneous	No	Diagnosis Code Rule Applies		Yes		Prior authorization not required for the following diagnosis codes: 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, F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890	Gender dysphoria treatment

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19316	Mastopexy	No	Diagnosis Code Rule Applies		Yes		Prior authorization not required for the following diagnosis codes: 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	Breast reconstruction (non-mastectomy) -
19318	Reduction mammoplasty	No	Diagnosis Code Rule Applies		Yes		Prior authorization not required for the following diagnosis codes: 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	Breast reconstruction (non-mastectomy) -

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19324	Mammoplasty, augmentation; without prosthetic implant	No	Diagnosis Code Rule Applies		Yes		Prior authorization not required for the following diagnosis codes: 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	Breast reconstruction (non-mastectomy) -
19325	Mammoplasty, augmentation; with prosthetic implant	No	Diagnosis Code Rule Applies		Yes		Prior authorization not required for the following diagnosis codes: 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	Breast reconstruction (non-mastectomy) -

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19328	Removal of intact mammary implant	No	Diagnosis Code Rule Applies		Yes		Prior authorization not required for the following diagnosis codes: 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	Breast reconstruction (non-mastectomy) -
19330	Removal of mammary implant material	No	Diagnosis Code Rule Applies		Yes		Prior authorization not required for the following diagnosis codes: 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	Breast reconstruction (non-mastectomy) -

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19340	Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction	No	Diagnosis Code Rule Applies		Yes		Prior authorization not required for the following diagnosis codes: 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	Breast reconstruction (non-mastectomy) -
19342	Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction(covered for postmastectomy reconstruction)	No	Diagnosis Code Rule Applies		Yes		Prior authorization not required for the following diagnosis codes: 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	Breast reconstruction (non-mastectomy) -

Commercial Line of Business: Pre-Authorization Rules Starting on 1/1/20

Pre-Authorization Codes		Site of Service Rules			Diagnosis Codes			
CPT Codes	Description	Commercial - Does Site of Service Rule Apply?	Commercial - Site of Service Rule REQUIRES PA for the following sites of service:	Commercial - Site of Service Rule Does NOT require a PA when procedure conducted in the following sites of service:	Commercial - Does Diagnosis Code Rule Apply?	Commercial - Diagnosis Code Rule REQUIRES PA for the following diagnosis codes:	Commercial - Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes:	Category / Procedure & Services
19350	Nipple/areola reconstruction	No	Diagnosis Code Rule Applies		Yes		Prior authorization not required for the following diagnosis codes: 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	Breast reconstruction (non-mastectomy) -
19357	Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion	No	Diagnosis Code Rule Applies		Yes		Prior authorization not required for the following diagnosis codes: 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	Breast reconstruction (non-mastectomy) -

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Pre-Authorization Codes		Site of Service Rules			Diagnosis Codes			
CPT Codes	Description	Commercial - Does Site of Service Rule Apply?	Commercial - Site of Service Rule REQUIRES PA for the following sites of service:	Commercial - Site of Service Rule Does NOT require a PA when procedure conducted in the following sites of service:	Commercial - Does Diagnosis Code Rule Apply?	Commercial - Diagnosis Code Rule REQUIRES PA for the following diagnosis codes:	Commercial - Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes:	Category / Procedure & Services
19361	Breast reconstruction with latissimus dorsi flap, without prosthetic implant	No	Diagnosis Code Rule Applies		Yes		Prior authorization not required for the following diagnosis codes: 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	Breast reconstruction (non-mastectomy) -
19364	Breast reconstruction with free flap	No	Diagnosis Code Rule Applies		Yes		Prior authorization not required for the following diagnosis codes: 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	Breast reconstruction (non-mastectomy) -

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Pre-Authorization Codes		Site of Service Rules			Diagnosis Codes			
CPT Codes	Description	Commercial - Does Site of Service Rule Apply?	Commercial - Site of Service Rule REQUIRES PA for the following sites of service:	Commercial - Site of Service Rule Does NOT require a PA when procedure conducted in the following sites of service:	Commercial - Does Diagnosis Code Rule Apply?	Commercial - Diagnosis Code Rule REQUIRES PA for the following diagnosis codes:	Commercial - Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes:	Category / Procedure & Services
19366	Breast reconstruction with other technique	No	Diagnosis Code Rule Applies		Yes		Prior authorization not required for the following diagnosis codes: 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	Breast reconstruction (non-mastectomy) -
19367	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site	No	Diagnosis Code Rule Applies		Yes		Prior authorization not required for the following diagnosis codes: 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	Breast reconstruction (non-mastectomy) -

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Pre-Authorization Codes		Site of Service Rules			Diagnosis Codes			
CPT Codes	Description	Commercial - Does Site of Service Rule Apply?	Commercial - Site of Service Rule REQUIRES PA for the following sites of service:	Commercial - Site of Service Rule Does NOT require a PA when procedure conducted in the following sites of service:	Commercial - Does Diagnosis Code Rule Apply?	Commercial - Diagnosis Code Rule REQUIRES PA for the following diagnosis codes:	Commercial - Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes:	Category / Procedure & Services
19368	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site; with microvascular anastomosis (supercharging)	No	Diagnosis Code Rule Applies		Yes		Prior authorization not required for the following diagnosis codes: 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	Breast reconstruction (non-mastectomy) -
19369	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), double pedicle, including closure of donor site	No	Diagnosis Code Rule Applies		Yes		Prior authorization not required for the following diagnosis codes: 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	Breast reconstruction (non-mastectomy) -

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Pre-Authorization Codes		Site of Service Rules			Diagnosis Codes			
CPT Codes	Description	Commercial - Does Site of Service Rule Apply?	Commercial - Site of Service Rule REQUIRES PA for the following sites of service:	Commercial - Site of Service Rule Does NOT require a PA when procedure conducted in the following sites of service:	Commercial - Does Diagnosis Code Rule Apply?	Commercial - Diagnosis Code Rule REQUIRES PA for the following diagnosis codes:	Commercial - Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes:	Category / Procedure & Services
19370	Open periprosthetic capsulotomy, breast	No	Diagnosis Code Rule Applies		Yes		Prior authorization not required for the following diagnosis codes: 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	Breast reconstruction (non-mastectomy) -
19371	Periprosthetic capsulectomy, breast	No	Diagnosis Code Rule Applies		Yes		Prior authorization not required for the following diagnosis codes: 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	Breast reconstruction (non-mastectomy) -

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Pre-Authorization Codes		Site of Service Rules			Diagnosis Codes			
CPT Codes	Description	Commercial - Does Site of Service Rule Apply?	Commercial - Site of Service Rule REQUIRES PA for the following sites of service:	Commercial - Site of Service Rule Does NOT require a PA when procedure conducted in the following sites of service:	Commercial - Does Diagnosis Code Rule Apply?	Commercial - Diagnosis Code Rule REQUIRES PA for the following diagnosis codes:	Commercial - Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes:	Category / Procedure & Services
19380	Revision of reconstructed breast (only after a mastectomy)	No	Diagnosis Code Rule Applies		Yes		Prior authorization not required for the following diagnosis codes: 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	Breast reconstruction (non-mastectomy) -
19396	Preparation of moulage for custom breast implant	No	Diagnosis Code Rule Applies		Yes		Prior authorization not required for the following diagnosis codes: 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	Breast reconstruction (non-mastectomy) -
20680	Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Miscellaneous
20926	Tissue grafts, other (eg, paratenon, fat, dermis)	No	Diagnosis Code Rule Applies		Yes	Requires a PA for all sites of service if submitted code with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890	If submitted with other diagnosis codes, then does not require a PA.	Gender dysphoria treatment
20975	Electrical stimulation to aid bone healing; invasive (operative)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Bone growth stimulator
20979	Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Bone growth stimulator

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Pre-Authorization Codes		Site of Service Rules			Diagnosis Codes			
CPT Codes	Description	Commercial - Does Site of Service Rule Apply?	Commercial - Site of Service Rule REQUIRES PA for the following sites of service:	Commercial - Site of Service Rule Does NOT require a PA when procedure conducted in the following sites of service:	Commercial - Does Diagnosis Code Rule Apply?	Commercial - Diagnosis Code Rule REQUIRES PA for the following diagnosis codes:	Commercial - Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes:	Category / Procedure & Services
21110	INTERDENTAL FIXATION	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Oral Surgery
21121	Genioplasty; sliding osteotomy, single piece	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Orthognathic surgery Treatment of maxillofacial functional impairment
21123	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Orthognathic surgery Treatment of maxillofacial functional impairment
21125	Augmentation, mandibular body or angle; prosthetic material	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Orthognathic surgery Treatment of maxillofacial functional impairment
21127	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Orthognathic surgery Treatment of maxillofacial functional impairment
21137	Reduction forehead; contouring only	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
21138	Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
21139	Reduction forehead; contouring and setback of anterior frontal sinus wall	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
21141	Reconstruction midface, LeFort I; single piece, segment movement in any direction (eg, for Long Face Syndrome), without bone graft	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Orthognathic surgery Treatment of maxillofacial functional impairment
21142	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, without bone graft	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Orthognathic surgery Treatment of maxillofacial functional impairment
21143	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, without bone graft	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Orthognathic surgery Treatment of maxillofacial functional impairment
21145	Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Orthognathic surgery Treatment of maxillofacial functional impairment
21146	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted unilateral alveolar cleft)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Orthognathic surgery Treatment of maxillofacial functional impairment
21147	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted bilateral alveolar cleft or multiple osteotomies)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Orthognathic surgery Treatment of maxillofacial functional impairment
21150	Reconstruction midface, LeFort II; anterior intrusion (eg, Treacher-Collins Syndrome)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Orthognathic surgery Treatment of maxillofacial functional impairment
21151	Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Orthognathic surgery Treatment of maxillofacial functional impairment
21154	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Orthognathic surgery Treatment of maxillofacial functional impairment
21155	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); with LeFort I	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Orthognathic surgery Treatment of maxillofacial functional impairment
21159	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); without LeFort I	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Orthognathic surgery Treatment of maxillofacial functional impairment

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CPT Codes	Description	Commercial - Does Site of Service Rule Apply?	Commercial - Site of Service Rule REQUIRES PA for the following sites of service:	Commercial - Site of Service Rule Does NOT require a PA when procedure conducted in the following sites of service:	Commercial - Does Diagnosis Code Rule Apply?	Commercial - Diagnosis Code Rule REQUIRES PA for the following diagnosis codes:	Commercial - Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes:	Category / Procedure & Services
21160	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); with LeFort I	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Orthognathic surgery Treatment of maxillofacial functional impairment
21172	Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
21175	Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (eg, plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
21179	Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
21180	Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
21181	Reconstruction by contouring of benign tumor of cranial bones (eg, fibrous dysplasia), extracranial	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
21182	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting less than 40 sq cm	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
21183	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 40 sq cm but less than 80 sq cm	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
21184	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 80 sq cm	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
21188	Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Orthognathic surgery Treatment of maxillofacial functional impairment
21193	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Orthognathic surgery Treatment of maxillofacial functional impairment
21194	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Orthognathic surgery Treatment of maxillofacial functional impairment
21195	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Orthognathic surgery Treatment of maxillofacial functional impairment
21196	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Orthognathic surgery Treatment of maxillofacial functional impairment
21198	Osteotomy, mandible, segmental;	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Orthognathic surgery Treatment of maxillofacial functional impairment
21199	Osteotomy, mandible, segmental; with genioglossus advancement	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Orthognathic surgery Treatment of maxillofacial functional impairment

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21206	Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Orthognathic surgery Treatment of maxillofacial functional impairment
21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Orthognathic surgery Treatment of maxillofacial functional impairment
21209	Osteoplasty, facial bones; reduction	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Orthognathic surgery Treatment of maxillofacial functional impairment
21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Orthognathic surgery Treatment of maxillofacial functional impairment
21215	Graft, bone; mandible (includes obtaining graft)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Orthognathic surgery Treatment of maxillofacial functional impairment
21230	Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
21235	Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
21240	Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Orthognathic surgery Treatment of maxillofacial functional impairment
21242	Arthroplasty, temporomandibular joint, with allograft	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Orthognathic surgery Treatment of maxillofacial functional impairment
21243	RECONSTRUCTION OF JAW JOINT	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Oral Surgery
21244	Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Orthognathic surgery Treatment of maxillofacial functional impairment
21245	Reconstruction of mandible or maxilla, subperiosteal implant; partial	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Orthognathic surgery Treatment of maxillofacial functional impairment
21246	Reconstruction of mandible or maxilla, subperiosteal implant; complete	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Orthognathic surgery Treatment of maxillofacial functional impairment
21247	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (eg, for hemifacial microsomia)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Orthognathic surgery Treatment of maxillofacial functional impairment
21248	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Orthognathic surgery Treatment of maxillofacial functional impairment
21249	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); complete	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Orthognathic surgery Treatment of maxillofacial functional impairment
21255	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Orthognathic surgery Treatment of maxillofacial functional impairment
21256	Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (eg, micro-ophthalmia)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
21260	Periorbital osteotomies for orbital hypertelorism, with bone grafts; extracranial approach	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
21261	Periorbital osteotomies for orbital hypertelorism, with bone grafts; combined intra- and extracranial approach	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
21263	Periorbital osteotomies for orbital hypertelorism, with bone grafts; with forehead advancement	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery

