

**Supplemental Utilization Management Pre-Authorization List with Site of Service Rules  
Commercial and Medicaid Lines of Business**

Note: Beginning on September 1, 2019, EmblemHealth will supplement its current Utilization Management Pre-Authorization list with site of service rules.  
27 of the codes below are on the current pre-authorization list. The remaining codes are new to the pre-authorization list.  
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<b>CPT Codes</b>	<b>Description</b>	<b>Commercial and/or Medicaid POS Requires PA for the following sites of service:</b>	<b>Commercial Does not require a PA when procedure conducted in the following sites of service:</b>	<b>Medicaid Does not require a PA when procedure conducted in the following sites of service:</b>	<b>Diagnosis Code Requirement</b>	<b>Category / Procedure &amp; Services</b>	<b>Code present on Current (2018) EH PA List: Yes/No</b>
10120	Incision and removal of foreign body, subcutaneous tissues; simple	19,22,24	11	This code does not require a PA for Medicaid	Prior Authorization required for all Diagnosis Codes	Dermatologic	No
10140	Incision and drainage of hematoma, seroma or fluid collection	19,22,24	11	This code does not require a PA for Medicaid	Prior Authorization required for all Diagnosis Codes	Dermatologic	No
11400	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.5 cm or less	19,22,24	11	This code does not require a PA for Medicaid	Prior Authorization required for all Diagnosis Codes	Dermatologic	No
11401	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.6 to 1.0 cm	19,22,24	11	This code does not require a PA for Medicaid	Prior Authorization required for all Diagnosis Codes	Dermatologic	No
11402	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 1.1 to 2.0 cm	19,22,24	11	This code does not require a PA for Medicaid	Prior Authorization required for all Diagnosis Codes	Dermatologic	No
11403	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 2.1 to 3.0 cm	19,22,24	11	This code does not require a PA for Medicaid	Prior Authorization required for all Diagnosis Codes	Dermatologic	No
11404	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 3.1 to 4.0 cm	19,22,24	11	This code does not require a PA for Medicaid	Prior Authorization required for all Diagnosis Codes	Dermatologic	No
11406	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter over 4.0 cm	19,22,24	11	This code does not require a PA for Medicaid	Prior Authorization required for all Diagnosis Codes	Dermatologic	No
11420	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less	19,22,24	11	This code does not require a PA for Medicaid	Prior Authorization required for all Diagnosis Codes	Dermatologic	No
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	19,22,24	11	This code does not require a PA for Medicaid	Prior Authorization required for all Diagnosis Codes	Dermatologic	No
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	19,22,24	11	This code does not require a PA for Medicaid	Prior Authorization required for all Diagnosis Codes	Dermatologic	No
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	19,22,24	11	This code does not require a PA for Medicaid	Prior Authorization required for all Diagnosis Codes	Dermatologic	No
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	19,22,24	11	This code does not require a PA for Medicaid	Prior Authorization required for all Diagnosis Codes	Dermatologic	No
11426	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm	19,22,24	11	This code does not require a PA for Medicaid	Prior Authorization required for all Diagnosis Codes	Dermatologic	No
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	19,22,24	11	This code does not require a PA for Medicaid	Prior Authorization required for all Diagnosis Codes	Dermatologic	No
13101	Repair, complex, trunk; 2.6 cm to 7.5 cm	19,22	11, 24	11, 24	Prior Authorization required for all Diagnosis Codes	Cosmetic and reconstructive	No

