

List of 27 Codes on the Current EmblemHealth Utilization Management Pre-Authorization List where a site of service rule will apply on September 1, 2019.

Note: The codes below are currently part of the EmblemHealth Utilization Management Pre-Authorization list. **Starting on September 1, 2019 these codes will have site of service rules.**
They are a subset of the 99 codes with the Site of Service Rules that will be implemented on September 1, 2019 for the Commerical and Medicaid lines of business.

CPT Codes	Description	Commercial and/or Medicaid POS Requires PA for the following sites of service:	Commercial Does not require a PA when procedure conducted in the following sites of service:	Medicaid Does not require a PA when procedure conducted in the following sites of service:	Diagnosis Code Requirement	Category / Procedure & Services
27096	Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed	19,22,24	11	This code does not require a PA for Medicaid	Prior Authorization required for all Diagnosis Codes	Musculoskeletal
30520	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft	19,22	11, 24	11,24	Prior Authorization required for all Diagnosis Codes	Ear, nose and throat (ENT) procedures
42820	Tonsillectomy and adenoidectomy; younger than age 12	19, 22	11,24	11, 24	Prior Authorization required for all Diagnosis Codes	Tonsillectomy and adenectomy
42821	Tonsillectomy and adenoidectomy; age 12 or over	19,22	11, 24	11, 24	Prior Authorization required for all Diagnosis Codes	Tonsillectomy and adenectomy
42825	Tonsillectomy, primary or secondary; younger than age 12	19,22	11, 24	11, 24	Prior Authorization required for all Diagnosis Codes	Tonsillectomy and adenectomy
42826	Tonsillectomy, primary or secondary; age 12 or over	19,22	11, 24	11, 24	Prior Authorization required for all Diagnosis Codes	Tonsillectomy and adenectomy
42830	Adenoidectomy, primary; younger than age 12	19,22	11, 24	11, 24	Prior Authorization required for all Diagnosis Codes	Tonsillectomy and adenectomy
49585	Repair umbilical hernia, age 5 years or older; reducible	19,22	11, 24	11, 24	Prior Authorization required for all Diagnosis Codes	Hernia repair
50590	Lithotripsy, extracorporeal shock wave	19,22	11, 24	11,24	Prior Authorization required for all Diagnosis Codes	Urologic procedures
52000	Cystourethroscopy (separate procedure)	19,22	11, 24	11, 24	Prior Authorization required for all Diagnosis Codes	Urologic procedures
55040	Vasotomy, cannulization with or without incision of vas, unilateral or bilateral (separate procedure)	19,22	11, 24	11, 24	Prior Authorization required for all Diagnosis Codes	Urologic procedures
55700	Biopsy, prostate; needle or punch, single or multiple, any approach	19,22	11, 24	11, 24	Prior Authorization required for all Diagnosis Codes	Urologic procedures
57288	Sling operation for stress incontinence (eg, fascia or synthetic)	19,22	11, 24	11, 24	Prior Authorization required for all Diagnosis Codes	Urologic procedures
58353	Endometrial ablation, thermal, without hysteroscopic guidance	19,22	11, 24	11, 24	Prior Authorization required for all Diagnosis Codes	Gynecologic procedures
58558	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C	19,22	11, 24	11, 24	Prior Authorization required for all Diagnosis Codes	Gynecologic procedures
58563	Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation)	19,22	11, 24	11, 24	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	19,22	11, 24	11, 24	Prior Authorization required for all Diagnosis Codes	Gynecologic procedures
64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	19,22,24	11	This code does not require a PA for Medicaid	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	19,22,24	11	This code does not require a PA for Medicaid	Prior Authorization required for all Diagnosis Codes	Neurologic
65730	Keratoplasty (corneal transplant); penetrating (except in aphakia or pseudophakia) Revised	19,22	11, 24	11, 24	Prior Authorization required for all Diagnosis Codes	Ophthalmologic

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65855	Trabeculoplasty by laser surgery	19,22	11, 24	11, 24	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,	19,22	11, 24	11, 24	Prior Authorization required for all Diagnosis Codes	Ophthalmologic
66761	Iridotomy/iridectomy by laser surgery (eg, for glaucoma) (per session)	19,22	11, 24	11, 24	Prior Authorization required for all Diagnosis Codes	Ophthalmologic
67028	Intravitreal injection of a pharmacologic agent (separate procedure)	19,22	11, 24	11, 24	Prior Authorization required for all Diagnosis Codes	Ophthalmologic
67311	Strabismus surgery, recession or resection procedure; 1 horizontal muscle	19,22	11, 24	11, 24	Prior Authorization required for all Diagnosis Codes	Ophthalmologic
67312	Strabismus surgery, recession or resection procedure; 2 horizontal muscles	19,22	11, 24	11, 24	Prior Authorization required for all Diagnosis Codes	Ophthalmologic
69631	Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; without ossicular chain reconstruction	19,22	11, 24	11, 24	Prior Authorization required for all Diagnosis Codes	Ear, nose and throat (ENT) procedures