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21267	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; extracranial approach	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
21268	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; combined intra- and extracranial approach	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
21270	AUGMENTATION CHEEK BONE	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Orthognathic Surgery
21275	Secondary revision of orbitocraniofacial reconstruction	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
21280	Medial canthopexy (separate procedure)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
21282	Lateral canthopexy	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
21295	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); extraoral approach	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
21296	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); intraoral approach	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Orthognathic surgery Treatment of maxillofacial functional impairment
21299	Unlisted craniofacial and maxillofacial procedure	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Orthognathic surgery Treatment of maxillofacial functional impairment
21320	Closed treatment of nasal bone fracture; with stabilization	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Ear, nose and throat (ENT) procedures
21552	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; 3 cm or greater	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive
21740	Reconstructive repair of pectus excavatum or carinatum; open	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
21742	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), without thoracoscopy	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
21743	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), with thoracoscopy	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
21931	Excision, tumor, soft tissue of back or flank, subcutaneous; 3 cm or greater	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive
22100	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; cervical	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Spinal surgery
22101	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; thoracic	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Spinal surgery
22102	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; lumbar	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Spinal surgery
22110	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; cervical	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Spinal surgery
22112	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; thoracic	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Spinal surgery

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22114	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; lumbar	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Spinal surgery
22206	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); thoracic	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Spinal surgery
22207	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); lumbar	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Spinal surgery
22210	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; cervical	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Spinal surgery
22212	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; thoracic	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Spinal surgery
22214	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Spinal surgery
22220	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; cervical	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Spinal surgery
22224	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; lumbar	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Spinal surgery
22858	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctectomy for nerve root or spinal cord decompression and microdissection); second level, cervical (List separately in addition to code for primary procedure)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Spinal surgery
22899	Unlisted procedure, spine	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Spinal surgery
23470	Arthroplasty, glenohumeral joint; hemiarthroplasty	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroplasty
23472	Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroplasty
23473	Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroplasty
23474	Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroplasty
24360	Arthroplasty, elbow; with membrane (eg, fascial)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroplasty
24361	Arthroplasty, elbow; with distal humeral prosthetic replacement	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroplasty
24362	Arthroplasty, elbow; with implant and fascia lata ligament reconstruction	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroplasty
24363	Arthroplasty, elbow; with distal humerus and proximal ulnar prosthetic replacement (eg, total elbow)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroplasty
24370	Revision of total elbow arthroplasty, including allograft when performed; humeral or ulnar component	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroplasty
24371	Revision of total elbow arthroplasty, including allograft when performed; humeral and ulnar component	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroplasty

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26340	Manipulation, finger joint, under anesthesia, each joint	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Potentially unproven services (including experimental/investigational) Services, including medications, determined to be ineffective in treating a medical condition and/or to have no beneficial effect on health outcomes Determination made when there's insufficient clinical evidence from well-conducted randomized controlled trials or cohort studies in the prevailing published, peer-reviewed medical literature
27096	Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed	Yes	19,22,24	11	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Musculoskeletal
27120	Acetabuloplasty; (eg, Whitman, Colonna, Haygroves, or cup type)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroplasty
27122	Acetabuloplasty; resection, femoral head (eg, Girdlestone procedure)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroplasty
27125	Hemiarthroplasty, hip partial	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroplasty
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip replacement), with or without autograft or allograft	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroplasty
27132	Revision of previous hip surgery to total hip arthroplasty, both components with or without allograft or autograft	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroplasty
27134	Revision of total hip arthroplasty; both components, with or without autograft or allograft	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroplasty
27137	Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroplasty
27138	Revision of total hip arthroplasty; femoral component only, with or without allograft	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroplasty
27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Spinal surgery
27280	Arthrodesis, open, sacroiliac joint, including obtaining bone graft, including instrumentation, when performed	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Spinal surgery
27412	Autologous chondrocyte implantation, knee	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cartilage implants
27437	Arthroplasty, patella; without prosthesis	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroplasty
27438	Arthroplasty, patella; with prosthesis	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroplasty
27440	Arthroplasty, knee, tibial plateau;	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroplasty
27441	Arthroplasty, knee, tibial plateau; with debridement and partial synovectomy	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroplasty
27442	Arthroplasty, femoral condyles or tibial plateau(s), knee;	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroplasty
27443	Arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement and partial synovectomy	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroplasty

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27445	Arthroplasty, knee, hinge prosthesis (eg, Walldius type)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroplasty
27446	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroplasty
27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroplasty
27486	Revision of total knee arthroplasty, with or without allograft; 1 component	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroplasty
27487	Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroplasty
28285	Correction, hammertoe (eg, interphalangeal fusion, partial or total phalangectomy)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Foot surgery
28289	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; without implant	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Foot surgery
28291	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; with implant	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Foot surgery
28292	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with resection of proximal phalanx base, when performed, any method	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Foot surgery
28296	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with distal metatarsal osteotomy, any method	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Foot surgery
28297	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with first metatarsal and medial cuneiform joint arthrodesis, any method	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Foot surgery
28298	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal phalanx osteotomy, any method	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Foot surgery
28299	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with double osteotomy, any method	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Foot surgery
28344	Reconstruction, toe(s); polydactyly	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
29805	Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroscopy
29806	Arthroscopy, shoulder, surgical; capsulorrhaphy	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroscopy
29807	Arthroscopy, shoulder, surgical; repair of SLAP lesion	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroscopy
29819	Arthroscopy, shoulder, surgical; with removal of loose body or foreign body	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroscopy
29820	Arthroscopy, shoulder, surgical; synovectomy, partial	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroscopy
29821	Arthroscopy, shoulder, surgical; synovectomy, complete	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroscopy
29822	Arthroscopy, shoulder, surgical; debridement, limited	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroscopy
29823	Arthroscopy, shoulder, surgical; debridement, extensive	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroscopy
29824	Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroscopy
29825	Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroscopy

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29826	Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release, when performed (List separately in addition to code for primary procedure)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroscopy
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroscopy
29828	Arthroscopy, shoulder, surgical; biceps tenodesis	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroscopy
29830	Arthroscopy, elbow, diagnostic, with or without synovial biopsy (separate procedure)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroscopy
29834	Arthroscopy, elbow, surgical; with removal of loose body or foreign body	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroscopy
29835	Arthroscopy, elbow, surgical; synovectomy, partial	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroscopy
29836	Arthroscopy, elbow, surgical; synovectomy, complete	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroscopy
29837	Arthroscopy, elbow, surgical; debridement, limited	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroscopy
29838	Arthroscopy, elbow, surgical; debridement, extensive	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroscopy
29840	Arthroscopy, wrist, diagnostic, with or without synovial biopsy (separate procedure)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroscopy
29843	Arthroscopy, wrist, surgical; for infection, lavage and drainage	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroscopy
29844	Arthroscopy, wrist, surgical; synovectomy, partial	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroscopy
29845	Arthroscopy, wrist, surgical; synovectomy, complete	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroscopy
29846	Arthroscopy, wrist, surgical; excision and/or repair of triangular fibrocartilage and/or joint debridement	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroscopy
29847	Arthroscopy, wrist, surgical; internal fixation for fracture or instability	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroscopy
29848	Endoscopy, wrist, surgical, with release of transverse carpal ligament	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroscopy
29860	Arthroscopy, hip, diagnostic with or without synovial biopsy (separate procedure)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroscopy
29861	Arthroscopy, hip, surgical; with removal of loose body or foreign body	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroscopy
29862	Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroscopy
29863	Arthroscopy, hip, surgical; with synovectomy	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroscopy
29866	Arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty) (includes harvesting of the autograft(s))	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cartilage implants
29867	Arthroscopy, knee, surgical; osteochondral allograft (eg, mosaicplasty)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cartilage implants
29868	Arthroscopy, knee, surgical; meniscal transplantation (includes arthrotomy for meniscal insertion), medial or lateral	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cartilage implants
29870	Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroscopy
29871	Arthroscopy, knee, surgical; for infection, lavage and drainage	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroscopy
29873	Arthroscopy, knee, surgical; with lateral release	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroscopy

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29874	Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroscopy
29875	Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroscopy
29876	Arthroscopy, knee, surgical; synovectomy, major, 2 or more compartments (eg, medial or lateral)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroscopy
29877	Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroscopy
29879	Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroscopy
29880	Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroscopy
29881	Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroscopy
29882	Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroscopy
29883	Arthroscopy, knee, surgical; with meniscus repair (medial AND lateral)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroscopy
29884	Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroscopy
29885	Arthroscopy, knee, surgical; drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroscopy
29886	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroscopy
29887	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroscopy
29888	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroscopy
29889	Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroscopy
29891	Arthroscopy, ankle, surgical, excision of osteochondral defect of talus and/or tibia, including drilling of the defect	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroscopy
29892	Arthroscopically aided repair of large osteochondritis dissecans lesion, talar dome fracture, or tibial plafond fracture, with or without internal fixation (includes arthroscopy)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroscopy
29893	Endoscopic plantar fasciotomy	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroscopy
29894	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with removal of loose body or foreign body	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroscopy
29895	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; synovectomy, partial	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroscopy
29897	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; debridement, limited	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroscopy

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29898	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; debridement, extensive	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroscopy
29899	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with ankle arthrodesis	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroscopy
29914	Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroscopy
29915	Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroscopy
29916	Arthroscopy, hip, surgical; with labral repair	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Arthroscopy
30140	Submucous resection inferior turbinate, partial or complete, any method	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Ear, nose and throat (ENT) procedures
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Rhinoplasty Treatment of nasal functional impairment and septal deviation
30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Rhinoplasty Treatment of nasal functional impairment and septal deviation
30420	Rhinoplasty, primary; including major septal repair	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Rhinoplasty Treatment of nasal functional impairment and septal deviation
30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Rhinoplasty Treatment of nasal functional impairment and septal deviation
30435	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Rhinoplasty Treatment of nasal functional impairment and septal deviation
30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Rhinoplasty Treatment of nasal functional impairment and septal deviation
30460	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Rhinoplasty Treatment of nasal functional impairment and septal deviation
30462	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum, osteotomies	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Rhinoplasty Treatment of nasal functional impairment and septal deviation
30465	Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Rhinoplasty Treatment of nasal functional impairment and septal deviation
30520	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Ear, nose and throat (ENT) procedures
30540	Repair choanal atresia; intranasal	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
30545	Repair choanal atresia; transpalatine	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
30560	Lysis intranasal synechia	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
30620	Septal or other intranasal dermatoplasty (does not include obtaining graft)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
31240	Nasal/sinus endoscopy, surgical; with concha bullosa resection	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Functional endoscopic sinus surgery (FESS)
31253	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including frontal sinus exploration, with removal of tissue from frontal sinus, when performed	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Functional endoscopic sinus Surgery (FESS)
31254	Nasal/sinus endoscopy, surgical; with ethmoidectomy, partial (anterior)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Functional endoscopic sinus surgery (FESS)
31255	Nasal/sinus endoscopy, surgical; with ethmoidectomy, total (anterior and posterior)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Functional endoscopic sinus surgery (FESS)

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31256	Nasal/sinus endoscopy, surgical, with maxillary antrostomy;	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Functional endoscopic sinus surgery (FESS)
31257	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Functional endoscopic sinus Surgery (FESS)
31259	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy, with removal of tissue from the sphenoid sinus	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Functional endoscopic sinus Surgery (FESS)
31267	Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Functional endoscopic sinus surgery (FESS)
31276	Nasal/sinus endoscopy, surgical with frontal sinus exploration, with or without removal of tissue from frontal sinus	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Functional endoscopic sinus surgery (FESS)
31287	Nasal/sinus endoscopy, surgical, with sphenoidotomy	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Functional endoscopic sinus surgery (FESS)
31288	Nasal/sinus endoscopy, surgical, with sphenoidotomy; with removal of tissue from the sphenoid sinus	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Functional endoscopic sinus surgery (FESS)
31295	Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (eg, balloon dilation), transnasal or via canine fossa	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Sinuplasty
31296	Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Sinuplasty
31297	Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (eg, balloon dilation)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Sinuplasty
31298	Nasal/sinus endoscopy, surgical; with dilation of frontal and sphenoid sinus ostia (eg, balloon dilation)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Sinuplasty
31579	Laryngoscopy, flexible or rigid telescopic, with stroboscopy	Yes	19,22,24	11	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Respiratory
32850	Donor pneumonectomy(s) (including cold preservation), from cadaver donor	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Lung Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation
32851	Lung transplant, single; without cardiopulmonary bypass	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Lung Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation
32852	Lung transplant, single; with cardiopulmonary bypass	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Lung Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation
32853	Lung transplant, double (bilateral sequential or en bloc); without cardiopulmonary bypass	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Lung Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation
32854	Lung transplant, double (bilateral sequential or en bloc); with cardiopulmonary bypass	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Lung Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation

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32855	Backbench standard preparation of cadaver donor lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare pulmonary venous/atrial cuff, pulmonary artery, and bronchus; unilateral	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Services related to transplants Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation
32856	Backbench standard preparation of cadaver donor lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare pulmonary venous/atrial cuff, pulmonary artery, and bronchus; bilateral	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Lung Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation
33251	Operative ablation of supraventricular arrhythmogenic focus or pathway (eg, Wolff-Parkinson-White, atrioventricular node re-entry), tract(s) and/or focus (foci); with cardiopulmonary bypass	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation
33254	Operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation
33255	Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); without cardiopulmonary bypass	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation
33256	Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); with cardiopulmonary bypass	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation
33257	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), limited (eg, modified maze procedure) (List separately in addition to code for primary procedure)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation
33258	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), without cardiopulmonary bypass (List separately in addition to code for primary procedure)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation
33259	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), with cardiopulmonary bypass (List separately in addition to code for primary procedure)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation
33261	Operative ablation of ventricular arrhythmogenic focus with cardiopulmonary bypass	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation