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13132	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 2.6 cm to 7.5 cm	19,22	11, 24	11, 24	Prior Authorization required for all Diagnosis Codes	Cosmetic and reconstructive	No
14040	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less	19,22	11, 24	11, 24	Prior Authorization required for all Diagnosis Codes	Cosmetic and reconstructive	No
14060	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less	19,22	11, 24	11, 24	Prior Authorization required for all Diagnosis Codes	Cosmetic and reconstructive	No
14301	Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq cm to 60.0 sq cm	19,22	11, 24	11, 24	Prior Authorization required for all Diagnosis Codes	Cosmetic and reconstructive	No
19000	Puncture aspiration of cyst of breast;	19,22,24	11	This code does not require a PA for Medicaid	Prior Authorization required for all Diagnosis Codes	General surgery	No
20680	Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)	19,22	11, 24	11, 24	Prior Authorization required for all Diagnosis Codes	Miscellaneous	No
21320	Closed treatment of nasal bone fracture; with stabilization	19,22	11, 24	11, 24	Prior Authorization required for all Diagnosis Codes	Ear, nose and throat (ENT) procedures	No
21552	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; 3 cm or greater	19,22	11, 24	11, 24	Prior Authorization required for all Diagnosis Codes	Cosmetic and reconstructive	No
21931	Excision, tumor, soft tissue of back or flank, subcutaneous; 3 cm or greater	19,22	11, 24	11, 24	Prior Authorization required for all Diagnosis Codes	Cosmetic and reconstructive	No
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	Yes
30140	Submucous resection inferior turbinate, partial or complete, any method	19,22	11, 24	11, 24	Prior Authorization required for all Diagnosis Codes	Ear, nose and throat (ENT) procedures	No
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	Yes
31579	Laryngoscopy, flexible or rigid telescopic, with stroboscopy	19,22,24	11	This code does not require a PA for Medicaid	Prior Authorization required for all Diagnosis Codes	Respiratory	No
42820	Tonsillectomy and adenoidectomy; younger than age 12	19, 22	11,24	11, 24	Prior Authorization required for all Diagnosis Codes	Tonsillectomy and adenectomy	Yes
42821	Tonsillectomy and adenoidectomy; age 12 or over	19,22	11, 24	11, 24	Prior Authorization required for all Diagnosis Codes	Tonsillectomy and adenectomy	Yes
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	Yes
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	Yes
42830	Adenoidectomy, primary; younger than age 12	19,22	11, 24	11, 24	Prior Authorization required for all Diagnosis Codes	Tonsillectomy and adenectomy	Yes
43235	Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	19,22	11, 24	11, 24	Prior Authorization required for all Diagnosis Codes	Upper and lower gastrointestinal endoscopy	No
43239	Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple	19,22	11, 24	11, 24	Prior Authorization required for all Diagnosis Codes	Upper and lower gastrointestinal endoscopy	No
43249	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus (less than 30 mm diameter)	19,22	11, 24	11, 24	Prior Authorization required for all Diagnosis Codes	Upper and lower gastrointestinal endoscopy	No

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45300	Proctosigmoidoscopy, rigid; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	19,22,24	11	This code does not require a PA for Medicaid	Prior Authorization required for all Diagnosis Codes	Gastroenterology	No
45378	Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	19,22	11, 24	11, 24	Prior Authorization required for all Diagnosis Codes	Upper and lower gastrointestinal endoscopy	No
45380	Colonoscopy, flexible; with biopsy, single or multiple	19,22	11, 24	11, 24	Prior Authorization required for all Diagnosis Codes	Upper and lower gastrointestinal endoscopy	No
45384	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	19,22	11, 24	11, 24	Prior Authorization required for all Diagnosis Codes	Upper and lower gastrointestinal endoscopy	No
45385	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	19,22	11, 24	11, 24	Prior Authorization required for all Diagnosis Codes	Upper and lower gastrointestinal endoscopy	No
46922	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision	19,22,24	11	This code does not require a PA for Medicaid	Prior Authorization required for all Diagnosis Codes	Gastroenterology	No
47000	Biopsy of liver, needle; percutaneous	19,22	11, 24	11, 24	Prior Authorization required for all Diagnosis Codes	Liver biopsy	No
49505	Repair initial inguinal hernia, age 5 years or older; reducible	19,22	11, 24	11,24	Prior Authorization required for all Diagnosis Codes	Hernia repair	No
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	Yes
49587	Repair umbilical hernia, age 5 years or older; incarcerated or strangulated	19,22	11, 24	11, 24	Prior Authorization required for all Diagnosis Codes	Hernia repair	No
49650	Laparoscopy, surgical; repair initial inguinal hernia	19,22	11, 24	11, 24	Prior Authorization required for all Diagnosis Codes	Hernia repair	No
49651	Laparoscopy, surgical; repair recurrent inguinal hernia	19,22	11, 24	11,24	Prior Authorization required for all Diagnosis Codes	Hernia repair	No
49652	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); reducible	19,22	11, 24	11,24	Prior Authorization required for all Diagnosis Codes	Hernia repair	No
49653	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); incarcerated or strangulated	19,22	11, 24	11,24	Prior Authorization required for all Diagnosis Codes	Hernia repair	No
49654	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); reducible	19,22	11, 24	11,24	Prior Authorization required for all Diagnosis Codes	Hernia repair	No
49655	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated	19,22	11, 24	11,24	Prior Authorization required for all Diagnosis Codes	Hernia repair	No
50590	Lithotripsy, extracorporeal shock wave	19,22	11, 24	11,24	Prior Authorization required for all Diagnosis Codes	Urologic procedures	Yes
52000	Cystourethroscopy (separate procedure)	19,22	11, 24	11, 24	Prior Authorization required for all Diagnosis Codes	Urologic procedures	Yes
52005	Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;	19,22	11, 24	11, 24	Prior Authorization required for all Diagnosis Codes	Urologic procedures	No
52204	Cystourethroscopy, with biopsy(s)	19,22	11, 24	11, 24	Prior Authorization required for all Diagnosis Codes	Urologic procedures	No