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33361	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Potentially unproven services (including experimental/ investigational) Services, including medications, determined to be ineffective in treating a medical condition and/or to have no beneficial effect on health outcomes Determination made when there's insufficient clinical evidence from well-conducted randomized controlled trials or cohort studies in the prevailing published, peer-reviewed medical literature
33362	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Potentially unproven services (including experimental/ investigational) Services, including medications, determined to be ineffective in treating a medical condition and/or to have no beneficial effect on health outcomes Determination made when there's insufficient clinical evidence from well-conducted randomized controlled trials or cohort studies in the prevailing published, peer-reviewed medical literature
33363	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Potentially unproven services (including experimental/ investigational) Services, including medications, determined to be ineffective in treating a medical condition and/or to have no beneficial effect on health outcomes Determination made when there's insufficient clinical evidence from well-conducted randomized controlled trials or cohort studies in the prevailing published, peer-reviewed medical literature

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33364	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Potentially unproven services (including experimental/ investigational) Services, including medications, determined to be ineffective in treating a medical condition and/or to have no beneficial effect on health outcomes Determination made when there's insufficient clinical evidence from well-conducted randomized controlled trials or cohort studies in the prevailing published, peer-reviewed medical literature
33365	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transaortic approach (eg, median sternotomy, mediastinotomy)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Potentially unproven services (including experimental/ investigational) Services, including medications, determined to be ineffective in treating a medical condition and/or to have no beneficial effect on health outcomes Determination made when there's insufficient clinical evidence from well-conducted randomized controlled trials or cohort studies in the prevailing published, peer-reviewed medical literature
33366	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transapical exposure (eg, left thoracotomy) New code effective 1/1/2014	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Potentially unproven services (including experimental/ investigational) Services, including medications, determined to be ineffective in treating a medical condition and/or to have no beneficial effect on health outcomes Determination made when there's insufficient clinical evidence from well-conducted randomized controlled trials or cohort studies in the prevailing published, peer-reviewed medical literature

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33369	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with central arterial and venous cannulation (eg, aorta, right atrium, pulmonary artery) (List separately in addition to code for primary procedure)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Potentially unproven services (including experimental/ investigational) Services, including medications, determined to be ineffective in treating a medical condition and/or to have no beneficial effect on health outcomes Determination made when there's insufficient clinical evidence from well-conducted randomized controlled trials or cohort studies in the prevailing published, peer-reviewed medical literature
33404	Construction of apical-aortic conduit	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation
33414	Repair of left ventricular outflow tract obstruction by patch enlargement of the outflow tract	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation
33415	Resection or incision of subvalvular tissue for discrete subvalvular aortic stenosis	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation
33416	Ventriculomyotomy (-myectomy) for idiopathic hypertrophic subaortic stenosis (eg, asymmetric septal hypertrophy)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation
33417	Aortoplasty (gusset) for supra-aortic stenosis	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation
33476	Tricuspid valve repositioning and plication for Ebstein anomaly	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation
33477	Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Potentially unproven services (including experimental/ investigational) Services, including medications, determined to be ineffective in treating a medical condition and/or to have no beneficial effect on health outcomes Determination made when there's insufficient clinical evidence from well-conducted randomized controlled trials or cohort studies in the prevailing published, peer-reviewed medical literature

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33478	Outflow tract augmentation (gusset), with or without commissurotomy or infundibular resection	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation
33500	Repair of coronary arteriovenous or arteriocardiac chamber fistula; with cardiopulmonary bypass	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation
33501	Repair of coronary arteriovenous or arteriocardiac chamber fistula; without cardiopulmonary bypass	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation
33502	Repair of anomalous coronary artery from pulmonary artery origin; by ligation	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation
33503	Repair of anomalous coronary artery from pulmonary artery origin; by graft, without cardiopulmonary bypass	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation
33504	Repair of anomalous coronary artery from pulmonary artery origin; by graft, with cardiopulmonary bypass	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation
33505	Repair of anomalous coronary artery from pulmonary artery origin; with construction of intrapulmonary artery tunnel (Takeuchi procedure)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation
33506	Repair of anomalous coronary artery from pulmonary artery origin; by translocation from pulmonary artery to aorta	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation
33507	Repair of anomalous (eg, intramural) aortic origin of coronary artery by unroofing or translocation	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation
33600	Closure of atrioventricular valve (mitral or tricuspid) by suture or patch	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation
33602	Closure of semilunar valve (aortic or pulmonary) by suture or patch	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation
33606	Anastomosis of pulmonary artery to aorta (Damas-Kaye-Stansel procedure)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation
33608	Repair of complex cardiac anomaly other than pulmonary atresia with ventricular septal defect by construction or replacement of conduit from right or left ventricle to pulmonary artery	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation
33610	Repair of complex cardiac anomalies (eg, single ventricle with subaortic obstruction) by surgical enlargement of ventricular septal defect	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation
33611	Repair of double outlet right ventricle with intraventricular tunnel repair;	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation

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33612	Repair of double outlet right ventricle with intraventricular tunnel repair; with repair of right ventricular outflow tract obstruction	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation
33615	Repair of complex cardiac anomalies (eg, tricuspid atresia) by closure of atrial septal defect and anastomosis of atria or vena cava to pulmonary artery (simple Fontan procedure)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation
33617	Repair of complex cardiac anomalies (eg, single ventricle) by modified Fontan procedure	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation
33619	Repair of single ventricle with aortic outflow obstruction and aortic arch hypoplasia (hypoplastic left heart syndrome) (eg, Norwood procedure)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation
33641	Repair atrial septal defect, secundum, with cardiopulmonary bypass, with or without patch	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation
33645	Direct or patch closure, sinus venosus, with or without anomalous pulmonary venous drainage	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation
33647	Repair of atrial septal defect and ventricular septal defect, with direct or patch closure	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation
33660	Repair of incomplete or partial atrioventricular canal (ostium primum atrial septal defect), with or without atrioventricular valve repair	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation
33665	Repair of intermediate or transitional atrioventricular canal, with or without atrioventricular valve repair	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation
33670	Repair of complete atrioventricular canal, with or without prosthetic valve	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation
33675	Closure of multiple ventricular septal defects;	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation
33676	Closure of multiple ventricular septal defects; with pulmonary valvotomy or infundibular resection (acyanotic)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation
33677	Closure of multiple ventricular septal defects; with removal of pulmonary artery band, with or without gusset	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation
33681	Closure of single ventricular septal defect, with or without patch;	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation
33684	Closure of single ventricular septal defect, with or without patch; with pulmonary valvotomy or infundibular resection (acyanotic)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation

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33688	Closure of single ventricular septal defect, with or without patch; with removal of pulmonary artery band, with or without gusset	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation
33690	Banding of pulmonary artery	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation
33692	Complete repair tetralogy of Fallot without pulmonary atresia;	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation
33694	Complete repair tetralogy of Fallot without pulmonary atresia; with transannular patch	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation
33697	Complete repair tetralogy of Fallot with pulmonary atresia including construction of conduit from right ventricle to pulmonary artery and closure of ventricular septal defect	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation
33702	Repair sinus of Valsalva fistula, with cardiopulmonary bypass;	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation
33710	Repair sinus of Valsalva fistula, with cardiopulmonary bypass; with repair of ventricular septal defect	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation
33720	Repair sinus of Valsalva aneurysm, with cardiopulmonary bypass	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation
33722	Closure of aortico-left ventricular tunnel	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation
33724	Repair of isolated partial anomalous pulmonary venous return (eg, Scimitar Syndrome)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation
33726	Repair of pulmonary venous stenosis	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation
33730	Complete repair of anomalous pulmonary venous return (supracardiac, intracardiac, or infracardiac types)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation
33732	Repair of cor triatriatum or supravulvar mitral ring by resection of left atrial membrane	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation
33735	Atrial septectomy or septostomy; closed heart (Blalock-Hanlon type operation)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation
33736	Atrial septectomy or septostomy; open heart with cardiopulmonary bypass	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation

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33737	Atrial septectomy or septostomy; open heart, with inflow occlusion	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation
33750	Shunt; subclavian to pulmonary artery (Blalock-Taussig type operation)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation
33755	Shunt; ascending aorta to pulmonary artery (Waterston type operation)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation
33762	Shunt; descending aorta to pulmonary artery (Potts-Smith type operation)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation
33764	Shunt; central, with prosthetic graft	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation
33766	Shunt; superior vena cava to pulmonary artery for flow to 1 lung (classical Glenn procedure)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation
33767	Shunt; superior vena cava to pulmonary artery for flow to both lungs (bidirectional Glenn procedure)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation
33768	Anastomosis, cavopulmonary, second superior vena cava (List separately in addition to primary procedure)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation
33770	Repair of transposition of the great arteries with ventricular septal defect and subpulmonary stenosis; without surgical enlargement of ventricular septal defect	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation
33771	Repair of transposition of the great arteries with ventricular septal defect and subpulmonary stenosis; with surgical enlargement of ventricular septal defect	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation
33774	Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass;	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation
33775	Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass; with removal of pulmonary band	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation
33776	Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass; with closure of ventricular septal defect	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation
33777	Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass; with repair of subpulmonic obstruction	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation
33778	Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type);	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation

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33779	Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with removal of pulmonary band	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation
33780	Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with closure of ventricular septal defect	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation
33781	Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with repair of subpulmonic obstruction	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation
33786	Total repair, truncus arteriosus (Rastelli type operation)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation
33788	Reimplantation of an anomalous pulmonary artery	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation
33802	Division of aberrant vessel (vascular ring);	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation
33803	Division of aberrant vessel (vascular ring); with reanastomosis	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation
33820	Repair of patent ductus arteriosus; by ligation	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation
33822	Repair of patent ductus arteriosus; by division, younger than 18 years	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation
33840	Excision of coarctation of aorta, with or without associated patent ductus arteriosus; with direct anastomosis	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation
33845	Excision of coarctation of aorta, with or without associated patent ductus arteriosus; with graft	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation
33851	Excision of coarctation of aorta, with or without associated patent ductus arteriosus; repair using either left subclavian artery or prosthetic material as gusset for enlargement	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation
33852	Repair of hypoplastic or interrupted aortic arch using autogenous or prosthetic material; without cardiopulmonary bypass	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation
33853	Repair of hypoplastic or interrupted aortic arch using autogenous or prosthetic material; with cardiopulmonary bypass	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation
33917	Repair of pulmonary artery stenosis by reconstruction with patch or graft	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation

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Pre-Authorization Codes		Site of Service Rules			Diagnosis Codes			
CPT Codes	Description	Commercial - Does Site of Service Rule Apply?	Commercial - Site of Service Rule REQUIRES PA for the following sites of service:	Commercial - Site of Service Rule Does NOT require a PA when procedure conducted in the following sites of service:	Commercial - Does Diagnosis Code Rule Apply?	Commercial - Diagnosis Code Rule REQUIRES PA for the following diagnosis codes:	Commercial - Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes:	Category / Procedure & Services
33920	Repair of pulmonary atresia with ventricular septal defect, by construction or replacement of conduit from right or left ventricle to pulmonary artery	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation
33924	Ligation and takedown of a systemic-to-pulmonary artery shunt, performed in conjunction with a congenital heart procedure (List separately in addition to code for primary procedure)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation
33927	Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Ventricular assist devices (VAD) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow
33928	Removal and replacement of total replacement heart system (artificial heart)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Ventricular assist devices (VAD) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow
33929	Removal of a total replacement heart system (artificial heart) for heart transplantation (List separately in addition to code for primary procedure)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Ventricular assist devices (VAD) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow
33930	Donor cardiectomy-pneumonectomy (including cold preservation)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Heart/lung Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation
33933	Backbench standard preparation of cadaver donor heart/lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare aorta, superior vena cava, inferior vena cava, and trachea for implantation	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Services related to transplants Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation
33935	Heart-lung transplant with recipient cardiectomy-pneumonectomy	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Heart/lung Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation
33940	Donor cardiectomy (including cold preservation)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Heart Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation

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33944	Backbench standard preparation of cadaver donor heart allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare aorta, superior vena cava, inferior vena cava, pulmonary artery, and left atrium for implantation	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Heart Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation
33945	Heart transplant, with or without recipient cardiectomy	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Heart Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation
33975	Insertion of ventricular assist device; extracorporeal, single ventricle	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Ventricular assist devices (VAD) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow
33976	Insertion of ventricular assist device; extracorporeal, biventricular	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Ventricular assist devices (VAD) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow
33977	REMOVE VENTRICULAR DEVICE	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Ventricular Assist Device (VAD)
33978	REMOVE VENTRICULAR DEVICE	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Ventricular Assist Device (VAD)
33979	Insertion of ventricular assist device, implantable intracorporeal, single ventricle	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Ventricular assist devices (VAD) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow
33980	REMOVE INTRACORPOREAL DEVICE	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Ventricular Assist Device (VAD)
33981	Replacement of extracorporeal ventricular assist device, single or biventricular, pump(s), single or each pump	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Ventricular assist devices (VAD) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow

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33982	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, without cardiopulmonary bypass	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Ventricular assist devices (VAD) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow
33983	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, with cardiopulmonary bypass	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Ventricular assist devices (VAD) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow
33991	INSERT VAD ART&VEIN ACCESS	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Ventricular Assist Device (VAD)
33993	REPOSITION VAD DIFF SESSION	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Ventricular Assist Device (VAD)
36465	NIX NONCMPND SCLRSNT 1 VEIN	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Varicose Vein Surgical Treatments
36466	NIX NONCMPND SCLRSNT MLT VN	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Varicose Vein Surgical Treatments
36468	Single or multiple injections of sclerosing solutions, spider veins (telangiectasia); limb or trunk	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Vein procedures Removal and ablation of the main trunks and named branches of the saphenous veins to treat venous disease and varicose veins of the extremities

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36470	NJX SCLRSNT 1 INCMPTNT VEIN	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Varicose Vein Surgical Treatments
36471	NJX SCLRSNT MLT INCMPTNT VN	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Varicose Vein Surgical Treatments
36473	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated (New Code 01/01/2017)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Vein procedures Removal and ablation of the main trunks and named branches of the saphenous veins to treat venous disease and varicose veins of the extremities
36474	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent vein(s) treated in a single extremity, each through separate access sites (Lisa separately in addition to code for primary procedure) (New Code 01/01/2017)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Varicose Vein Treatment
36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Vein procedures Removal and ablation of the main trunks and named branches of the saphenous veins to treat venous disease and varicose veins of the extremities
36476	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure) (Revised Code 01/01/2017)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Varicose Vein Treatment
36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Vein procedures Removal and ablation of the main trunks and named branches of the saphenous veins to treat venous disease and varicose veins of the extremities
36479	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure) (Revised Code 01/01/2017)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Varicose Vein Treatment

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36482	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Varicose Vein Treatment
36483	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Varicose Vein Treatment
36514	Therapeutic apheresis; for plasma pheresis	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Potentially unproven services (including experimental/ investigational) Services, including medications, determined to be ineffective in treating a medical condition and/or to have no beneficial effect on health outcomes Determination made when there's insufficient clinical evidence from well-conducted randomized controlled trials or cohort studies in the prevailing published, peer-reviewed medical literature
37500	ENDOSCOPY LIGATE PERF VEINS	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Varicose Vein Surgical Treatments
37700	Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Vein procedures Removal and ablation of the main trunks and named branches of the saphenous veins to treat venous disease and varicose veins of the extremities
37718	Ligation, division, and stripping, short saphenous vein	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Vein procedures Removal and ablation of the main trunks and named branches of the saphenous veins to treat venous disease and varicose veins of the extremities
37722	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Vein procedures Removal and ablation of the main trunks and named branches of the saphenous veins to treat venous disease and varicose veins of the extremities
37735	REMOVAL OF LEG VEINS/LESION	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Varicose Vein Surgical Treatments

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37760	LIGATE LEG VEINS RADICAL	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Varicose Vein Surgical Treatments
37761	LIGATE LEG VEINS OPEN	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Varicose Vein Surgical Treatments
37765	STAB PHLEB VEINS XTR 10-20	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Varicose Vein Surgical Treatments
37766	PHLEB VEINS - EXTREM 20+	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Varicose Vein Surgical Treatments
37780	Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Vein procedures Removal and ablation of the main trunks and named branches of the saphenous veins to treat venous disease and varicose veins of the extremities
37785	LIGATE/DIVIDE/EXCISE VEIN	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Varicose Vein Surgical Treatments
37799	Vascular surgery procedure NEC	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Varicose Vein Surgical Treatments
38206	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; autologous	No	Diagnosis Code Rule Applies		Yes	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	If submitted with other diagnosis codes, then does not require a PA.	Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation
38208	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, without washing, per donor	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Services related to transplants Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation
38209	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, with washing, per donor	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Services related to transplants Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation
38210	Transplant preparation of hematopoietic progenitor cells; specific cell depletion within harvest, T-cell depletion	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Services related to transplants Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation
38212	Transplant preparation of hematopoietic progenitor cells; red blood cell removal	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Services related to transplants Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation

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38213	Transplant preparation of hematopoietic progenitor cells; platelet depletion	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Services related to transplants Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation
38214	Transplant preparation of hematopoietic progenitor cells; plasma (volume) depletion	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Services related to transplants Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation
38215	Transplant preparation of hematopoietic progenitor cells; cell concentration in plasma, mononuclear, or buffy coat layer	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Services related to transplants Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation
38232	Bone marrow harvesting for transplantation; autologous	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Services related to transplants Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation
38240	Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Bone marrow harvest Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation
38241	Hematopoietic progenitor cell (HPC); autologous transplantation	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Bone marrow harvest Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation
38242	Allogeneic lymphocyte infusions	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Bone marrow harvest Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation

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38999	Unlisted procedure, hemic or lymphatic system	No	Diagnosis Code Rule Applies		Yes	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	If submitted with other diagnosis codes, then does not require a PA.	Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation
42821	Tonsillectomy and adenoidectomy; age 12 or over	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Tonsillectomy and adenectomy
42825	Tonsillectomy, primary or secondary; younger than age 12	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Tonsillectomy and adenectomy
42826	Tonsillectomy, primary or secondary; age 12 or over	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Tonsillectomy and adenectomy
42830	Adenoidectomy, primary; younger than age 12	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Tonsillectomy and adenectomy
43235	Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Upper and lower gastrointestinal endoscopy
43239	Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Upper and lower gastrointestinal endoscopy
43249	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus (less than 30 mm diameter)	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Upper and lower gastrointestinal endoscopy
43283	LAP ESOPH LENGTHENING	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Bariatric Surgery
43338	ESOPH LENGTHENING	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Bariatric Surgery
43644	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Bariatric surgery and specific obesity-related services
43645	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Bariatric surgery and specific obesity-related services
43647	Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Bariatric surgery and specific obesity-related services
43648	Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Bariatric surgery and specific obesity-related services
43659	Unlisted laparoscopy procedure, stomach	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Bariatric surgery and specific obesity-related services
43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Bariatric surgery and specific obesity-related services
43771	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Bariatric surgery and specific obesity-related services
43772	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Bariatric surgery and specific obesity-related services
43773	Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Bariatric surgery and specific obesity-related services

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43774	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Bariatric surgery and specific obesity-related services
43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy) new code effective date 01/01/2010	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Bariatric surgery and specific obesity-related services
43842	Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Bariatric surgery and specific obesity-related services
43843	Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Bariatric surgery and specific obesity-related services
43845	Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (50 to 100 cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Bariatric surgery and specific obesity-related services
43846	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Bariatric surgery and specific obesity-related services
43847	Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Bariatric surgery and specific obesity-related services
43848	Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Bariatric surgery and specific obesity-related services
43860	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; without vagotomy	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Bariatric surgery and specific obesity-related services
43865	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; with vagotomy	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Bariatric surgery and specific obesity-related services
43881	Implantation or replacement of gastric neurostimulator electrodes, antrum, open	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Bariatric surgery and specific obesity-related services
43882	Revision or removal of gastric neurostimulator electrodes, antrum, open	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Bariatric surgery and specific obesity-related services
43886	Gastric restrictive procedure, open; revision of subcutaneous port component only	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Bariatric surgery and specific obesity-related services
43887	Gastric restrictive procedure, open; removal of subcutaneous port component only	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Bariatric surgery and specific obesity-related services
43888	Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Bariatric surgery and specific obesity-related services
44132	Donor enterectomy (including cold preservation), open; from cadaver donor	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Intestine Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation

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44133	Donor enterectomy (including cold preservation), open; partial, from living donor	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Intestine Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation
44135	Intestinal allotransplantation; from cadaver donor	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Intestine Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation
44136	Intestinal allotransplantation; from living donor	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Transplant Services related to transplants Organ or tissue transplant or transplant related services before pre-treatment or evaluation
44137	Removal of transplanted intestinal allograft, complete	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Services related to transplants Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation
44715	Backbench standard preparation of cadaver or living donor intestine allograft prior to transplantation, including mobilization and fashioning of the superior mesenteric artery and vein	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Services related to transplants Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation
44720	Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; venous anastomosis, each	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Services related to transplants Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation
44721	Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; arterial anastomosis, each	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Services related to transplants Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation
45300	Proctosigmoidoscopy, rigid; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	Yes	19,22,24	11	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Gastroenterology
45330	Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	Yes	19,22,24	11	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Gastroenterology

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45378	Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Upper and lower gastrointestinal endoscopy
45380	Colonoscopy, flexible; with biopsy, single or multiple	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Upper and lower gastrointestinal endoscopy
45384	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Upper and lower gastrointestinal endoscopy
45385	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Upper and lower gastrointestinal endoscopy
46922	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision	Yes	19,22,24	11	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Gastroenterology
47000	Biopsy of liver, needle; percutaneous	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Liver biopsy
47133	Donor hepatectomy (including cold preservation), from cadaver donor	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Services related to transplants Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation
47135	Liver allotransplantation, orthotopic, partial or whole, from cadaver or living donor, any age	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Liver Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation
47140	Donor hepatectomy (including cold preservation), from living donor; left lateral segment only (segments II and III)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Services related to transplants Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation
47141	Donor hepatectomy (including cold preservation), from living donor; total left lobectomy (segments II, III and IV)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Services related to transplants Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation
47142	Donor hepatectomy (including cold preservation), from living donor; total right lobectomy (segments V, VI, VII and VIII)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Services related to transplants Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation

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47143	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; without trisegment or lobe split	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Liver Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation
47144	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; with trisegment split of whole liver graft into 2 partial liver grafts (ie, left lateral segment [segments II and III] and right	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Services related to transplants Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation
47145	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; with lobe split of whole liver graft into 2 partial liver grafts (ie, left lobe [segments II, III, and IV] and right lobe [segments I and	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Services related to transplants Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation
47147	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; arterial anastomosis, each	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Liver Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation
48551	Backbench standard preparation of cadaver donor pancreas allograft prior to transplantation, including dissection of allograft from surrounding soft tissues, splenectomy, duodenotomy, ligation of bile duct, ligation of mesenteric vessels, and Y-graft arterial anastomoses from iliac artery to superior mesenteric artery and to splenic artery	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Pancreas Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation
48552	Backbench reconstruction of cadaver donor pancreas allograft prior to transplantation, venous anastomosis, each	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Pancreas Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation
48554	Transplantation of pancreatic allograft	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Pancreas Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation
49505	Repair initial inguinal hernia, age 5 years or older; reducible	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Hernia repair
49585	Repair umbilical hernia, age 5 years or older; reducible	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Hernia repair

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49587	Repair umbilical hernia, age 5 years or older; incarcerated or strangulated	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Hernia repair
49650	Laparoscopy, surgical; repair initial inguinal hernia	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Hernia repair
49651	Laparoscopy, surgical; repair recurrent inguinal hernia	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Hernia repair
49652	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); reducible	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Hernia repair
49653	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); incarcerated or strangulated	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Hernia repair
49654	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); reducible	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Hernia repair
49655	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Hernia repair
50300	Donor nephrectomy (including cold preservation); from cadaver donor, unilateral or bilateral	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Kidney Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation
50320	Donor nephrectomy (including cold preservation); open, from living donor	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Kidney Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation
50323	Backbench standard preparation of cadaver donor renal allograft prior to transplantation, including dissection and removal of perinephric fat, diaphragmatic and retroperitoneal attachments, excision of adrenal gland, and preparation of ureter(s), renal vein(s), and renal artery(s), ligating branches, as necessary	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Kidney Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation
50340	Recipient nephrectomy (separate procedure)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Kidney Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation
50360	Renal allotransplantation, implantation of graft; without recipient nephrectomy	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Kidney Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation

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50365	Renal allotransplantation, implantation of graft; with recipient nephrectomy	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Kidney Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation
50370	Removal of transplanted renal allograft	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Kidney Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation
50380	Renal autotransplantation, reimplantation of kidney	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Kidney Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation
50547	Laparoscopy, surgical; donor nephrectomy (including cold preservation), from living donor	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Kidney Transplant Organ or tissue transplant or transplant related services before pre-treatment or evaluation
50590	Lithotripsy, extracorporeal shock wave	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Urologic procedures
52000	Cystourethroscopy (separate procedure)	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Urologic procedures
52005	Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Urologic procedures
52204	Cystourethroscopy, with biopsy(s)	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Urologic procedures
52224	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Urologic procedures
52234	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Urologic procedures
52235	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Urologic procedures
52260	Cystourethroscopy, with dilation of bladder for interstitial cystitis; general or conduction (spinal) anesthesia	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Urologic procedures
52281	Cystourethroscopy, with calibration and/or dilation of urethral stricture or stenosis, with or without meatotomy, with or without injection procedure for cystography, male or female	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Urologic procedures