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52224	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy	19,22	11, 24	11, 24	Prior Authorization required for all Diagnosis Codes	Urologic procedures	No
52234	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)	19,22	11, 24	11, 24	Prior Authorization required for all Diagnosis Codes	Urologic procedures	No
52235	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)	19,22	11, 24	11, 24	Prior Authorization required for all Diagnosis Codes	Urologic procedures	No
52260	Cystourethroscopy, with dilation of bladder for interstitial cystitis; general or conduction (spinal) anesthesia	19,22	11, 24	11, 24	Prior Authorization required for all Diagnosis Codes	Urologic procedures	No
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	19,22	11, 24	11, 24	Prior Authorization required for all Diagnosis Codes	Urologic procedures	No
52310	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); simple	19,22	11, 24	11, 24	Prior Authorization required for all Diagnosis Codes	Urologic procedures	No
52332	Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)	19,22	11, 24	11, 24	Prior Authorization required for all Diagnosis Codes	Urologic procedures	No
52351	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic	19,22	11, 24	11, 24	Prior Authorization required for all Diagnosis Codes	Urologic procedures	No
52352	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)	19,22	11, 24	11, 24	Prior Authorization required for all Diagnosis Codes	Urologic procedures	No
52353	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)	19,22	11, 24	11, 24	Prior Authorization required for all Diagnosis Codes	Urologic procedures	No
52356	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)	19,22	11, 24	11, 24	Prior Authorization required for all Diagnosis Codes	Urologic procedures	No
54161	Circumcision, surgical excision other than clamp, device, or dorsal slit; older than 28 days of age	19,22	11, 24	11, 24	Prior Authorization required for all Diagnosis Codes	Urologic procedures	No
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	Yes
55250	Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s)	19,22,24	11	This code does not require a PA for Medicaid	Prior Authorization required for all Diagnosis Codes	Urology	No
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	Yes
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	Yes
57460	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode biopsy(s) of the cervix	19,22,24	11	This code does not require a PA for Medicaid	Prior Authorization required for all Diagnosis Codes	OB/GYN	No
57522	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; loop electrode excision	19,22	11, 24	11, 24	Prior Authorization required for all Diagnosis Codes	Gynecologic procedures	No

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58353	Endometrial ablation, thermal, without hysteroscopic guidance	19,22	11, 24	11, 24	Prior Authorization required for all Diagnosis Codes	Gynecologic procedures	Yes
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	Yes
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	Yes
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	Yes
64520	Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)	19,22,24	11	This code does not require a PA for Medicaid	Prior Authorization required for all Diagnosis Codes	Musculoskeletal	No
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	Yes
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	Yes
64721	Neuroplasty and/or transposition; median nerve at carpal tunnel	19,22	11, 24	11, 24	Prior Authorization required for all Diagnosis Codes	Carpal tunnel surgery	No
65426	Excision or transposition of pterygium; with graft	19,22	11, 24	11, 24	Prior Authorization required for all Diagnosis Codes	Ophthalmologic	No
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	Yes
65855	Trabeculoplasty by laser surgery	19,22	11, 24	11, 24	Prior Authorization required for all Diagnosis Codes	Ophthalmologic	Yes
66170	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); anterior synechiae, except goniosynechiae	19,22	11, 24	11, 24	Prior Authorization required for all Diagnosis Codes	Ophthalmologic	Yes
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	Yes
66821	Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (eg, YAG laser) (1 or more stages)	19,22	11, 24	11, 24	Prior Authorization required for all Diagnosis Codes	Cataract surgery	No
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	19,22	11, 24	11, 24	Prior Authorization required for all Diagnosis Codes	Cataract surgery	No
66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification)	19,22	11, 24	11, 24	Prior Authorization required for all Diagnosis Codes	Cataract surgery	No

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67028	Intravitreal injection of a pharmacologic agent (separate procedure)	19,22	11, 24	11, 24	Prior Authorization required for all Diagnosis Codes	Ophthalmologic	Yes
67036	Vitrectomy, mechanical, pars plana approach;	19,22	11, 24	11, 24	Prior Authorization required for all Diagnosis Codes	Ophthalmologic	No
67040	Vitrectomy, mechanical, pars plana approach; with endolaser panretinal photocoagulation	19,22	11, 24	11, 24	Prior Authorization required for all Diagnosis Codes	Ophthalmologic	No
67228	Treatment of extensive or progressive retinopathy (eg, diabetic retinopathy), photocoagulation	19,22	11, 24	11, 24	Prior Authorization required for all Diagnosis Codes	Ophthalmologic	No
67311	Strabismus surgery, recession or resection procedure; 1 horizontal muscle	19,22	11, 24	11, 24	Prior Authorization required for all Diagnosis Codes	Ophthalmologic	Yes
67312	Strabismus surgery, recession or resection procedure; 2 horizontal muscles	19,22	11, 24	11, 24	Prior Authorization required for all Diagnosis Codes	Ophthalmologic	Yes
69436	Tympanostomy (requiring insertion of ventilating tube), general anesthesia	19,22	11, 24	11, 24	Prior Authorization required for all Diagnosis Codes	Ear, nose and throat (ENT) procedures	No
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	Yes