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52310	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); simple	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Urologic procedures
52332	Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Urologic procedures
52351	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Urologic procedures
52352	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Urologic procedures
52353	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Urologic procedures
52356	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Urologic procedures
53410	Urethroplasty, 1-stage reconstruction of male anterior urethra	No	Diagnosis Code Rule Applies		Yes	Requires a PA for all sites of service if submitted code with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890	If submitted with other diagnosis codes, then does not require a PA.	Urologic procedures
53430	Urethroplasty, reconstruction of female urethra	No	Diagnosis Code Rule Applies		Yes	Requires a PA for all sites of service if submitted code with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890	If submitted with other diagnosis codes, then does not require a PA.	Gender dysphoria treatment
54125	Amputation of penis; complete	No	Diagnosis Code Rule Applies		Yes	Requires a PA for all sites of service if submitted code with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890	If submitted with other diagnosis codes, then does not require a PA.	Gender dysphoria treatment
54161	Circumcision, surgical excision other than clamp, device, or dorsal slit; older than 28 days of age	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Urologic procedures
54520	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach	No	Diagnosis Code Rule Applies		Yes	Requires a PA for all sites of service if submitted code with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890	If submitted with other diagnosis codes, then does not require a PA.	Gender dysphoria treatment
54660	Insertion of testicular prosthesis (separate procedure)	No	Diagnosis Code Rule Applies		Yes	Requires a PA for all sites of service if submitted code with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890	If submitted with other diagnosis codes, then does not require a PA.	Gender dysphoria treatment
54690	Laparoscopy, surgical; orchiectomy	No	Diagnosis Code Rule Applies		Yes	Requires a PA for all sites of service if submitted code with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890	If submitted with other diagnosis codes, then does not require a PA.	Gender dysphoria treatment
55040	Vasotomy, cannulization with or without incision of vas, unilateral or bilateral (separate procedure)	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Urologic procedures

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55175	Scrotoplasty; simple	No	Diagnosis Code Rule Applies		Yes	Requires a PA for all sites of service if submitted code with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890	If submitted with other diagnosis codes, then does not require a PA.	Gender dysphoria treatment
55180	Scrotoplasty; complicated	No	Diagnosis Code Rule Applies		Yes	Requires a PA for all sites of service if submitted code with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890	If submitted with other diagnosis codes, then does not require a PA.	Gender dysphoria treatment
55250	Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s)	Yes	19,22,24	11	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Urologic procedures
55700	Biopsy, prostate; needle or punch, single or multiple, any approach	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Urologic procedures
55870	Electroejaculation	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Infertility Diagnostic and treatment services related to the inability to achieve pregnancy
55970	Intersex surgery; male to female	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Gender dysphoria treatment
55980	Intersex surgery; female to male	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Gender dysphoria treatment
56625	Vulvectomy simple; complete	No	Diagnosis Code Rule Applies		Yes	Requires a PA for all sites of service if submitted code with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890	If submitted with other diagnosis codes, then does not require a PA.	Gender dysphoria treatment
56800	Plastic repair of introitus	No	Diagnosis Code Rule Applies		Yes	Requires a PA for all sites of service if submitted code with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890	If submitted with other diagnosis codes, then does not require a PA.	Gender dysphoria treatment
56805	Clitoroplasty for intersex state	No	Diagnosis Code Rule Applies		Yes	Requires a PA for all sites of service if submitted code with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890	If submitted with other diagnosis codes, then does not require a PA.	Gender dysphoria treatment
57110	Vaginectomy, complete removal of vaginal wall	No	Diagnosis Code Rule Applies		Yes	Requires a PA for all sites of service if submitted code with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890	If submitted with other diagnosis codes, then does not require a PA.	Gender dysphoria treatment
57288	Sling operation for stress incontinence (eg, fascia or synthetic)	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Urologic procedures
57335	Vaginoplasty for intersex state	No	Diagnosis Code Rule Applies		Yes	Requires a PA for all sites of service if submitted code with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890	If submitted with other diagnosis codes, then does not require a PA.	Gender dysphoria treatment

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57460	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode biopsy(s) of the cervix	Yes	19,22,24	11	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		OB/GYN
57522	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; loop electrode excision	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Gynecologic procedures
58150	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Hysterectomy – inpatient and outpatient procedures
58152	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s); with colpo-urethrocytopexy (eg, Marshall-Marchetti-Krantz, Burch	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Hysterectomy – inpatient and outpatient procedures
58180	Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Hysterectomy – inpatient and outpatient procedures
58260	Vaginal hysterectomy, for uterus 250 g or less;	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Hysterectomy – inpatient only Vaginal hysterectomies
58262	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)	No	Diagnosis Code Rule Applies		Yes	Requires a PA for all sites of service if submitted code with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890	If submitted with other diagnosis codes, then does not require a PA.	Gender dysphoria treatment
58270	Vaginal hysterectomy, for uterus 250 g or less; with repair of enterocele	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Hysterectomy – inpatient only Vaginal hysterectomies
58275	Vaginal hysterectomy, with total or partial vaginectomy;	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Hysterectomy – inpatient only Vaginal hysterectomies
58290	Vaginal hysterectomy, for uterus greater than 250 g;	No	Diagnosis Code Rule Applies		Yes	Requires a PA for all sites of service if submitted code with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890	If submitted with other diagnosis codes, then does not require a PA.	Gender dysphoria treatment
58291	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	No	Diagnosis Code Rule Applies		Yes	Requires a PA for all sites of service if submitted code with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890	If submitted with other diagnosis codes, then does not require a PA.	Gender dysphoria treatment
58292	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s), with repair of enterocele	No	Diagnosis Code Rule Applies		Yes	Requires a PA for all sites of service if submitted code with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890	If submitted with other diagnosis codes, then does not require a PA.	Gender dysphoria treatment
58293	Vaginal hysterectomy, for uterus greater than 250 g; with colpo-urethrocytopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Hysterectomy – inpatient only Vaginal hysterectomies
58294	Vaginal hysterectomy, for uterus greater than 250 g; with repair of enterocele	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Hysterectomy – inpatient only Vaginal hysterectomies
58321	Artificial insemination; intra-cervical	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Infertility Diagnostic and treatment services related to the inability to achieve pregnancy

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58322	Artificial insemination; intra-uterine	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Infertility Diagnostic and treatment services related to the inability to achieve pregnancy
58323	Sperm washing for artificial insemination	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Infertility Diagnostic and treatment services related to the inability to achieve pregnancy
58345	Transcervical introduction of fallopian tube catheter for diagnosis and/or re-establishing patency (any method), with or without hysterosalpingography	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Infertility Diagnostic and treatment services related to the inability to achieve pregnancy
58353	Endometrial ablation, thermal, without hysteroscopic guidance	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Gynecologic procedures
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Hysterectomy – inpatient and outpatient procedures
58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Hysterectomy – inpatient and outpatient procedures
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Hysterectomy – inpatient and outpatient procedures
58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Hysterectomy – inpatient and outpatient procedures
58550	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less;	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Hysterectomy – inpatient and outpatient procedures
58552	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Hysterectomy – inpatient and outpatient procedures
58553	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g;	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Hysterectomy – inpatient and outpatient procedures
58554	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Hysterectomy – inpatient and outpatient procedures
58558	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Gynecologic procedures
58563	Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation)	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Gynecologic procedures
58565	Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Gynecologic procedures
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Hysterectomy – inpatient and outpatient procedures
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Hysterectomy – inpatient and outpatient procedures
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Hysterectomy – inpatient and outpatient procedures
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Hysterectomy – inpatient and outpatient procedures
58661	Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)	No	Diagnosis Code Rule Applies		Yes	Requires a PA for all sites of service if submitted code with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890	If submitted with other diagnosis codes, then does not require a PA.	Gender dysphoria treatment

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58720	Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)	No	Diagnosis Code Rule Applies		Yes	Requires a PA for all sites of service if submitted code with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890	If submitted with other diagnosis codes, then does not require a PA.	Gender dysphoria treatment
58752	Tubouterine implantation	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Infertility Diagnostic and treatment services related to the inability to achieve pregnancy
58760	Fimbrioplasty	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Infertility Diagnostic and treatment services related to the inability to achieve pregnancy
58940	Oophorectomy, partial or total, unilateral or bilateral;	No	Diagnosis Code Rule Applies		Yes	Requires a PA for all sites of service if submitted code with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890	If submitted with other diagnosis codes, then does not require a PA.	Gender dysphoria treatment
58970	Follicle puncture for oocyte retrieval, any method	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Infertility Diagnostic and treatment services related to the inability to achieve pregnancy
58974	Embryo transfer, intrauterine	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Infertility Diagnostic and treatment services related to the inability to achieve pregnancy
58976	Gamete, zygote, or embryo intrafallopian transfer, any method	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Infertility Diagnostic and treatment services related to the inability to achieve pregnancy
61863	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperative microelectrode recording; first array	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Potentially unproven services (including experimental/ investigational) Services, including medications, determined to be ineffective in treating a medical condition and/or to have no beneficial effect on health outcomes Determination made when there's insufficient clinical evidence from well-conducted randomized controlled trials or cohort studies in the prevailing published, peer-reviewed medical literature

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61864	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperative microelectrode recording; each additional array (List separately in addition to primary procedure)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Potentially unproven services (including experimental/investigational) Services, including medications, determined to be ineffective in treating a medical condition and/or to have no beneficial effect on health outcomes Determination made when there's insufficient clinical evidence from well-conducted randomized controlled trials or cohort studies in the prevailing published, peer-reviewed medical literature
61867	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; first array	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Potentially unproven services (including experimental/investigational) Services, including medications, determined to be ineffective in treating a medical condition and/or to have no beneficial effect on health outcomes Determination made when there's insufficient clinical evidence from well-conducted randomized controlled trials or cohort studies in the prevailing published, peer-reviewed medical literature
61868	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; each additional array (List separately in addition to primary procedure)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Potentially unproven services (including experimental/investigational) Services, including medications, determined to be ineffective in treating a medical condition and/or to have no beneficial effect on health outcomes Determination made when there's insufficient clinical evidence from well-conducted randomized controlled trials or cohort studies in the prevailing published, peer-reviewed medical literature
61885	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Vagus nerve stimulation Implantation of a device that sends electrical impulses into one of the cranial nerves

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61886	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Potentially unproven services (including experimental/ investigational) Services, including medications, determined to be ineffective in treating a medical condition and/or to have no beneficial effect on health outcomes Determination made when there's insufficient clinical evidence from well-conducted randomized controlled trials or cohort studies in the prevailing published, peer-reviewed medical literature
64520	Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)	Yes	19,22,24	11	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Musculoskeletal
64553	Percutaneous implantation of neurostimulator electrode array; cranial nerve	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Neurologic
64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Neurologic
64568	Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Vagus nerve stimulation Implantation of a device that sends electrical impulses into one of the cranial nerves
64570	Removal of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Spinal cord stimulators Spinal cord stimulators when implanted for pain management
64590	Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Bariatric surgery and specific obesity-related services
64595	Revision or removal of peripheral or gastric neurostimulator pulse generator or receiver	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Potentially unproven services (including experimental/ investigational) Services, including medications, determined to be ineffective in treating a medical condition and/or to have no beneficial effect on health outcomes Determination made when there's insufficient clinical evidence from well-conducted randomized controlled trials or cohort studies in the prevailing published, peer-reviewed medical literature
64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	Yes	19,22,24	11	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Neurologic
64635	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	Yes	19,22,24	11	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Neurologic

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64721	Neuroplasty and/or transposition; median nerve at carpal tunnel	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Carpal tunnel surgery
64722	Decompression; unspecified nerve(s) (specify)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Potentially unproven services (including experimental/ investigational) Services, including medications, determined to be ineffective in treating a medical condition and/or to have no beneficial effect on health outcomes Determination made when there's insufficient clinical evidence from well-conducted randomized controlled trials or cohort studies in the prevailing published, peer-reviewed medical literature
64856	Suture of major peripheral nerve, arm or leg, except sciatic; including transposition	No	Diagnosis Code Rule Applies		Yes	Requires a PA for all sites of service if submitted code with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890	If submitted with other diagnosis codes, then does not require a PA.	Gender dysphoria treatment
64892	Nerve graft (includes obtaining graft), single strand, arm or leg; up to 4 cm length	No	Diagnosis Code Rule Applies		Yes	Requires a PA for all sites of service if submitted code with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890	If submitted with other diagnosis codes, then does not require a PA.	Gender dysphoria treatment
64896	Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; more than 4 cm length	No	Diagnosis Code Rule Applies		Yes	Requires a PA for all sites of service if submitted code with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890	If submitted with other diagnosis codes, then does not require a PA.	Gender dysphoria treatment
64999	Nervous system surgery NEC	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Unlisted code- on tech grid in multiple places, usually electrical stimulation
65426	Excision or transposition of pterygium; with graft	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Ophthalmologic
65730	Keratoplasty (corneal transplant); penetrating (except in aphakia or pseudophakia) Revised	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Ophthalmologic
65855	Trabeculoplasty by laser surgery	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Ophthalmologic
66170	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); anterior synechiae, except goniosynechiae	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Ophthalmologic
66761	Iridotomy/Iridectomy by laser surgery (eg, for glaucoma) (per session)	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Ophthalmologic
66821	Dissection of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (eg, YAG laser) (1 or more stages)	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Cataract surgery

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66982	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Cataract surgery
66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification)	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Cataract surgery
67028	Intravitreal injection of a pharmacologic agent (separate procedure)	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Ophthalmologic
67036	Vitrectomy, mechanical, pars plana approach;	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Ophthalmologic
67040	Vitrectomy, mechanical, pars plana approach; with endolaser panretinal photocoagulation	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Ophthalmologic
67228	Treatment of extensive or progressive retinopathy (eg, diabetic retinopathy), photocoagulation	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Ophthalmologic
67311	Strabismus surgery, recession or resection procedure; 1 horizontal muscle	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Ophthalmologic
67312	Strabismus surgery, recession or resection procedure; 2 horizontal muscles	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Ophthalmologic
67904	Repair of blepharoptosis; (tarso) levator resection or advancement, external approach	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
67906	Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
67908	Repair of blepharoptosis; conjunctive-tarso-Müller's muscle-levator resection (eg, Fasanella-Servet type)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
67909	Reduction of overcorrection of ptosis	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
67911	Repair of ectropion; extensive (eg, tarsal strip operations)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
67912	Correction of lagophthalmos, with implantation of upper eyelid lid load (eg, gold weight)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
67914	Repair of ectropion; extensive (eg, tarsal strip operations)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
67915	Repair of ectropion; extensive (eg, tarsal strip operations)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
67916	Repair of ectropion; extensive (eg, tarsal strip operations)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
67917	Repair of ectropion; extensive (eg, tarsal strip operations)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
67921	Repair of entropion; suture	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
67922	Repair of entropion; thermocauterization	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
67923	Repair of entropion; excision tarsal wedge	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
67924	Repair of entropion; extensive (eg, tarsal strip or capsulopalpebral fascia repairs operation)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery

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67950	Canthoplasty (reconstruction of canthus)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
67961	Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; up to one-fourth of lid margin	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
67966	Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; over one-fourth of lid margin	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
69436	Tympanostomy (requiring insertion of ventilating tube), general anesthesia	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Ear, nose and throat (ENT) procedures
69631	Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; without ossicular chain reconstruction	Yes	19,22	11, 24	No; Site of Service Rule Applies	Prior Authorization required for all Diagnosis Codes		Ear, nose and throat (ENT) procedures
69710	Implantation or replacement of electromagnetic bone conduction hearing device in temporal bone	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cochlear and other auditory implants
69714	Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cochlear and other auditory implants
69715	Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cochlear and other auditory implants
69718	Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cochlear and other auditory implants
69930	Cochlear device implantation, with or without mastoidectomy	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cochlear and other auditory implants
76948	Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Infertility Diagnostic and treatment services related to the inability to achieve pregnancy
76981	Ultrasound, elastography; parenchyma (eg, organ)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Other Diagnostic Ultrasound Procedures
76983	Ultrasound, elastography; each additional target lesion (List separately in addition to code for primary procedure)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Other Diagnostic Ultrasound Procedures
81105	Human Platelet Antigen 1 genotyping (HPA-1), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen CD61 [GPIIb]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-1a/b (L33P)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81106	Human Platelet Antigen 2 genotyping (HPA-2), GP1BA (glycoprotein Ib [platelet], alpha polypeptide [GPIb]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-2a/b (T145M)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81107	Human Platelet Antigen 3 genotyping (HPA-3), ITGA2B (integrin, alpha 2b [platelet glycoprotein IIb of IIb/IIIa complex], antigen CD41 [GPIIb]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-3a/b (I843S)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81108	Human Platelet Antigen 4 genotyping (HPA-4), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen CD61 [GPIIb]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-4a/b (R14)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA

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81109	Human Platelet Antigen 5 genotyping (HPA-5), ITGA2 (integrin, alpha 2 [CD49b, alpha 2 subunit of VLA-2 receptor] [GPIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant (eg, HPA-5a/b (K505E))	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81110	Human Platelet Antigen 6 genotyping (HPA-6w), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa, antigen CD61] [GPIIb]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-6a/b (R489Q)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81111	Human Platelet Antigen 9 genotyping (HPA-9w), ITGA2B (integrin, alpha 2b [platelet glycoprotein IIb of IIb/IIIa complex, antigen CD41] [GPIIb]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-9a/b (V837M)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81120	IDH1 (isocitrate dehydrogenase 1 [NADP+], soluble) (eg, glioma), common variants (eg, R132H, R132C)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81121	IDH2 (isocitrate dehydrogenase 2 [NADP+], mitochondrial) (eg, glioma), common variants (eg, R140W, R172M)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81161	DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy) deletion analysis, and duplication analysis, if performed	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81170	ABL1 (ABL proto-oncogene 1, non-receptor tyrosine kinase) (eg, acquired imatinib tyrosine kinase inhibitor resistance), gene analysis, variants in the kinase domain (New code effective 01/01/2016)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81175	ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; full gene sequence	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81176	ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; targeted sequence analysis (eg, exon 12)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81200	ASPA (aspartoacylase) (eg, Canavan disease) gene analysis, common variants (eg, E285A, Y231X)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81201	APC (adenomatous polyposis coli) (eg, familial adenomatous polyposis [FAP], attenuated FAP) gene analysis; full gene sequence	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81202	APC (adenomatous polyposis coli) (eg, familial adenomatous polyposis [FAP], attenuated FAP) gene analysis; known familial variants	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81203	APC (adenomatous polyposis coli) (eg, familial adenomatous polyposis [FAP], attenuated FAP) gene analysis; duplication/deletion variants	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81205	BCKDHB (branched-chain keto acid dehydrogenase E1, beta polypeptide) (eg, maple syrup urine disease) gene analysis, common variants (eg, R183P, G278S, E422X)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81206	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; major breakpoint, qualitative or quantitative	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81207	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; minor breakpoint, qualitative or quantitative	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81208	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; other breakpoint, qualitative or quantitative	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81209	BLM (Bloom syndrome, RecQ helicase-like) (eg, Bloom syndrome) gene analysis, 2281del6ins7 variant	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA

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81210	BRAF (B-Raf proto-oncogene, serine/threonine kinase) (eg, colon cancer, melanoma), gene analysis, V600 variant(s)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81212	BRCA1, BRCA2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; 185 delAG, 5385insC, 6174delT variants	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81215	BRCA1 (breast cancer 1) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81216	BRCA2 (breast cancer 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81217	BRCA2 (breast cancer 2) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81218	Oophorectomy, partial or total, unilateral or bilateral;	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81219	CALR (calreticulin) (eg, myeloproliferative disorders), gene analysis, common variants in exon 9	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81220	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; common variants (eg, ACMG/ACOG guidelines)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81221	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; known familial variants	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81222	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; duplication/deletion variants	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81223	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; full gene sequence	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81224	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; intron 8 poly-T analysis (eg, male infertility)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81225	CYP2C19 (cytochrome P450, family 2, subfamily C, polypeptide 19) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *8, *17)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81226	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *9, *10, *17, *19, *29, *35, *41, *1XN, *2XN, *4XN)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81227	CYP2C9 (cytochrome P450, family 2, subfamily C, polypeptide 9) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *5, *6)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81228	Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number variants (eg, bacterial artificial chromosome [BAC] or oligo-based comparative genomic hybridization [CGH] microarray analysis)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81229	Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants for chromosomal abnormalities	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA

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81230	CYP3A4 (cytochrome P450 family 3 subfamily A member 4) (eg, drug metabolism), gene analysis, common variant(s) (eg, *2, *22)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81231	CYP3A5 (cytochrome P450 family 3 subfamily A member 5) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *7)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81232	DPYD (dihydropyrimidine dehydrogenase) (eg, 5-fluorouracil/5-FU and capecitabine drug metabolism), gene analysis, common variant(s) (eg, *2A, *4, *5, *6)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81235	EGFR (epidermal growth factor receptor) (eg, non-small cell lung cancer) gene analysis, common variants (eg, exon 19 LREA deletion, L858R, T790M, G719A, G719S, L861Q)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81238	F9 (coagulation factor IX) (eg, hemophilia B), full gene sequence	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81240	F2 (prothrombin, coagulation factor II) (eg, hereditary hypercoagulability) gene analysis, 20210G>A variant	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81241	F5 (coagulation factor V) (eg, hereditary hypercoagulability) gene analysis, Leiden variant	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81242	FANCC (Fanconi anemia, complementation group C) (eg, Fanconi anemia, type C) gene analysis, common variant (eg, IVS4+4A>T)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81243	FMR1 (fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81244	FMR1 (Fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; characterization of alleles (eg, expanded size and methylation status)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81245	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; internal tandem duplication (ITD) variants (ie, exons 14, 15)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81246	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; tyrosine kinase domain (TKD) variants (eg, D835, I836)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81247	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; common variant(s) (eg, A, A-)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81248	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; known familial variant(s)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81249	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; full gene sequence	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81250	G6PC (glucose-6-phosphatase, catalytic subunit) (eg, Glycogen storage disease, type 1a, von Gierke disease) gene analysis, common variants (eg, R83C, Q347X)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81251	GBA (glucosidase, beta, acid) (eg, Gaucher disease) gene analysis, common variants (eg, N370S, 84GG, L444P, IVS2+1G>A)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81252	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; full gene sequence	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81253	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; known familial variants	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA

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81254	GJB6 (gap junction protein, beta 6, 30kDa, connexin 30) (eg, nonsyndromic hearing loss) gene analysis, common variants (eg, 309kb [del(GJB6-D13S1830)] and 232kb [del(GJB6-D13S1854)])	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81255	HEXA (hexosaminidase A [alpha polypeptide]) (eg, Tay-Sachs disease) gene analysis, common variants (eg, 1278insTATC, 1421+1G>C, G269S)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81256	HFE (hemochromatosis) (eg, hereditary hemochromatosis) gene analysis, common variants (e.g., C282Y, H63D)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81257	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis, for common deletions or variant (eg, Southeast Asian, Thai, Filipino, Mediterranean, alpha3.7, alpha4.2, alpha20.5, and Constant Spring)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81258	HBA1/HBA2 (alpha globin 1 and alpha globin 2)(eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; known familial variant	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81259	HBA1/HBA2 (alpha globin 1 and alpha globin 2)(eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; full gene sequence	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81260	HBA1/HBA2 (alpha globin 1 and alpha globin 2)(eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; full gene sequence	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81261	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); amplified methodology (eg, polymerase chain reaction)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81262	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); direct probe methodology (eg, Southern blot)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81263	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemia and lymphoma, B-cell), variable region somatic mutation analysis	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81264	IGK@ (Immunoglobulin kappa light chain locus) (eg, leukemia and lymphoma, B-cell), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81265	Comparative analysis using Short Tandem Repeat (STR) markers; patient and comparative specimen (eg, pre-transplant recipient and donor germline testing, post-transplant non-hematopoietic recipient germline (eg, buccal swab or other germline tissue sample) and donor testing, twin zygosity testing, or maternal cell contamination of fetal cells)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81266	Comparative analysis using Short Tandem Repeat (STR) markers; each additional specimen (eg, additional cord blood donor, additional fetal samples from different cultures, or additional zygosity in multiple birth pregnancies) (List separately in addition to code for primary procedure)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA

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81267	Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; without cell selection	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81268	Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; with cell selection (eg, CD3, CD33), each cell type	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81269	HBA1/HBA2 (alpha globin 1 and alpha globin 2)(eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; duplication/deletion variants	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81270	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) gene analysis, p.Val617Phe (V617F) variant	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81272	KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, gastrointestinal stromal tumor [GIST], acute myeloid leukemia, melanoma), gene analysis, targeted sequence analysis (eg, exons 8, 11, 13, 17, 18)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81273	KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, mastocytosis), gene analysis, D816 variant(s)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81275	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; variants in exon 2 (eg, codons 12 and 13)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81276	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; additional variant(s) (eg, codon 61, codon 146)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81283	IFNL3 (interferon, lambda 3) (eg, drug response), gene analysis, rs12979860 variant	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81287	MGMT (O-6-methylguanine-DNA methyltransferase) (eg, glioblastoma multiforme), methylation analysis	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81288	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; promoter methylation analysis	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81290	MCOLN1 (mucopolipin 1) (eg, Mucopolipidosis, type IV) gene analysis, common variants (eg, IVS3-2A>G, del6.4kb)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81291	MTHFR (5,10-methylenetetrahydrofolate reductase) (eg, hereditary hypercoagulability) gene analysis, common variants (eg, 677T, 1298C)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81292	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81293	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81294	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81295	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA

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Pre-Authorization Codes		Site of Service Rules			Diagnosis Codes			
CPT Codes	Description	Commercial - Does Site of Service Rule Apply?	Commercial - Site of Service Rule REQUIRES PA for the following sites of service:	Commercial - Site of Service Rule Does NOT require a PA when procedure conducted in the following sites of service:	Commercial - Does Diagnosis Code Rule Apply?	Commercial - Diagnosis Code Rule REQUIRES PA for the following diagnosis codes:	Commercial - Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes:	Category / Procedure & Services
81296	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81297	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81298	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81299	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81300	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81301	Microsatellite instability analysis (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) of markers for mismatch repair deficiency (eg, BAT25, BAT26), includes comparison of neoplastic and normal tissue, if performed	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81302	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; full sequence analysis	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81303	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; known familial variant	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81304	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; duplication/deletion variants	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81310	NPM1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, exon 12 variants	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81311	NRAS (neuroblastoma RAS viral [v-ras] oncogene homolog) (eg, colorectal carcinoma), gene analysis, variants in exon 2 (eg, codons 12 and 13) and exon 3 (eg, codon 61)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81313	PCA3/KLK3 (prostate cancer antigen 3 [non-protein coding]/kallikrein-related peptidase 3 [prostate specific antigen]) ratio (eg, prostate cancer)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81314	PDGFRA (platelet-derived growth factor receptor, alpha polypeptide) (eg, gastrointestinal stromal tumor [GIST]), gene analysis, targeted sequence analysis (eg, exons 12, 18)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81315	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; common breakpoints (eg, intron 3 and intron 6), qualitative or quantitative	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81316	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; single breakpoint (eg, intron 3, intron 6 or exon 6), qualitative or quantitative	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81317	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA

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81318	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81319	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81321	PTEN (phosphatase and tensin homolog) (e.g., Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; full sequence analysis	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81322	PTEN (phosphatase and tensin homolog) (e.g., Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; known familial variant	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81323	PTEN (phosphatase and tensin homolog) (e.g., Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; duplication/deletion variant	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81324	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; duplication/deletion analysis	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81325	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; full sequence analysis	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81326	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; known familial variant	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81327	SEPT9 (Septin9) (eg, colorectal cancer) methylation analysis	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81328	SLCO1B1 (solute carrier organic anion transporter family, member 1B1) (eg, adverse drug reaction), gene analysis, common variant(s) (eg, *5)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81330	SMPD1(sphingomyelin phosphodiesterase 1, acid lysosomal) (eg, Niemann-Pick disease, Type A) gene analysis, common variants (eg, R496L, L302P, fsP330)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81331	SNRPN/UBE3A (small nuclear ribonucleoprotein polypeptide N and ubiquitin protein ligase E3A) (eg, Prader-Willi syndrome and/or Angelman syndrome), methylation analysis	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81332	SERPINA1 (serpin peptidase inhibitor, clade A, alpha-1 antitrypsin, antitrypsin, member 1) (eg, alpha-1-antitrypsin deficiency), gene analysis, common variants (eg, *S and *Z)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81334	RUNX1 (runt related transcription factor 1) (eg, acute myeloid leukemia, familial platelet disorder with associated myeloid malignancy), gene analysis, targeted sequence analysis (eg, exons 3-8)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81335	TPMT(thiopurine S-methyltransferase) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81340	TRB@ (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using amplification methodology (eg, polymerase chain reaction)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81341	TRB@ (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using direct probe methodology (eg, Southern blot)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA

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81342	TRG@ (T cell antigen receptor, gamma) (eg, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81346	TYMS (thymidylate synthetase) (eg, 5-fluorouracil/5-FU drug metabolism), gene analysis, common variant(s) (eg, tandem repeat variant)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81350	UGT1A1 (UDP glucuronosyltransferase 1 family, polypeptide A1) (eg, irinotecan metabolism), gene analysis, common variants (eg, *28, *36, *37)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81355	VKORC1 (vitamin K epoxide reductase complex, subunit 1) (eg, warfarin metabolism), gene analysis, common variant(s) (eg, -1639G>A, c.173+1000C>T)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81361	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); common variant(s) (eg, HbS, HbC, HbE)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81362	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); known familial variant(s)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81363	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); duplication/deletion variant(s)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81364	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); full gene sequence	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81370	HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, -C, -DRB1/3/4/5, and -DQB1	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81371	HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, and -DRB1 (eg, verification typing)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81372	HLA Class I typing, low resolution (eg, antigen equivalents); complete (ie, HLA-A, -B, and -C)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81373	HLA Class I typing, low resolution (eg, antigen equivalents); one locus (eg, HLA-A, -B, or -C), each	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81374	HLA Class I typing, low resolution (eg, antigen equivalents); one antigen equivalent (eg, B*27), each	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81375	HLA Class II typing, low resolution (eg, antigen equivalents); HLA-DRB1/3/4/5 and -DQB1	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81376	HLA Class II typing, low resolution (eg, antigen equivalents); one locus (eg, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, or -DPA1), each	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81377	HLA Class II typing, low resolution (eg, antigen equivalents); one antigen equivalent, each	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81378	HLA Class I and II typing, high resolution (ie, alleles or allele groups), HLA-A, -B, -C, and -DRB1	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81379	HLA Class I typing, high resolution (ie, alleles or allele groups); complete (ie, HLA-A, -B, and -C)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81380	HLA Class I typing, high resolution (ie, alleles or allele groups); one locus (eg, HLA-A, -B, or -C), each	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81381	HLA Class I typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, B*57:01P), each	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81382	HLA Class II typing, high resolution (ie, alleles or allele groups); one locus (eg, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, or -DPA1), each	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81383	HLA Class II typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, HLA-DQB1*06:02P), each	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA

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81400	Molecular pathology procedure, Level 1(eg, identification of single germline variant [eg, SNP] by techniques such as restriction enzyme digestion or melt curve analysis)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81401	Molecular pathology procedure, Level 2 (eg, 2-10 SNPs, 1 methylated variant, or 1 somatic variant [typically using nonsequencing target variant analysis], or detection of a dynamic mutation disorder/triplet repeat)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81402	Molecular pathology procedure, Level 3 (eg, >10 SNPs, 2-10 methylated variants, or 2-10 somatic variants [typically using non-sequencing target variant analysis], immunoglobulin and T-cell receptor gene rearrangements, duplication/deletion variants of 1 exon, loss of heterozygosity [LOH], uniparental disomy [UPD])	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81403	Molecular pathology procedure, Level 4 (eg, analysis of single exon by DNA sequence analysis, analysis of >10 amplicons using multiplex PCR in 2 or more independent reactions, mutation scanning or duplication/deletion variants of 2-5 exons)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81404	Molecular pathology procedure, Level 5 (eg, analysis of 2-5 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 6-10 exons, or characterization of a dynamic mutation disorder/triplet repeat by Southern blot analysis)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81405	Molecular pathology procedure, Level 6 (eg, analysis of 6-10 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 11-25 exons, regionally targeted cytogenomic array analysis)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81406	Molecular pathology procedure, Level 7 (eg, analysis of 11-25 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 26-50 exons, cytogenomic array analysis for neoplasia)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81407	Molecular pathology procedure, Level 8 (eg, analysis of 26-50 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of >50 exons, sequence analysis of multiple genes on one platform)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81408	Molecular pathology procedure, Level 9 (eg, analysis of >50 exons in a single gene by DNA sequence analysis)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81410	Aortic dysfunction or dilation (eg, Marfan syndrome, Loays Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome); genomic sequence analysis panel, must include sequencing of at least 9 genes, including FBN1, TGFB1, TGFB2, COL3A1, MYH11, ACTA2, SLC2A10, SMAD3, and MYLK	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81411	Aortic dysfunction or dilation (eg, Marfan syndrome, Loays Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome); duplication/deletion analysis panel, must include analyses for TGFB1, TGFB2, MYH11, and COL3A1	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA

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81412	Ashkenazi Jewish associated disorders (eg, Bloom syndrome, Canavan disease, cystic fibrosis, familial dysautonomia, Fanconi anemia group C, Gaucher disease, Tay-Sachs disease), genomic sequence analysis panel, must include sequencing of at least 9 genes, including ASPA, BLM, CFTR, FANCC, GBA, HEXA, IKBKAP, MCOLN1, AND SMPD1	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81413	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); genomic sequence analysis panel, must include sequencing of at least 10 genes, including ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, RYR2, and SCN5A	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81414	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); duplication/deletion gene analysis panel, must include analysis of at least 2 genes, including KCNH2 and KCNQ1	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81415	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81416	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator exome (eg, parents, siblings) (List separately in addition to code for primary procedure)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81417	Exome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained exome sequence (eg, updated knowledge or unrelated condition/syndrome)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81420	Fetal chromosomal aneuploidy (eg, trisomy 21, monosomy X) genomic sequence analysis panel, circulating cell-free fetal DNA in maternal blood, must include analysis of chromosomes 13, 18, and 21	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81425	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81426	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator genome (eg, parents, siblings) (List separately in addition to code for primary procedure)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81427	Genome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained genome sequence (eg, updated knowledge or unrelated condition/syndrome)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81430	Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); genomic sequence analysis panel, must include sequencing of at least 60 genes, including CDH23, CLRN1, GJB2, GPR98, MTRNR1, MYO7A, MYO15A, PCDH15, OTOF, SLC26A4, TMC1, TMPRSS3, USH1C, USH1G, USH2A, and WFS1	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA

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81431	Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); duplication/deletion analysis panel, must include copy number analyses for STRC and DFNB1 deletions in GJB2 and GJB6 genes	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81432	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); genomic sequence analysis panel, must include sequencing of at least 10 genes, always including BRCA1, BRCA2, CDH1, MLH1, MSH2, MSH6, PALB2, PTEN, STK11, and TP53	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81433	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); duplication/deletion analysis panel, must include analyses for BRCA1, BRCA2, MLH1, MSH2, and STK11	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81434	Hereditary retinal disorders (eg, retinitis pigmentosa, Leber congenital amaurosis, cone-rod dystrophy), genomic sequence analysis panel, must include sequencing of at least 15 genes, including ABCA4, CNGA1, CRB1, EYS, PDE6A, PDE6B, PRPF31, PRPH2, RDH12, RHO, RP1, RP2, RPE65, RPGR, and USH2A	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81435	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis); genomic sequence analysis panel, must include sequencing of at least 10 genes, including APC, BMPR1A, CDH1, MLH1, MSH2, MSH6, MUTYH, PTEN, SMAD4, and STK11	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81436	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis); duplication/deletion analysis panel, must include analysis of at least 5 genes, including MLH1, MSH2, EPCAM, SMAD4, and STK11	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81437	Hereditary neuroendocrine tumor disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma); genomic sequence analysis panel, must include sequencing of at least 6 genes, including MAX, SDHB, SDHC, SDHD, TMEM127, and VHL	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81438	Hereditary neuroendocrine tumor disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma); duplication/deletion analysis panel, must include analyses for SDHB, SDHC, SDHD, and VHL	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81439	Hereditary cardiomyopathy (eg, hypertrophic cardiomyopathy, dilated cardiomyopathy, arrhythmogenic right ventricular cardiomyopathy), genomic sequence analysis panel, must include sequencing of at least 5 cardiomyopathy-related genes (eg, DSG2, MYBPC3, MYH7, PKP2, TTN)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA

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CPT Codes	Description	Commercial - Does Site of Service Rule Apply?	Commercial - Site of Service Rule REQUIRES PA for the following sites of service:	Commercial - Site of Service Rule Does NOT require a PA when procedure conducted in the following sites of service:	Commercial - Does Diagnosis Code Rule Apply?	Commercial - Diagnosis Code Rule REQUIRES PA for the following diagnosis codes:	Commercial - Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes:	Category / Procedure & Services
81440	Nuclear encoded mitochondrial genes (eg, neurologic or myopathic phenotypes), genomic sequence panel, must include analysis of at least 100 genes, including BCS1L, C10orf2, COQ2, COX10, DGUOK, MPV17, OPA1, PDSS2, POLG, POLG2, RRM2B, SCO1, SCO2, SLC25A4, SUCLA2, SUCLG1, TAZ, TK2, and TYMP	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81442	Noonan spectrum disorders (eg, Noonan syndrome, cardio-facio-cutaneous syndrome, Costello syndrome, LEOPARD syndrome, Noonan-like syndrome), genomic sequence analysis panel, must include sequencing of at least 12 genes, including BRAF, CBL, HRAS, KRAS, MAP2K1, MAP2K2, NRAS, PTPN11, RAF1, RIT1, SHOC2, and SOS1	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81445	Targeted genomic sequence analysis panel, solid organ neoplasm, DNA analysis, and RNA analysis when performed, 5-50 genes (eg, ALK, BRAF, CDKN2A, EGFR, ERBB2, KIT, KRAS, NRAS, MET, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, if performed	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81448	Hereditary peripheral neuropathies (eg, Charcot-Marie-Tooth, spastic paraplegia), genomic sequence analysis panel, must include sequencing of at least 5 peripheral neuropathy-related genes (eg, BSCL2, GJB1, MFN2, MP2, REEP1, SPAST, SFG11, SPTLC1)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81450	Targeted genomic sequence analysis panel, hematolymphoid neoplasm or disorder, DNA analysis, and RNA analysis when performed, 5-50 genes (eg, BRAF, CEBPA, DNMT3A, EZH2, FLT3, IDH1, IDH2, JAK2, KRAS, KIT, MLL, NRAS, NPM1, NOTCH1), interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81455	Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm, DNA analysis, and RNA analysis when performed, 51 or greater genes (eg, ALK, BRAF, CDKN2A, CEBPA, DNMT3A, EGFR, ERBB2, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MLL, NPM1, NRAS, MET, NOTCH1, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, if performed	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81460	Whole mitochondrial genome (eg, Leigh syndrome, mitochondrial encephalomyopathy, lactic acidosis, and stroke-like episodes [MELAS], myoclonic epilepsy with ragged-red fibers [MERFF], neuropathy, ataxia, and retinitis pigmentosa [NARP], Leber hereditary optic neuropathy [LHON]), genomic sequence, must include sequence analysis of entire mitochondrial genome with heteroplasmy detection	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81465	Whole mitochondrial genome large deletion analysis panel (eg, Kearns-Sayre syndrome, chronic progressive external ophthalmoplegia), including heteroplasmy detection, if performed	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA

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81470	X-linked intellectual disability (XLID) (eg, syndromic and non-syndromic XLID); genomic sequence analysis panel, must include sequencing of at least 60 genes, including ARX, ATRX, CDKL5, FGD1, FMR1, HUUW1, IL1RAPL, KDM5C, L1CAM, MECP2, MED12, MID1, OCRL, RPS6KA3, and SLC16A2	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81471	X-linked intellectual disability (XLID) (eg, syndromic and non-syndromic XLID); duplication/deletion gene analysis, must include analysis of at least 60 genes, including ARX, ATRX, CDKL5, FGD1, FMR1, HUUW1, IL1RAPL, KDM5C, L1CAM, MECP2, MED12, MID1, OCRL, RPS6KA3, and SLC16A2	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81479	Unlisted molecular pathology procedure [when specified as gene analysis of V600K variant]	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81507	Fetal aneuploidy (trisomy 21, 18, and 13) DNA sequence analysis of selected regions using maternal plasma, algorithm reported as a risk score for each trisomy	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81519	Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 21 genes, utilizing formalin-fixed paraffin embedded tissue, algorithm reported as recurrence score	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81520	Oncology (breast), mRNA gene expression profiling by hybrid capture of 58 genes (50 content and 8 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a recurrence risk score	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81521	Oncology (breast), mRNA, microarray gene expression profiling of 70 content genes and 465 housekeeping genes, utilizing fresh frozen or formalin-fixed paraffin-embedded tissue, algorithm reported as index related to risk of distant metastasis	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81545	Oncology (thyroid), gene expression analysis of 142 genes, utilizing fine needle aspirate, algorithm reported as a categorical result (eg, benign or suspicious)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81595	Cardiology (heart transplant), mRNA, gene expression profiling by real-time quantitative PCR of 20 genes (11 content and 9 housekeeping), utilizing subfraction of peripheral blood, algorithm reported as a rejection risk score	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81596	Infectious disease, chronic hepatitis C virus (HCV) infection, six biochemical assays (ALT, A2-macroglobulin, apolipoprotein A-1, total bilirubin, GGT, and haptoglobin) utilizing serum, prognostic algorithm reported as scores for fibrosis and necroinflammatory activity in liver	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
81599	Unlisted multianalyte assay with algorithmic analysis	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Genetic and molecular testing to include BRCA
89250	Culture of oocyte(s)/embryo(s), less than 4 days;	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Infertility Diagnostic and treatment services related to the inability to achieve pregnancy
89251	Culture of oocyte(s)/embryo(s), less than 4 days; with co-culture of oocyte(s)/embryos	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Infertility Diagnostic and treatment services related to the inability to achieve pregnancy
89253	Assisted embryo hatching, microtechniques (any method)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Infertility Diagnostic and treatment services related to the inability to achieve pregnancy

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89254	Oocyte identification from follicular fluid	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Infertility Diagnostic and treatment services related to the inability to achieve pregnancy
89255	Preparation of embryo for transfer (any method)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Infertility Diagnostic and treatment services related to the inability to achieve pregnancy
89257	Sperm identification from aspiration (other than seminal fluid)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Infertility Diagnostic and treatment services related to the inability to achieve pregnancy
89258	Cryopreservation; embryo(s)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Infertility Diagnostic and treatment services related to the inability to achieve pregnancy
89259	Cryopreservation; sperm	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Infertility Diagnostic and treatment services related to the inability to achieve pregnancy
89260	Sperm isolation; simple prep (eg, sperm wash and swim-up) for insemination or diagnosis with semen analysis	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Infertility Diagnostic and treatment services related to the inability to achieve pregnancy
89261	Sperm isolation; complex prep (eg, Percoll gradient, albumin gradient) for insemination or diagnosis with semen analysis	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Infertility Diagnostic and treatment services related to the inability to achieve pregnancy
89264	Sperm identification from testis tissue, fresh or cryopreserved	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Infertility Diagnostic and treatment services related to the inability to achieve pregnancy
89268	Insemination of oocytes	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Infertility Diagnostic and treatment services related to the inability to achieve pregnancy
89272	Extended culture of oocyte(s)/embryo(s), 4-7 days	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Infertility Diagnostic and treatment services related to the inability to achieve pregnancy
89280	Assisted oocyte fertilization, microtechnique; less than or equal to 10 oocytes	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Infertility Diagnostic and treatment services related to the inability to achieve pregnancy
89281	Assisted oocyte fertilization, microtechnique; greater than 10 oocytes	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Infertility Diagnostic and treatment services related to the inability to achieve pregnancy
89290	Biopsy, oocyte polar body or embryo blastomere, microtechnique (for pre-implantation genetic diagnosis); less than or equal to 5 embryos	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Infertility Diagnostic and treatment services related to the inability to achieve pregnancy
89291	Biopsy, oocyte polar body or embryo blastomere, microtechnique (for pre-implantation genetic diagnosis); greater than 5 embryos	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Infertility Diagnostic and treatment services related to the inability to achieve pregnancy
89352	Thawing of cryopreserved; embryo(s)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Infertility Diagnostic and treatment services related to the inability to achieve pregnancy

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89353	Thawing of cryopreserved; sperm/semen, each aliquot	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Infertility Diagnostic and treatment services related to the inability to achieve pregnancy
89356	Thawing of cryopreserved; oocytes, each aliquot	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Infertility Diagnostic and treatment services related to the inability to achieve pregnancy
90283	Immune globulin (IgIV), human, for intravenous use	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Immune globulin Injectable medications A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intra-muscularly
90284	Immune globulin (SCIg), human, for use in subcutaneous infusions, 100 mg, each	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Immune globulin Injectable medications A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intra-muscularly
93228	REMOTE 30 DAY ECG REV/REPORT	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Ambulatory ECG
93229	REMOTE 30 DAY ECG TECH SUPP	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Ambulatory ECG
93530	Right heart catheterization, for congenital cardiac anomalies	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation
93531	Combined right heart catheterization and retrograde left heart catheterization, for congenital cardiac anomalies	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation
93532	Combined right heart catheterization and transseptal left heart catheterization through intact septum with or without retrograde left heart catheterization, for congenital cardiac anomalies	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation
93533	Combined right heart catheterization and transseptal left heart catheterization through existing septal opening, with or without retrograde left heart catheterization, for congenital cardiac anomalies	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation
93561	Indicator dilution studies such as dye or thermodilution, including arterial and/or venous catheterization; with cardiac output measurement (separate procedure)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation
93562	Indicator dilution studies such as dye or thermodilution, including arterial and/or venous catheterization; subsequent measurement of cardiac output	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation
93580	Percutaneous transcatheter closure of congenital interatrial communication (ie, Fontan fenestration, atrial septal defect) with implant	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation
93581	Percutaneous transcatheter closure of a congenital ventricular septal defect with implant	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Congenital heart disease Congenital heart disease-related services, including pre-treatment evaluation

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93750	INTERROGATION VAD IN PERSON	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Ventricular Assist Device (VAD)
95782	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Sleep studies
95783	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bi-level ventilation, attended by a technologist	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Sleep studies
95800	SLP STDY UNATTENDED	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Obstructive Sleep Apnea Diagnosis and Treatment
95801	SLP STDY UNATND W/ANAL	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Obstructive Sleep Apnea Diagnosis and Treatment
95805	Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Sleep studies Laboratory-assisted and related studies, including polysomnography, to diagnosis sleep apnea and other sleep disorders
95806	SLEEP STUDY UNATT&RESP EFFT	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Obstructive Sleep Apnea Diagnosis and Treatment
95807	Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Sleep studies Laboratory-assisted and related studies, including polysomnography, to diagnosis sleep apnea and other sleep disorders
95808	Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Sleep studies Laboratory-assisted and related studies, including polysomnography, to diagnosis sleep apnea and other sleep disorders
95810	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Sleep studies Laboratory-assisted and related studies, including polysomnography, to diagnosis sleep apnea and other sleep disorders
95811	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Sleep studies Laboratory-assisted and related studies, including polysomnography, to diagnosis sleep apnea and other sleep disorders

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95980	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; intraoperative, with programming	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Bariatric surgery and specific obesity-related services
95981	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, without reprogramming	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Bariatric surgery and specific obesity-related services
95982	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, with reprogramming	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Bariatric surgery and specific obesity-related services
96105	Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Neuropsychological Testing
96116	NEUROBEHAVIORAL STATUS EXAM	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Neuropsychological Testing
96121	Neurobehavioral status examination (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; each additional hour (List separately in addition to code for primary procedure)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Neuropsychological Testing
96130	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Neuropsychological Testing

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96131	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Neuropsychological Testing
96132	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Neuropsychological Testing
96133	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Neuropsychological Testing
96136	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Neuropsychological Testing
96137	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Neuropsychological Testing

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96138	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Neuropsychological Testing
96139	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Neuropsychological Testing
96146	Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Neuropsychological Testing
99500	Home visit, prenatal	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Homecare
99501	Home visit, postnatal	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Homecare
99502	Home visit, nb care	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Homecare
99503	Home visit, resp therapy	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Homecare
99504	Home visit mech ventilator	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Homecare
99505	Home visit, stoma care	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Homecare
99506	Home visit, im injection	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Homecare
99507	Home visit, cath maintain	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Homecare
99509	Home visit day life activity	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Homecare
99510	Home visit, sing/m/fam couns	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Homecare
99511	Home visit, fecal/enema mgmt	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Homecare
99512	Home visit, hemodialysis	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Homecare
99600	Home visit nos	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Homecare
99601	Home infusion/specialty drug administration, per visit (up to 2 hours)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Homecare

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CPT Codes	Description	Commercial - Does Site of Service Rule Apply?	Commercial - Site of Service Rule REQUIRES PA for the following sites of service:	Commercial - Site of Service Rule Does NOT require a PA when procedure conducted in the following sites of service:	Commercial - Does Diagnosis Code Rule Apply?	Commercial - Diagnosis Code Rule REQUIRES PA for the following diagnosis codes:	Commercial - Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes:	Category / Procedure & Services
99602	Home infusion/specialty drug administration each additional hour	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Homecare
15780	Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
15781	Dermabrasion; segmental, face	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
15782	Dermabrasion; regional, other than face	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
15783	Dermabrasion; superficial, any site (eg, tattoo removal)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
15788	Chemical peel, facial; epidermal	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
15789	Chemical peel, facial; dermal	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
15792	Chemical peel, nonfacial; epidermal	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
15793	Chemical peel, nonfacial; dermal	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Cosmetic and reconstructive surgery
S4011	In vitro fertilization; including but not limited to identification and incubation of mature oocytes, fertilization with sperm, incubation of embryo(s), and subsequent visualization for determination of development	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Infertility Diagnostic and treatment services related to the inability to achieve pregnancy
S4013	Complete cycle, gamete intrafallopian transfer (GIFT), case rate	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Infertility Diagnostic and treatment services related to the inability to achieve pregnancy
S4014	Complete cycle, zygote intrafallopian transfer (ZIFT), case rate	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Infertility Diagnostic and treatment services related to the inability to achieve pregnancy
S4015	Complete in-vitro fertilization cycle, not otherwise specified, case rate	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Infertility Diagnostic and treatment services related to the inability to achieve pregnancy
S4017	Frozen in-vitro fertilization cycle, case rate	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Infertility Diagnostic and treatment services related to the inability to achieve pregnancy
S4018	Incomplete cycle, treatment cancelled prior to stimulation, case rate	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Infertility Diagnostic and treatment services related to the inability to achieve pregnancy
S4020	Frozen embryo transfer procedure cancelled before transfer, case rate	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Infertility Diagnostic and treatment services related to the inability to achieve pregnancy
S4021	In-vitro fertilization procedure cancelled before aspiration, case rate	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Infertility Diagnostic and treatment services related to the inability to achieve pregnancy
S4022	In-vitro fertilization procedure cancelled after aspiration, case rate	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Infertility Diagnostic and treatment services related to the inability to achieve pregnancy
S4023	Assisted oocyte fertilization, case rate	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Infertility Diagnostic and treatment services related to the inability to achieve pregnancy

Commercial Line of Business: Pre-Authorization Rules Starting on 1/1/20

Pre-Authorization Codes		Site of Service Rules			Diagnosis Codes			
CPT Codes	Description	Commercial - Does Site of Service Rule Apply?	Commercial - Site of Service Rule REQUIRES PA for the following sites of service:	Commercial - Site of Service Rule Does NOT require a PA when procedure conducted in the following sites of service:	Commercial - Does Diagnosis Code Rule Apply?	Commercial - Diagnosis Code Rule REQUIRES PA for the following diagnosis codes:	Commercial - Diagnosis Code Rule Does NOT require a PA for the following diagnosis codes:	Category / Procedure & Services
S4025	Donor egg cycle, incomplete, case rate	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Infertility Diagnostic and treatment services related to the inability to achieve pregnancy
S4026	Donor services for in-vitro fertilization (sperm or embryo), case rate	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Infertility Diagnostic and treatment services related to the inability to achieve pregnancy
S4028	Microsurgical epididymal sperm aspiration (MESA)	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Infertility Diagnostic and treatment services related to the inability to achieve pregnancy
S4037	Cryopreserved embryo transfer, case rate	No	Requires a PA for all sites of service		No	Prior Authorization required for all Diagnosis Codes		Infertility Diagnostic and treatment services related to the inability to achieve pregnancy